Central and Cecil Housing Trust

Cecil Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 22 and 26 January 2016.

Cecil Court provides care for up to 45 people including people with dementia.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

In October 2014, our inspection found that the home met the regulations we inspected against. At this inspection the home met the regulations.

People and their relatives told us the home provided a good service, an atmosphere that was enjoyable and they liked living there. They were satisfied with the staffing arrangements and said the staff team were caring, attentive and provided the care and support they needed in a kind and friendly way.

The records were kept up to date and comprehensive. There was clearly recorded, fully completed, and regularly reviewed information. This meant people were well supported by staff who could perform their duties well. People and their relatives were encouraged to discuss health needs with staff and had access to community based health professionals, such as GPs as required. They were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. People and their relatives were positive about the choice and quality of food available.

The home was well maintained, furnished, clean and provided a safe environment for people to live and staff to work in.

The staff were knowledgeable about the people provided a service for and care field they worked in. They had appropriate skills, training and were focussed on providing individualised care and support in a professional, supportive and friendly manner. Staff said they had access to good training, support and career advancement.

People and their relatives said the management team were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People said they were safe. They were protected from abuse by effective safeguarding and risk assessment procedures. The home had appropriate numbers of vetted staff that were appropriately recruited.

People had medicine safely administered and records were up to date. Medicine was audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

People received care and support from well trained and qualified staff. Their care plans monitored food and fluid intake and balanced diets were provided. The home's was decorated and laid out to meet people's needs and preferences.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments, DoLS were in place as required and 'Best interests' meetings were arranged as required.

Is the service caring?

Good

The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. The care was centred on people's individual needs.

Staff knew people's background, interests and personal preferences well and understood their cultural needs. They provided support in a kind, professional, caring and attentive way that went beyond their job descriptions. They were patient and gave continuous encouragement when supporting people.

Is the service responsive?

Good

The service was responsive.

People had their support needs assessed and agreed with them and their families. They chose and joined in with a range of recreational activities. Their care plans identified the support they needed and it was provided. People told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

There was a positive culture within the home that was focussed on people as individuals. They were enabled to make decisions in an encouraging and inclusive atmosphere. People were familiar with who the manager and staff were.

Staff were well supported by the manager and management team and advancement opportunities were available.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Cecil Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and took place on 22 and 26 January 2016.

This inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

There were 42 people living at the home. We spoke with 12 people using the service, nine relatives, eight staff, and the deputy manager and registered manager.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included six care files for people using the service, five staff files, staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for people living at the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People and their relatives said they thought the service was safe. One person told us, "There are enough staff, lots of people; it's one of the reasons I'm very happy about this place." Another person said, "The response to the call bell at night isn't always that quick." A relative said, "You don't go home feeling anxious; you know she's in safe hands." Another relative told us, "There is always someone there; the floor is never left empty."

Staff had received safeguarding training and were aware of how to raise a safeguarding alert and the circumstances when this should take place. Staff also had access to safeguarding information in the staff handbook. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. The home had policies and procedures regarding protecting people from abuse and harm. Staff were trained in them and we saw them being followed during our visit. We asked staff to explain their understanding of what abuse was and the action they would take if they encountered it. Their response reflected the provider's policies and procedures. They said protecting people from harm and abuse was part of their induction and refresher training. Relatives said they had never witnessed bullying or harassment at the home.

People's care plans contained risk assessments that enabled them to take acceptable risks and enjoy life safely. There were risk assessments for health and aspects of people's daily living including social activities. The risks were reviewed regularly and updated when people's needs and interests changed. The staff shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept and a whistle-blowing procedure that staff said they would be comfortable using. The care plans contained action plans to help prevent accidents such as falls from being repeated. There were general risk assessments for the home and equipment used that were reviewed and updated. These included fire risks. The home and grounds were well maintained and equipment used was regularly checked and serviced.

People and their relatives told us there were enough staff to meet needs and provide appropriate support. During our visit there were suitable numbers of staff to meet people's needs that matched the numbers on the staff rota. This meant people's needs were met in a safe, unhurried way. The staff recruitment procedure included advertising the post, providing a job description, person specification and successful candidates were short-listed for interview. Scenario questions formed the basis of the interview to identify prospective staff skills and knowledge of the client group they would be working with. References were taken up prior to starting in post. There was also a six month probationary period. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood them. All staff had completed security checks to keep people safe.

Medicine was administered safely, at the appropriate time and staff who administered medicine was trained to do so. This was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked and found to be fully completed and up to date. The home kept a controlled drugs register although no controlled drugs were currently prescribed. A controlled drug register

records the dispensing of specific controlled drugs. Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required.

Good

Is the service effective?

Our findings

People said they made decisions about their care, how they wished to spend their days and that their relatives were also able to be involved in decision-making. Staff were aware of people's needs, met them and they provided a comfortable, relaxed atmosphere that people said they liked. They said the type of care and support provided by staff was what they needed. It was delivered in a friendly, enabling and appropriate way that people enjoyed. One person said told us, "I've been out with my son today." When asked by staff how they were another person laughed and said, "A bit older than I was yesterday." One relative said, "It's been excellent here, we came because it was recommended by friends." Another relative told us, "I picked this home because of its friendly nature."

