Larchwood Care Homes (South) Limited

Cavell House

Inspection report

Middle Road
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West Sussex
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Date of inspection visit:
07 March 2019

Date of publication:
05 April 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:

Cavell House is a residential care home providing personal and nursing care to a maximum of 52 people in one adapted building over two floors. At the time of the inspection 43 people were living at the home including two people having short term stays. The people living there are older people with a range of physical and health related needs including people living with dementia. At the time of the inspection the home was working in partnership with a local hospital to enable people to have a community placement in the care home while a suitable care environment or safe discharge home could be made.

People's experience of using this service:

● The outcomes for people living at Cavell House were personalised and reflected the caring values of the people supporting them. People told us they felt safe and were comfortable with staff and were cared for in a safe, friendly and calm environment. People and their relatives told us that staff were caring and upbeat. One person told us, "The staff always treat us well. They ask me what I want to do for myself. They always encourage me to be as independent as possible. They are very kind, they honestly can't do enough for you." A relative told us. "They are wonderful staff, really kind and lovely to my relative. It's feels like family and my relative is very content."
● Improvements had been made since the last inspection. People and their relatives told us that staff responded to their needs in a timely way, and the provider had put in place more regular checks for people who were unable to use a call bell. A relative told us, "They used to take ten minutes to respond to call bells, now there's no reason to use them, the staff are just more attentive." There were sufficient numbers of staff to meet people's need.
● People's needs, choices and preferences were known by staff and their care plans were personalised. Staff and managers were approachable and knew people well. Staff were provided with the guidance they needed to meet people's needs safely. One person told us, "I can't speak highly enough of the care. I'm not mobile and I have to have a hoist to get me into the wheelchair. It's always two staff and they are very patient and make sure I'm comfortable and safe."
● People were safe from the risk of abuse. Guidance enabled staff to provide the care and support that people living with physical, health and dementia needed in relation to their health and emotional wellbeing. Relatives and social care practitioners were reassured by the completeness of records. "When I go away for a few days and I don't worry about my relative one little bit because I know they look after them so well."
● People had access to a range of activities that met their interests and reflected their diverse needs and cultures. People were supported to maintain a healthy nutritious diet and had access healthcare services and professionals as and when needed.
● The registered manager led by example in providing person centred care and interacting with everyone at the home and ensured that relative and visitors felt welcomed and included. Staff and the registered manager felt well supported by each other and the provider. Complaints were recorded and responded to in

an open and transparent way and there was a culture of learning from accidents and feedback.
● The quality assurance systems included detailed audits that ensured the registered manager and provider maintained a good clinical oversight of the home and identified themes and trends to inform improvements when required.

Rating at last inspection:

At the last inspection the service was rated Good. The report was published on 22 July 2016

Why we inspected:

This was a scheduled comprehensive inspection based on the previous rating.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. ongoing monitoring; possibly more about how we will follow up

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective?

Good

The service was effective

Details are in our Effective findings below

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Cavell House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience of people living with dementia.

Service and service type:

Cavell house is a residential care home that provides nursing care for a maximum of 52 people. On the day of our inspection, 43 people were living in the home. Many people were living with physical and complex health needs including dementia. 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:

We carried out this unannounced inspection on 7 March 2019.

What we did before the inspection:

● We used information the provider sent us in the Provider Information return (PIR). Providers are required to send key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection.

● We review notifications we have received from the home about significant events.
● Consider information sent to us from other stakeholders including, local authorities and members of the public. For example, we received feedback from two health and social care and commissioning professionals.

What we did during the inspection:

● We spoke with eight people who lived or were having a short stay at the home, six relatives, two health and commissioning professionals, the registered manager, five staff and two regional managers.
● We reviewed four people's care records and completed a short observational framework for inspections (SOFI) to check that the care detailed matched the experiences of the people receiving care.
● We reviewed records including complaints, accidents and incidents, medicines and quality assurance records, policies and procedures and two staff recruitment records.

Good

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, this key question was rated 'Requires Improvement.' As people did not have consistent access to their call bells and staff on duty had not always been organised in a way to provide consistent, timely care.

