

Malhotra Care Homes Limited

# Cestria House Residential Home

## Inspection report

45-47 Sanderson Road  
Jesmond  
Newcastle Upon Tyne  
Tyne And Wear  
NE2 2DR

Tel: 01912818714

Website: [www.prestwickcare.co.uk/our-homes/cestria-house/](http://www.prestwickcare.co.uk/our-homes/cestria-house/)

Date of inspection visit:

06 November 2019

07 November 2019

Date of publication:

26 November 2019

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Cestria House Residential Home is a residential care home that at the time of inspection was providing accommodation and personal care to 19 people aged 65 and over. The service can support up to 24 people. Accommodation is provided in single bedrooms over two floors. Most of the rooms have en-suite facilities. The home is located in Jesmond a suburban area north of Newcastle.

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

People told us they were well cared for and felt safe in the home. They said they were encouraged to maintain their independence whilst being supported to take positive risks to live full and active lives.

Staff had completed safeguarding training and knew the correct action to take to protect people from the risk of abuse. Staff told us there was a regime of openness and transparency in the home and had no concerns about raising any issues with management, including those relating to people's safety.

People received their medicines as prescribed and all aspects of medicines administration and storage were safe. People said they were happy they received their medicines as prescribed. The provider had a system to ensure staff documented any accidents or incidents which had taken place and there was learning from these incidents.

We found the service had not followed safe practices in recording checks made in the recruitment of some staff members. The issues were resolved during the inspection and no one was harmed as a result of this omission. We have made a recommendation about this in the 'safe' section of this report.

Professionals spoke highly of the home and how it supported people with a variety of conditions. They were particularly complimentary around how well the registered manager and staff worked with health care professionals to achieve effective outcomes for people in their care.

The interior of the home was clean and free from malodour. There was an outside area that people could safely access and enjoy.

Staff were well trained and there were enough staff on duty to ensure people were appropriately supported. Staff told us they felt well supported and received regular supervision during which they were able to discuss their professional development.

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 provider had systems to assess and monitor people's health and nutritional needs.

People told us staff treated them with dignity and were respectful. Our observations supported this and

people said they felt listened to and seemed confident in raise any issues.

Care plans contained information on people's health and communication needs as well as their family background, religious needs and social interests. Activities were initiated and led by the people living in the home around their individual interests and preferences. People attended clubs, associations and centres and staff always provided support to undertake activities. Outings were facilitated by staff consistent with people's suggestions and people were encouraged and supported to continue activities outside the home as well as community involvement.

People living in the home, relatives and members of the local community were particularly complimentary about how the home maintained and encouraged its community ties. This led to the view that the home's staff and people living there was an important part of the community. People said everyone involved benefitted from this approach. These ties included links with churches, schools, community facilities and local businesses.

The home had not received any formal complaints. Any minor issues were dealt with prior to becoming complaints. Everyone said they felt that their views were respected and they could offer feedback on any aspect of the home which would be respected and acted upon.

The registered manager had systems to assess and monitor the quality of the service. The provider also arranged a schedule of 'provider-led' checks which, we noted, had led to changes that improved safety and the well-being of people.

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

The last rating for this service was good (published 11 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Cestria House 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one 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 care service.

#### Service and service type

Cestria House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of this inspection was unannounced.

#### What we did before the inspection

We reviewed all the information we held about the service. We checked for feedback we received from members of the public, health care professionals and local authorities.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and four relatives. We completed checks of the premises and observed staff interacting with people in communal areas of the service. We spoke with a total of four members of staff. These were the registered manager, activities coordinator, cook and two members of the care staff. We also spoke with two representatives of the provider, a school teacher and three visiting health care professionals.

We reviewed a range of records relating to the way the service was run. These included four people's care and medicines records, four staff recruitment files, minutes from meetings, audits and checks completed in the service and a sample of policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Safe recruitment procedures were followed but, in some cases, we found significant gaps in staff members' histories. This involved missing records around checks with previous employers in health and social care, health checks and gaps in employment. All other checks such as those into identity and criminal records had been made and there was no evidence that anyone had been harmed as a result of the omissions.
- We raised this with the registered manager and provider representative who ensured that staff files were complete. They also completed an additional check to ensure it was appropriate that a staff member was employed to work with vulnerable people.

We recommend that the provider thoroughly reviews its recruitment processes at this location to ensure they are compliant with legislation and best practice.

- We observed a good staff presence during the inspection and received positive responses from people in relation to staffing levels. A person said, "I've never been here when there's never been loads of staff."