Staff received induction and annual mandatory training. This was based on the 'Care Certificate' induction standards and took place in modules. Each module was signed off when the new staff member was deemed competent and confident in their ability to fulfil their tasks and responsibilities. New staff spent time shadowing experienced staff as part of their induction to increase their knowledge of the home and people who lived there. The staff communication skills demonstrated that people were able to understand them and this enabled staff to better meet people's needs. There was a training matrix that identified when mandatory training was due. Training included infection control, behaviour that may be challenging, medication, food hygiene, equality and diversity and person centred care. There was also access to specialist service specific training such as dementia awareness. Group and individual training needs were also identified during monthly staff meetings, supervision sessions and annual appraisals that were partly used to identify any gaps. There were staff training and development plans in place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in people's care plans. Staff received mandatory training in The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood their responsibilities regarding the Mental Capacity Act 2005 and Deprivation of liberty safeguarding. Staff continually checked that people were happy with what they were doing and activities

they had chosen throughout our visit. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

Staff continually checked that people were happy with what they were doing and the activities they had chosen throughout our visit.

People's care plans contained specific areas that referred to their nutrition and hydration. This included the Malnutrition Universal Screening Tool (MUST) that was monitored and updated regularly. As required weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times. Nutritional advice and guidance was provided by staff and there were regular visits by health care professionals in the community as required. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. Staff said any concerns were raised and discussed with the person's GP. There was a GP practice that visited the home each Tuesday. People could choose to retain their own GP if they preferred. The scenario based recruitment interview questions included knowledge and importance of nutrition and hydration. This identified prospective staffs awareness of the importance of nutrition and hydration and gave the home the opportunity to address any knowledge missing, regarding this area if the candidate was successful.

People told us they enjoyed the meals provided. A person using the service said, "The food is pretty good, the breakfasts are very good indeed and the suppers are ok." Another person told us, "I have my five a day." A relative told us, "Auntie loves the food, she eats very well." During our visit people chose the meals they wanted, there was a good variety of choice available, the meals were of good quality and special diets on health, religious, cultural or other grounds were provided. The lunch we saw was well presented, nutritious, hot and brought into the dining room already plated in the kitchen. Wine was offered in small glasses and many people were drinking wine. The interaction between staff and people using the service was very warm, friendly and accompanied by smiles and good humour from the staff. Those people who needed help with eating were helped by carer workers in an appropriate manner. Meals were monitored to ensure they were provided at the correct temperature.

Good

Is the service caring?

Our findings

People and their relatives said that staff treated them with dignity, respect and compassion. The staff made an effort to ensure people's needs were met and this was reflected in the care practices we observed. People said they enjoyed living at the home and were supported to do whatever they wished to. Staff listened to what people said, their opinions were valued and we were told staff were friendly, patient and helpful.

One person said, "The staff are very good, and they have been very kind." Another person told us, "They're nice. No-one disturbs me." A further person told us "They are very very caring." A relative said, "Everyone is so friendly. The cleaner is brilliant and talks to all the ladies. Mother sits in the lounge and they keep an eye on her." They added that care workers chat to her mother and that morning when she arrived her mother was doing a puzzle. Another relative told us "They (Staff) are really nice people who try hard to entertain people."

Staff were skilled, knowledgeable and were aware of peoples' needs and preferences. They took an interest in people and endeavoured to make them happy and enjoy their lives. People were treated equally, with compassion and staff talked to them with respect. Staff spoke slowly so that people could understand what they were saying and addressed people at eye level. They approached people with dementia slowly and explained who they were to reduce their anxiety and used open, suitable body language to communicate with people who were experiencing communication difficulties. We saw that staff listened to people and acted upon what they were being told. The caring approach of staff was supported by the life history information contained in care plans that people, their relatives and staff contributed to and regularly updated. One care worker smiled a lot and was good humoured with all the people using the service. One person spoke mainly French and Italian, and this care worker had asked the family for a few phrases in Italian that she could use with the person. The initiative and caring nature of this member of staff was very impressive.

Our observations during lunch showed that people's needs were met, by staff in a patient, inclusive and encouraging way. The staff took time to give people meal choices in a friendly and respectful way. They spent time explaining to people what the meal was, what they were eating and checking they had enough to eat. This was repeated as many times as necessary to help people understand, re-assure them and make them comfortable. There was a lot of stimulation of people by staff that prompted conversations between them and people using the service and also between people themselves. Both types of conversations made the room come to life with an interactive, relaxed and convivial atmosphere.

People's personal information including race, religion, disability and beliefs was also clearly identified in their care plans. This information enabled staff to respect them, their wishes and meet their needs. The care plans contained people's preferences regarding end of life care.
There was an advocacy service available through the local authority. There was a policy regarding people's privacy, dignity and right to respect that we saw staff following throughout our visit. They were very courteous, discreet and respectful even when unaware that we were present. The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed.