At this inspection the provider had taken steps to improve. Therefore, the rating for this key question has increased to 'Good.' People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

● There were enough staff to ensure people were cared for and supported safely. People who could not use a call bell were checked regularly to ensure their needs were met, and the service had developed detailed plans to ensure staff were suitably allocated to tasks throughout the day. One relative told us, "They used to take ten minutes to respond to call bells, now there's no reason to use them, the staff are just more attentive."
● We observed that staff were consistently present and attended to people when they were needed. The home had a dependency tool in place that they reviewed weekly, and when new people moved to the home.

● Recruitment processes were robust and ensured staff were safe to work with people before they started working at the home.
● Documentation confirmed that nurses employed had up to date registration with the nursing midwifery council (NMC).

Systems and processes to safeguard people from the risk of abuse

● People were safe because staff understood people's needs and the types of abuse people living with physical and dementia needs experienced.
● Staff received training and guidance on how to recognise and report abuse and were confident that if they raised a concern with their manager it would be taken seriously and acted on.

Assessing risk, safety monitoring and management

● Risks to people were assessed and managed for people's safety. For example, one person was at risk of malnutrition, they had an eating and drinking checklist, their weight was monitored monthly and there was nutritional support guidance provided for staff so they could ensure the person ate a suitable diet and maintained a healthy weight.
● Each person's care plan included a range of risk assessments that guided staff on the level of risk, how it may occur, and how they could minimise the risk to people. For example, staff told us that one person with an increased risk of falling had been provided with a sensor mat as this was less restrictive and safer for

them then a bed rail.
● Personal Emergency Evacuation Plans were in place within a grab folder to ensure people would receive the right support in the event of a fire.
● Staff understood the importance of protecting people and their colleagues from all types of discrimination. For example, women who were pregnant had their roles risk assessed and adjustments made to enable them to work safely.

Using medicines safely

● People were supported to take their medicines safely. Staff gave medicines respectfully having gained consent and ensuring people were comfortable in how they were taking them.
● The home had medicines policies and systems of audit completed by the provider and independent pharmacist. This ensured staff had clear guidance on how to safely store, audit, record, administer and dispose of medicines.
● Staff that administered medicines were knowledgeable about people's medicines. They were trained and assessed as competent to do so. For example, they had a good understanding that people with degenerative conditions required medicines to be given at specific times. This ensured the impact of their symptoms were reduced throughout their day.
● Medicines administration records were complete and people received their medicines as they were prescribed.

Preventing and controlling infection

● People were protected by the prevention of infection control. Staff used PPE (personal protective equipment) including aprons and gloves when cleaning the home or preparing to support people with personal care.
● The provider conducted regular audits of infection control and carried out the actions required to ensure the environment remained clean, safe and fresh.
Learning lessons when things go wrong.
● Where appropriate serious injuries were escalated to the emergency services. The registered manager and provider analysed incidents to enable them to respond to trends that may impact on individuals and the service. For example, one person had an increased level of falls so the team had made a referral to the falls assessment team.

Good

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 our last inspection we rated this Key Question as 'Good.' At this inspection the care people received remained effective. 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

- People's needs and choices were assessed prior to them moving to the home or having a short stay to confirm if the person's needs could be met.
- People, their relatives and relevant care professionals were involved in assessments and reviews. One social care professional told us, "The care plan matched the person's needs and staff were aware of their needs. The nurses attending the review knew the person and could answer any question I had."
- Protected characteristics under the Equality Act, such as ethnicity, sexuality and gender identity were considered as part of the assessment process.

Staff support: induction, training, skills and experience

- Staff were equipped with the knowledge and skills to carry out their roles. A relative told us, "Staff use the hoist well, they know my relative can experience pain due to arthritis and reassure them before they use the hoist."
- New staff received inductions, training and shadowed experienced staff who could show them how to support people's needs.
- Staff completed the Care Certificate. The certificate is a set of standards for health and social care professionals that ensure workers have safe introductory skills and knowledge. Nursing staff had regular checks through the Nursing and Midwifery Council to ensure they remained aware of best practice.
- Established staff had access to supervision and training that was specific to the needs of the people using the home, including dementia, MCA (Mental Capacity Act), Tissue Viability and End of Life Care. The registered manager was keen to access more practical dementia training and had run sessions in team meetings where staff could experience how it felt to be supported with eating.