### Preventing and controlling infection

- Although the provider continued to have safe and effective infection control procedures, we noted a person's bedroom carpet was in unacceptable condition. This could have given rise to infection issues. We were told of particular challenges the service had around cleaning in this case. The registered manager and provider representative arranged for the carpet to be thoroughly cleaned and further consultation with the person and family members to ensure there was no continuing safety risk.
- Personal protective equipment such as aprons and gloves were available around the building. We saw staff make use of these to ensure correct practices were followed to reduce the risk of infection.
- Staff received training and regular audits were undertaken to ensure standards were maintained. Discussion with staff confirmed this and meant people were protected from the risks of poor infection control.

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

- The provider/registered manager protected people from the risk of abuse and their human rights were respected and upheld. Care practices we observed were safe and people told us they received safe care. One person said, "I feel safe. Safety is the main thing; someone to look after you."
- Safeguarding procedures continued to be followed and staff had a good understanding of what to do to ensure people were protected from abuse. Staff told us training was provided and updated. One staff member said, "The training around abuse and safeguarding is important and detailed. We are all supported

around doing the right thing when we suspect abuse."

#### Assessing risk, safety monitoring and management

- The service appropriately managed risks to people's safety. We found care plans contained completed assessments of people's risks. These included, mobility, falls and administration of medicines. The assessments provided information for staff about people's risks and how best to support people to reduce the risk.
- Accident records contained evidence staff had taken appropriate action when people had experienced accidents, including falls. Following review, we noted in one case, the registered manager had made extensive representations around a person's changing condition and, as a result, the person's medicines had been reviewed.
- A healthcare professional said, "The staff monitor things properly and are great at managing conditions. I have no concerns."

#### Using medicines safely

- Medicines were managed safely. People we spoke with were happy they received their medicines when they should. Medicines were recorded within people's medication administration records. This meant the provider and registered manager had oversight of medicines people took and ensured they were administered in line with the prescriber's instructions.
- Staff who administered medicines had completed relevant training to administer medicines safely. One staff member said, "Senior staff have to have training to give out medicines and we are checked regularly."
- We observed medicines being administered. We saw good practice was followed to ensure people received the correct medicine safely and at the right time.

#### Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. Accidents and incidents were investigated and actions put in place to minimise future occurrences. Regular audits were completed and 'lessons learned' were shared with staff to improve the service and reduce the risk of similar incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and senior staff completed comprehensive and detailed assessments to ensure people's needs could be met and a plan of care was developed. Care records continued to contain details about people's care needs, their ability to help themselves and what support was required.
- We saw evidence the provider/registered manager was referencing current legislation, standards and 'best practice' to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs.
- Care plans continued to be regularly reviewed and updated where required. Records we looked at confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. People told us they felt comfortable and confident staff had the skills and expertise to support them with their care needs. One person said, "Oh yes, they know what they are doing, they have the skills and appear well trained." A relative said, "Yes, quite definitely staff have all the skills and experience my relative needs."
- Staff confirmed they had received training that was relevant to their role and enhanced their skills. Staff told us they went through a thorough induction period when commencing their duties.
- Staff told us they continued to feel supported by the management team and received regular supervision and appraisal of their work.

Supporting people to eat and drink enough to maintain a balanced diet

- The service managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Care plans confirmed people's dietary needs had been assessed and support and guidance was recorded as required. We received positive comments about the quality of food. One person said, "The food is good and the portions are good too." Another said, "There's lots and lots of food. It's fine and it's healthy. Lots of fruit and veg. It's all there if you want it."
- We observed a lunch-time in the main dining room. It was organised, well managed and provided a relaxed and social occasion for people to enjoy their meal. People were supported with their meals where appropriate.
- Where concerns had been identified regarding people's food and fluid intake, appropriate action had been taken. This included implementing food and fluid charts to record the amount of food and fluid consumed by people deemed to be at nutritional risk. We spoke with the cook and they were aware of the requirements of people in the home and how to prepare food safely to support people's dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. We saw the management team worked closely with health care services including GPs, and district nurses. A health professional was positive about the home. They told us how well the registered manager and staff worked with them to ensure people received the right care and support.
- People confirmed they were supported to attend healthcare appointments when required.

Adapting service, design, decoration to meet people's needs

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring and the use of specialist equipment.
- The service had Wi-Fi (wireless connectivity) fitted allowing people with computers and other devices to connect to the internet or communicate with family and friends. Where required, people were supported by staff around the use of this equipment.