Confidentiality was included in induction and on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service, providing the visit did not inconvenience other people. Relatives we spoke with confirmed they visited whenever they wished, were always made welcome and treated with courtesy.

Good

Is the service responsive?

Our findings

People said that they were asked for their views, opinions and choices by staff and the home both formally and informally and this took place during our visit. Staff enabled them to decide things for themselves, listened to them and took action if needed. Staff made themselves available to talk about any problems and wishes people might have as required. This was when they were aware we were present and when they were not. Needs were met and support provided appropriately. One person said, "I like it. There is a good sense of fun." Another person told us, "When I ask for help people come and help." A relative said her aunt liked doing the hand exercises and that the staff encouraged her to do them. She said her aunt also liked drawing, painting and, "She feels she's achieving something." Another relative said that there were lots of activities in the home, but that her husband didn't take part; however she said that the staff were good at interacting with him.

People were provided with written information about the home and the care they could expect before deciding if they wished to move in. People, their relatives and other representatives were fully consulted and involved in the decision-making process and they were invited to visit as many times as they wished. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual.

People were referred privately and by local authorities. Assessment information was provided by local authorities and sought for the private placements where possible. Any available information was also requested from previous placements and hospitals. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home then carried out its own pre-admission needs assessments with the person and their relatives. This covered areas such as personal information, medical and psychological history and current medication. Other information, if applicable included dementia diagnosis, health, interests and daily living skills.

Throughout our visit people were consulted by staff about what they wanted to do and when. One person told us that they were reminded of and encouraged to join in activities and staff made sure people did not get left out. We saw this during activity sessions where people were encouraged but not pressurised to join in. Interaction between people was also encouraged rather than just with staff. There were daily activities provided seven days per week. The activities provided included music, massage, coffee group, cinema club, walks in Kew Gardens, reminiscence sessions and arts and crafts. There was also a visiting hairdresser. The home had activities planned for the next 12 months. Relatives said they thought the activities provided were appropriate and that people enjoyed them. People had care plans that were focussed on the individual and contained their 'Social and life histories'. The care plans including the life histories were live documents that were added to by people using the service, relatives and staff when new information became available and if they wished. The information gave the home, staff and people using the service the opportunity to identify activities they may want to do.

The home's pre-admission assessment formed the initial basis for the care plans. The care plans were comprehensive and contained sections for all aspects of health and wellbeing. As well as activities, they

included a safe environment to avoid falls, health promotion and medical conditions, communication, mobility and dexterity, personal care, tissue viability, sleeping patterns, consent to care and treatment and last wishes.

People's needs were regularly reviewed, re-assessed with them and their relatives and care plans changed to meet their needs. The plans were individualised, person focused and developed by identified lead staff and people using the service. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed and daily notes confirmed that identified activities had taken place.

People and their relatives were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly.

People and their relatives were invited and encouraged to attend regular meetings to get their opinions. The meetings were minuted and people were supported to put their views forward including complaints or concerns. The information was monitored and compared with that previously available to identify that any required changes were made.

Good

Is the service well-led?

Our findings

People and their relatives were encouraged to make suggestions about the service and any improvements that could be made. There were regular minuted home, relatives and staff meetings that included night staff and enabled everyone to voice an opinion if they wished. Staff said "We are very well supported here and it is a great place to work."

Relatives said there was an open door policy that made them feel comfortable in approaching the manager, staff and organisation. One person told us, "I don't see much of the manager but she seems very competent and listened to what I said." A relative said, "We've never had an ounce of trouble. They deal with problems as quickly as they can." Another relative told us, "The manager is fantastic, and the senior team are very good."

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said that they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties.

There were clear lines of communication within the organisation and specific areas of responsibility and culpability. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Staff told us that they received very good support from the manager and management team. They thought that the suggestions they made to improve the service were listened to and given serious consideration by the home. They told us they really enjoyed working at the home. A staff member said, "I enjoy working here, it is my first time as a care worker and it is a fantastic experience." Another member of staff told us, "I'm always happy to come back to work."

Records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. This included hospital admissions where information was provided and people accompanied by staff. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well.

The home used a range of methods to identify service quality. Quality checks took place monthly and ran on a yearly cycle. Areas audited included health and safety, infection control, supervision, medication and fire drills and evacuation. The audits also checked if staff, people using the service and relatives meetings took place. Manager and staff audits included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. Spot checks by the registered manager and pharmacy audits took place and there were operational business plans. The audits measured how the home

was performing and any areas that required improvement were identified and addressed. There were also shift handovers that included information about people and any incidents that may affect them.

We saw records demonstrating that people and their relatives were surveyed annually and encouraged to attend regular meetings. The meetings were minuted and we saw that people were supported to put their views forward. The surveys were compared with those of the previous year to identify any performance trends. Any negative trends were identified by the provider and addressed as part of the quality assurance system.

There was a robust organisational quality assurance system in place that identified any shortfalls in service delivery and areas where the home was excelling. Staff said that senior organisational managers frequently visited the home.