

Excellence In Care Ltd

# Canonbury Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Canonbury Residential Home is a residential care home providing care for up to 13 older people. At the time of our inspection there were 10 people using the service.

### People's experience of using this service and what we found

Risks relating to the environment were now assessed and an effective audit system was in place in relation to the safety of all areas of the home.

People were protected from abuse and poor care. People were supported by staff who were aware of safeguarding adults' procedures and had received regular training on this topic. Staff told us they were confident any concerns would be robustly addressed.

Risks to people were assessed and managed, and people's needs were fully assessed and understood by staff.

Medicines were managed effectively. Medicines were administered by trained staff and people told us they felt their medicines were administered safely.

Staff received consistent care from staff who knew them well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager modelled good practice and led by example. Staff and relatives spoke positively about the leadership within the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 10 October 2022). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service (published 10 October 2022). Breaches of legal requirements were found in relation to safe care and treatment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Canonbury Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Canonbury Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors 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 care service.

#### Service and service type

Canonbury Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Canonbury Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who lived at the service and 6 relatives about their experience of the care provided. 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. We spoke with 4 members of staff including the registered manager, 2 care staff, and a senior care staff member.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including governance systems, policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from a professional about their experience of the care provided.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had not established systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager had made improvements since our last inspection and had established systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.
- Risks relating to the environment were now managed safely. The provider had strengthened the control measures to minimise people's risk of potential exposure to legionella bacteria following our last inspection.
- There was evidence of risk assessments for the building and environment. Regular health and safety audits and environmental checks were carried out to monitor the safety of the service.
- Fire safety had also been strengthened and staff spoke competently about their roles and responsibilities in this area. One staff member said, "I feel confident with the fire safety arrangements as we recently did training around our fire procedures."
- Staff understood and supported people to manage and minimise risks to their personal health and welfare. Risk assessments guided staff to care for people in a safe way and were regularly reviewed and updated. The registered manager was further embedding the use of recognised risk assessment tools to ensure people's safety was consistent with national guidance and best practice.
- Staff liaised with healthcare professionals for specialist advice about how to best support people with their individual needs and promote their welfare.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA.
- We observed staff seeking verbal consent from people before giving them assistance.

#### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff had attended safeguarding training and understood their responsibilities around reporting concerns. One staff member said, "The registered manager is very open and will tell staff about safeguarding and whistleblowing. [They] will make sure that staff know how to contact outside bodies if they are not satisfied."
- People and staff were confident the registered manager would take action to keep people safe if they raised any concerns. One person said, "If ever I'm not happy, they listen to me and put it right."
- Staff were knowledgeable about people's needs and knew how to keep them safe. One relative said, "[My relative] is very confident and comfortable with the staff."

#### Staffing and recruitment

- People were supported by a regular staff team who were familiar with their support requirements. The staffing levels were determined by the needs of people and their requirements for support. A senior staff member said, "Staffing levels are very good. For example, [when one person required additional support when their needs changed, the registered manager immediately] put 1:1 in to make sure [they were] safe. You never run short in a shift. When we have new starters, they are always in addition to our numbers until they feel comfortable."
- Staff were recruited safely. Checks were made before new staff began working at the home. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager ensured there were documented interview notes, alongside a record of training and support provided whilst staff worked a probationary period at Canonbury Residential Home. This enabled them to ensure staff were appropriate for the role they had been recruited for.
- The registered manager was aware of relevant legislation and guidance in relation to safe recruitment in a health and social care setting. They explained their recruitment processes since our last inspection, however had not recruited any staff during this time.

#### Using medicines safely

- People's medicines were managed safely. Staff who assisted people with their medicines had training in medicine administration. One person said, "Staff are very good at supporting me with my medication."
- Medicine Administration Record (MAR) charts were accessed online, and were accurate and up to date.
- Medicines were stored correctly and safely in accordance with best practice. Monitoring systems were now in place to ensure storage temperatures were in accordance with the manufacturers guidelines.
- People who were prescribed medicines on a PRN basis (as and when required) had clear guidance in place regarding how and when these should be administered. One staff member said, "We always check when PRN medication was last given, why it needs to be given so we know it is safe to administer."
- Staff who supported people with their prescribed medicines had the right skills and competency to administer people's medicines safely.
- A member of senior care staff and the registered manager completed daily, weekly and monthly medicine checks. These audits had supported improvements in how people's medicines were managed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of



infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were supported to see their families in accordance with their preferences and in line with government guidance. One person said, "They are very good with the visitors. I've got [a number of great grandchildren] who are able to visit freely."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to establish and operate effective governance systems to assess, monitor and mitigate the risks to people's health, safety and welfare. Some records were not accurate or complete. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audits and governance had been strengthened to improve the registered manager's oversight of the service. Systems and processes were now established and operating effectively in relation to the fire and gas safety, medicines and legionella risks which we identified at our previous inspection.
- The registered manager had developed a system to identify where records and documents were not complete or accurate and had made the necessary improvements. A staff member said, "The registered manager has tried really hard to make the necessary improvements to the service. [They have] remained really supportive."
- Staff were committed to reviewing people's care and support on an ongoing basis to ensure it remained appropriate as people's needs and wishes changed over time.
- People benefited from a staff team that worked well together and understood their roles and responsibilities. One relative said, "The home is so good in so many ways..." "I'm completely confident with the staff."
- Regular team and 1:1 meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to and had input into the running of the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture in the home. Staff and relatives spoke positively about the service and the care provided to people. One relative said, "The home is small with a cheerful atmosphere." A staff member said, "Staff morale is very good and staff are positive."
- The registered manager knew every person living at the service well and they were able to answer all of our questions about people's needs.

- Relatives mostly felt well informed and updated about their family members care and well-being. A relative said, "I have no concerns or complaints; I am eternally grateful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour, to be open and honest about any accident or incident that had caused or placed a person at risk of harm.
- The registered manager told us they would inform the CQC of any incidents within the home that placed people at risk. They were happy to ask for advice to ensure best practice was followed within the regulatory framework.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about the service and the communication with the registered manager. A senior staff member said, "She's a very fair registered manager and quick to act on everything you say which is a refreshing change."
- Relatives told us the registered manager and staff were approachable and acted upon their feedback. One relative said, "[The registered manager] is approachable, pleasant and helpful. A well run home; carers are friendly and helpful."

Continuous learning and improving care; Working in partnership with others

- Staff engaged with specialist professionals to ensure people received the best possible care. One professional said, "It's a lovely home with a very good atmosphere. If there's ever any issues they pick it up very quickly and take action to resolve it swiftly. They are always prompt and we enjoy working in partnership with the home."
- Surveys were used to gather feedback from people and staff. These were submitted directly to the registered manager for review and used to drive improvements of the service.
- Monthly staff meetings took place and detailed minutes were shared with the staff team. Meetings covered a broad range of subjects to support continuous development and improvement.
- The registered manager and staff were supportive of the inspection process and keen to take on board any recommendations of how to further improve the service for the benefit of people living there.