Supporting people to live healthier lives, access healthcare services and support

- People experienced effective, safe and appropriate healthcare support which met their needs. People spoke positively about the way the staff and management team had improved their quality of life and ensured all healthcare appointments were met. One relative said, "My relative has flourished in the home. She was very poorly when they first came but has rallied and is looking really well."
- A visiting healthcare professional told us staff responded quickly and appropriately to any issues they encountered. When direction was provided about supporting people, they said staff followed instructions appropriately.
- Care records confirmed visits to and from GPs and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and the outcome. This confirmed people's assessed needs were being met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

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

We checked whether the service was working within the principles of the MCA. Also, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

- People told us staff always asked for their consent before supporting them. Care records contained consent to care documentation and, where appropriate, was signed by the person receiving care. One person said, "They [staff] always ask permission before doing anything. Their manners are really good."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and cared for. People and their relatives were positive about staff members' and registered manager's caring attitudes. One person said, "The care is very good. Staff at all levels are very caring and kind." A relative said, "They [staff] go out of their way. My relative knows who is kind. Everyone here is very kind."
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. Each person had their life history recorded in care plans which staff said they used to get to know people and build positive relationships. One relative said, "There is low staff turnover and this helps as staff get to know everyone really well."
- We observed positive interactions between people, relatives and staff. One relative told us they visited regularly and was made to feel welcome by staff. They said, "When I visit, I feel part of the set-up. Staff have time to have a chat if necessary. This is an extremely good place."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care. One person said, "I am contacted regularly about any changes. When things are reviewed, we sit down and have a short meeting."
- People had choice and control in their day to day lives. One person said, "We have a say about how the home is run."
- When people could not make day-to-day decisions, if required, the service could provide information to people about advocacy services. This meant people had someone who could speak up on their behalf if other supporters, such as relatives were unavailable.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported. The provider and staff treated people well and understood their needs. Staff showed genuine concern for people. When we spoke with staff members, they said they were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- One person had expressed a preference to administer and control their own medicines. The service fully supported this practice and the provider said they felt this was important to some people and helped to promote independence.
- Relatives told us staff members were always available to speak about their family member. We noted confidential documents were locked away with only authorised staff having access to them.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were really well supported to develop and maintain relationships with people that matter to them. One relative said, "We [family] get invited to allsorts of events. Everyone is included at this home." Another said, "Special occasions such as anniversaries are really important. The staff at the home don't forget this and always make a fuss and encourage relatives and close friends to attend. Even when my relative forgets!"
- The home was seen by staff, people who lived in the home and the home's neighbours as being within the heart of the local community. This was assisted by its location but also by the attitude of management, staff, people and relatives. The registered manager said, "We are encouraged by the provider to maintain close links with the community and to be inclusive." The home featured in local publications including news letters and leaflets promoting activities in and outside the home. A relative said, "I know that the manager is very pro-active with publicising the home and promoting its position in the community. My relative and all the residents benefit from this."
- We noted that at the time of the inspection, staff were busy organising a series of events and celebrations around the Christmas and New Year period. These were fully inclusive, with people providing their views and wishes. The arrangements also involved people in the community in that they had input and suggestions around the combined celebrations. The activities coordinator said, "We are fully inclusive and that includes people living here and in the wider community. Although people move from their own homes to live here, we ensure that this is their new home and they still feel integrated in the community with all the social benefits that come with that."
- We noted that various churches, schools and community groups were included in regular visits and invited on special occasions and celebrations. At the time of the inspection, a group of school children were visiting the home and playing musical instruments for the residents. They were enjoying the experience and the interaction with people was lovely with everyone clearly enjoying the experience. A representative from the school said, "We support the home and attend weekly. The students get involved in activities such as crafts, baking and decorating. The home is also arranging dementia training for some of the students. It is very inclusive and I believe everyone involved benefits from this association."
- The registered manager and staff were involved in organising a stimulating range of social and recreational activities. These included specialist games and sport sessions that are designed to engage people of all ages and abilities but in particular, those who do not traditionally take part in physical activity. People were encouraged and supported to continue their interests both within and outside the home and staff were exceptionally responsive to people's needs. People, relatives and staff spoke with enthusiasm about the activities on offer, and what people were able to achieve whilst living at the home. We noted one

person had started to live at the home in early 2019 and relatives were concerned about reclusive tendencies. At the time of the inspection, the person was supported to participate in external activities including trips to the local British Legion and band concerts. Their relative said, "We can't thank the manager and staff enough. Our relative is a different man since coming to the home."