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

- People's nutritional needs were met. Healthy food and snacks were provided throughout the day to reduce the risk of malnutrition and ensure people had their choices met. One person told us, "The food is lovely, if you don't like what's on offer they'll get you something else no trouble, you're never left hungry and there's always drinks being brought round."
- The chef knew people's preferences and planned for their dietary needs such as diabetes, high calorific diets.
- Speech and Language Team (SALT) assessments were in place. For example, one person with swallowing

difficulties needed a soft food diet. Guidance identified the consistency of food the person required and how staff should support them while eating to minimise the risk of choking.

Supporting people to live healthier lives, access healthcare services and support;
Staff working with other agencies to provide consistent, effective, timely care

● People were supported by staff to maintain good health and had access to GPs, dentist's opticians and dieticians when needed.
● People's health concerns were responded to in a timely way. One person told us, "I had a little sore spot when I arrived and mentioned it to the nurse, they quickly got it sorted out for me." A relative told us that an ambulance had been called when their loved one became ill, "It shows they take things seriously, they reacted quickly and it gives you confidence."
● Health and social care professionals spoke positively about how well the home communicated with them and how they worked openly with multi-disciplinary teams to support people's needs. One commissioner told us, "They look after people well and provide people in transition from hospital with nice care."

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

● People's needs were met by the design and adaptation of the building. The provider had adapted the building to suit the specific needs of people living there.
● People had access to several sitting rooms and a secure outside courtyard, where they could enjoy good weather, take time away from larger groups and spend time with their family in privacy.
● The premises had been redecorated and work had begun to make the home more dementia friendly so that people could orientate themselves more easily. Visual signs were used on each person's door to aide orientation and promote identity. These included people's names and images specific to them including their interests, careers and loved ones.

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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Staff had a good understanding of the MCA and the importance of their legal right to be enabled to make decisions where they could. One staff member told us, "Everyone has capacity until proven otherwise." Another staff member told us how they supported people to make decisions by offering them physical items such as clothes to choose from.
● Where people were found to lack capacity, there was guidance available to staff through completed mental capacity assessments and best interest considerations were given in relation to specific decisions. For example, one person needed a bedrail to protect them from falling out of bed. Their relative told us they

had been involved in regular review meetings and had signed the recorded decision.

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 our last inspection, we rated this Key Question as 'Good'. At this inspection people were still receiving a caring service. 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 and their relatives told us that they were supported by kind caring staff. One person told us, "I feel really safe and well looked after here, the girls are lovely to me, so friendly and polite. They come in with a smile, talk to you 'would you like this, can we do that. They really treat me just right." Another told us, "The staff are very kind. If you're feeling a bit down they will sit and chat to you. It's very friendly this place."
● People's diversity and individuality were respected and promoted. A relative told us, "What I have observed is that the staff talk to my relative as you and I are talking now. They don't rush - they take their time with them, interacting with them even though they can't really respond. I can see their happy."
● People were encouraged to have their own possessions in their rooms, including, pictures, and furniture. Religious beliefs, important relationships and how people chose to express them were detailed in care planning and activities provided. For example, one person was supported to visit their partners grave on an anniversary.

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

● When people needed support to communicate their needs their care plans provided guidance for staff. For example, staff described how they provided choice by offering visual clues, simplifying language or giving people time to process what had been said and to respond.
● People accessed relevant advocacy services so they could be actively involved when making decisions about their care and treatment. An advocate is someone who can offer support for people who lack capacity to make specific important decisions; including making decisions about where they live.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity was respected throughout the day. A relative told us that staff always closed the curtains and doors when they were providing personal care and made sure their relative was comfortable.
● Care plans and electronic records were kept securely within the nurse offices where access was limited to staff.
● Staff listened to people and encouraged them to make choices and be as independent as possible. One person told us, "I think the staff are very good. They know I am intent on getting well so I can go home again so they let me do as much as I can for myself, but they will come if I ring the bell. If you have any concerns

they deal with it they don't brush you off. They listen to you and address it."

Good

Is the service responsive?

Our findings

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

At our last inspection, we rated this Key Question as, 'Good'. At this inspection people continued to receive responsive care. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Care plans were person centred, detailing life histories including people's achievements both personal and in their working life. This information had been gathered prior to admission from people, their relatives, health professionals and staff who knew them well.
● Relatives remained involved in the review and planning of people's care, when they had the legal authorisation to do so. A relative told us "I was there when they set the care plan up and I think they provide everything that was agreed and probably more besides."
● People were given information in a way they could understand. Staff understood the Accessible Information Standard. People's care plans identified, recorded and highlighted people's communication and specialist health needs. For example, there were audio and visual books and pictures available for people who had sight or hearing needs.
● Staff knew people well and anticipated their emotional and social wellbeing. For example, a relative told us, "Everyone seems to know the residents not just to say hello to, but know them. The cleaner knows my relative likes to listen to songs of praise so they will put it on for her. It's not just that they know what to do for them in terms of looking after them. They know them and care about them as people."
● People and relatives told us there were a good range of individual and group activities and that recently there had been a fifties party. One person told us that a group of people had made pancakes for Shrove Tuesday and that there was sometimes singing and poetry events.
● People could choose what activities and interests they took part in. Including listening to music, knitting, painting and religious expression. One person told us "I don't join in many of the activities because I have lots of visitors to keep me busy but they did arrange communion for me which was kind of them." Another person whose first language was not English enjoyed watching films and listening to music in their first language.

Improving care quality in response to complaints or concerns

● People and relatives remained confident that complaints were taken seriously and were happy to raise concerns they had with the registered manager. One person told us, "I complained about how late they got me up when I first came and now they get me up earlier which is much better for me." A relative told us, "I raised a concern the first weekend my relative was here as I noticed that the lounge was left unstaffed. I emailed and it was sorted. The manager is very hands on always around not shut away in her office and that's a good sign."
● Technology was used to gain feedback. A tablet computer was left in the foyer, so that people and visitors could record their views about the home at an organisational as well as local level.

● We looked at the complaints records and saw that complaints were consistently taken seriously, investigated fully and actions taken to resolve concerns in a timely manner.

End of life care and support

● People's end of life care was planned for with their loved ones and health professionals.
● Religious and cultural needs and wishes were respected. For example, one person's care plan detailed they wanted a priest and their relatives with them, and confirmed where they wanted their ashes laid.
● Staff had established strong links with the local hospice and attended training to promote best practice including the use of pain control and syringe drivers. This ensured people could remain in Cavell House, if they chose to, and were supported to experience a comfortable pain free end of life.

Good

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 as 'Good.' At this inspection the home was consistently managed and well led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● People and their relatives spoke positively of the registered manager, their staff team and how responsive and approachable they were. One person told us, "We see the manager every day. If I had any problems I'd just have to mention it to them and they get it sorted just like that." A relative told us, "I think it's very well run. It's a happy home." A social care professional told us, "When I walked around the home, all areas had staff focussed on resident's."
● The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager had submitted notifications to us, in a timely way.
● There was a clear focus on team work and developing reflective practice and training in relation to the physical environment, dementia and end of life care. For example, the deputy manager had attended end of life care training with a local hospice and a room at the home was being developed so that relatives could stay over during their loved one's end of life care.

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

● Staff were well supported and felt they all worked as a team. There were clear lines of responsibility through their roles and embedded practices.
● Daily meetings, team meetings and management schedules underpinned the day to day service delivery tasks, ensuring individual support needs were met.
● The provider and registered manager were committed to improving the home's quality assurance processes. Regular audits and checks were completed to ensure a good level of quality was maintained. For example, monthly audits were completed in relation to training gaps so the home could analyse trends and themes and design action plans in response.

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

● People and relatives were encouraged to complete monthly surveys, attend regular meetings and provide feedback and make suggestions for improvements in the home. For example, one relative had just become a volunteer at the home.
● Staff were encouraged through an open and transparent culture to share their views on how the home

could improve. Staff were listened to and their ideas were acted on. A staff member told us, "I've never worked somewhere where the manager is so involved. They are easy to talk to and the door is always open."
● People's diverse cultures and equalities characteristics were considered and promoted. The registered manager designed activities to support people to celebrate their own identity and experience others. For example, they celebrated Burn's Night and Chinese New Year and were planning to be involved in local gay pride events.

Continuous learning and improving care; Working in partnership with others

● The registered manager was continually looking to improve the culture of the home and was actively involved in local care home forums and the community. For example, the setting up of local pre-school children visiting the home to encourage community participation in the home, and promote people's wellbeing where they may not have extended families close by.
● Cavell House worked in partnership with a local hospital to support people to be discharged from hospital so they could eventually access suitable care environments or be discharged home. A health care professional told us, "The registered manager is really proactive with our patients."