- Staff supported people to attend external clubs, meetings and events and to visit relatives and friends. People living in the home were involved in organising and directing the activities programme. For example, some people organised trips to local pubs to watch a special sporting event and were completely supported by staff with this. People told us they could request any activities or outings and staff would try to facilitate this. One person told us, "We all love the activities. A few of us went to see the new Elton John movie recently. It was lovely. I've lived in the area all my life and have never been to the Metro. I've now been and love it." Another said, "In the summer there was a big party in the street. The residents were all part of it and had a hand in preparing and running it with help from staff."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. The registered manager and senior staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Communication abilities were part of reviews of care planning and, where appropriate, amended to reflect people's changing needs.
- Documents, guides and leaflets in relation to all aspects of care and support could be provided in any accessible format. The registered manager gave us examples of how information could be provided to people in different formats to enable them to engage with staff and other professionals. These included, audio recordings, easy to read and large font publications. People told us they were happy with the way the home provided information and said there were no issues around this.

#### Improving care quality in response to complaints or concerns

- People knew how to complain. People told us if they had any concerns they would speak to staff directly. They complemented the registered manager as being able to sort out most minor issues alleviating the need to raise a formal complaint.
- People who used the service were given a copy of the provider's complaints policy when they started using the service. It was easy to read and understand. There was a robust system for logging, recording and investigating concerns including formal complaints. The service had not received a formal complaint since the last inspection in 2017.

#### End of life care and support

- The service had a comprehensive end of life care and support policy. At the time of the inspection, no one was receiving end of life support.
- The registered manager said in the event people required end of life support, the service would work with them, their relatives and health care professionals to ensure people's needs and wishes were met. They said end of life considerations were part of training that all staff received. This was supported by documentary evidence. Some staff members had also received specialist training that was recognised at a national level. The registered manager, provider representatives and staff talked passionately about this aspect of their role. They told us they understood how important it was to people and their families.
- We noted the home had recently received an 'outstanding care' award. This had been instigated by the provider. It was recognition for this home, comparing all homes within the provider's portfolio, and had

included excellence in end of life care. The provider representative said, "As a provider we recognise the significance of this area of care and support and the importance of getting it right. We try to encourage this attitude with our managers and staff and I'm pleased to say that this particular home has taken this on board and leads by example in this area."

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider, registered manager and staff members were committed to providing high-quality care which reflected the preferences of people living in the home.
- The registered manager had developed a clear vision and strategy for the service and staff members they led by example and were encouraging and supportive in their managerial roles. All staff we spoke with said that people living in the home were at the heart of support and care arrangements and this was encouraged by the registered manager and provider. A provider representative said, "I am pleased with the way the service is developing and continuing to provide good quality care. There is an openness and inclusivity in the way the home is managed. I am also proud of the achievements of the staff and how people thrive and enjoy living here."
- We observed interaction between the registered manager, provider representatives and staff and noted that it was positive, respectful of each others position and centred around doing the best for people they supported.

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 provider representative and registered manager told us they were always honest with people if things went wrong and made the necessary referrals to the local authority safeguarding team. There was a policy to inform staff of the action to take if something went wrong with a person's care.

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

- The registered manager and staff understood the primary aim of the service was to deliver the best possible care and support to people. Where appropriate, the registered manager completed regulatory notifications to CQC so that oversight could be provided on any issues such as any significant events that may occur.
- There were systems to monitor the quality and safety of the service. The registered manager provided care and support to people in addition to management responsibilities. They said this allowed them review care and support needs and monitor staff performance. There were 'provider-led' checks by qualified staff from head office that monitored quality and safety in the service. This included fire safety checks and audits of the registered manager's decisions and notifications to external organisations such as local authorities and CQC.

- Staff told us they understood their roles and responsibilities. The provider had policies and procedures to support staff in their work. There was an on-call system that provided support to staff out of the normal hours of work such as at night.

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

- The provider had systems that engaged and involved people, relatives and staff. There was a schedule of quarterly meetings where we noted that there was opportunity to raise any sort of issue or things that had been working well in the home. Improvements were implemented as a result of this feedback. Staff told us they could also contribute to the way the service was run in informal meetings and discussions. A staff member said, "Communication is very good. Staff are encouraged to provide input."

- The registered manager also used face to face meetings, surveys and daily interaction to gain feedback from people about the service. People confirmed their views about the running of the home were sought by the registered manager and their views listened to. One person commented, "They [staff] come round with questionnaires and we are all encouraged to provide our views."

Continuous learning and improving care

- The registered manager assessed, monitored and improved the quality of the service provided. They completed audits of the environment, care plans and the administration of medicines. One person said, "The Manager is direct in wanting to know how things can be improved. She knows what she wants. There is dedication as well as organisation in the way the home is run. I couldn't praise her highly enough."

Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. Staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs. A visiting healthcare professional said, "We are contacted appropriately. They [staff] know how to deal with issues and can be trusted to do the right thing whilst they wait for specialist help."