

Care UK Community Partnerships Ltd

Cavell Court

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

Cavell Court is a residential care home providing personal and nursing care to 62 people aged 65 and over at the time of the inspection. The service can support up to 80 people.

Cavell Court is a purpose-built building set out over three units, with each bedroom having an en-suite facility. Each unit has a kitchenette, dining room and lounge(s). The service also has access to communal areas including a ground floor coffee bar, cinema, activity rooms, hair salon and outdoor garden space.

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

The registered manager had systems in place to manage risks and keep people safe from avoidable harm.

Staff used personal protective equipment, such as gloves and aprons to prevent the spread of infection.

Visitors were required to complete health questionnaires, have their temperature taken and provide a negative COVID-19 test before entering the service.

Staff assessed and reduced people's risks as much as possible. There were enough staff to support people with their care and support needs. The provider carried out key recruitment checks on potential new staff before they started work to ensure they were suitable.

People received their medicines and staff knew how these should be given. Checks were in place to ensure that medicines were given safely and stored correctly.

The service was well managed by a registered manager with regular input from the provider. The senior staff team were passionate about giving people a high-quality service.

Systems to monitor how well the service ran were carried out. People and relatives were asked their view of the service and action was taken to change any areas they were not happy with.

The registered manager was open and honest when things went wrong. They shared any learning from these events with people, staff and professionals and used their learning to change practice.

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

Rating at last inspection

The last rating for this service was Good (19 December 2018).

Why we inspected

This was a planned focused inspection based on our ongoing monitoring of the service. This report only covers our findings in relation to the key questions safe and well-led.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cavell Court on our website at www.cqc.org.uk.

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.

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?

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.

Cavell Court

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

This inspection was carried out by two 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

Cavell Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection took place on 10 August 2021 and was unannounced. We gave feedback to the registered manager on 18 August 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, regional manager, deputy manager and care workers. 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a professional who regularly visit the service.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from harm. Staff received safeguarding training and were confident they knew who to contact and how to report any concerns they may have. One member of staff when we asked if they would feel comfortable to report concerns of abuse said, "I would report it. This is the resident's home, we are looking after them, so it wouldn't be fair not to, both for their physical and mental well-being."
- People told us that they felt safe living at Cavell Court. People had two call bells in their room, one which they could use to call for general assistance or to request a drink or food. The second was for emergency use. One person told us, "The staff treat me nicely. I get on well with them. We have two buzzers, one for urgent calls and one for things like a cup of tea. The staff are pretty good at answering."
- Relatives also felt assured that people had this safety precaution in place, a relative said, "There is one bell for urgent calls which gives peace of mind." We were also told, "I do feel I'm leaving my (relative) in a safe place."

Assessing risk, safety monitoring and management

- Risks to people were assessed before they moved into Cavell Court and plans put into place to manage and mitigate risks. Risk assessments and care plans were regularly reviewed to ensure they remained effective.
- Risk management plans clearly identified the risks posed and provided guidance for staff. Risks identified for people included falls, skin integrity, eating and drinking and risks associated with different behaviours.

Staffing and recruitment

- The service had recently been restructured to remove nursing and clinical staff from the staffing team. This enabled the registered manager to employ additional care staff and unit managers for each of the three units.
- There were enough staff available to meet people's needs and ensure their safety. At the time of our inspection the registered manager informed us they had more staff than identified in their dependency tool. A dependency tool is used to look at all the needs of people in the service and identify the minimum number of staff required to support people safely and effectively.
- People we spoke with felt there were enough staff on duty, one person said, "Someone comes when you buzz within five minutes. It feels like there are enough staff on the whole."
- Staff we spoke with felt that the service could benefit from more staffing, however no one we spoke with felt that current staffing levels had an impact on supporting people safely. It was felt that an increase in staff would enable more meaningful time on a one to one basis with people. Our observations on the day of inspection were that there were enough staff to complete tasks and offer meaningful support to people at

the service.

- Safe recruitment practices were followed. Pre-employment checks were carried out before staff started work. Records showed, and staff told us that they had not been able to start work until their employment checks had been completed.

Using medicines safely

- The registered manager and senior staff carried out a monthly audit of medicine administration, this enabled them to identify any errors or potential near misses. Each audit had an action plan which was reported on whether it had been completed or not within the next audit.
- During our inspection we identified some gaps in recording of newly delivered medicines and clear information when medicines were opened. These were rectified immediately, and processes were put in place during our visit to reduce the risk of them occurring again. This information was also shared at the daily senior staff meeting on the day of the inspection.
- The registered manager had notified the CQC and the Local Authority of medicine errors which had occurred in the service.
- People were pleased with the way staff supported them with their medicines, and some people we spoke with told us how they were supported to be involved in their medicine management. This promoted their independence and kept people involved.
- A relative told us that there had been occurrences when the service had run out of medicines for their family member. We raised this concern during our inspection. We were informed that new processes had been introduced to identify all medicines used and their stock levels which management monitor. They could then when medicines were running low on supply and order a new prescription. We also attended the daily meeting with senior staff and observed that medicines were discussed as a regular agenda item. During this meeting one of the unit managers discussed stock levels of a particular medicine and shared steps they had taken to ensure the medicine did not run out.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The senior staff had carried out audits which identified if something was not working well. Staff told us that when this had happened, they were informed in handover and team meetings and used their learning to change practice.
- The registered manager liaised with the provider to share learning when things had gone wrong. For example, on identifying that staff files stored electronically could be accessed by staff, they ensured that the providers administration and IT team rectified this oversight. As this could have an impact across the other services managed by the provider, this learning was shared nationally.

- Professionals were assured that the registered manager was open and honest and reflected when things had gone wrong. One health care professional told us, "[Registered manager] in her reflections has been honest in admitting where things could have been done better and always strives to maintain high standards of care."
- The service had been restructured removing nursing and clinical staff and no longer providing complex nursing care. This action was taken to improve the service. The registered manager informed us that since this change had taken place, medicine errors had reduced.

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

- During our visit we observed genuine and positive interaction between people living in the service and staff. We observed one person displaying distressed behaviours and becoming verbally abusive. Staff were very patient and reassuring and engaged the person in different activities. We returned to the communal area shortly after and observed staff dancing with this person and other staff singing along to the music.
- The registered manager and staff knew the people living at the service well, understood their needs and what was important to them. Care plans and risk assessments were detailed to ensure staff could support people effectively. A professional working closely with the service was very positive regarding both the registered manager and staff. They said, "I was impressed with the level of knowledge [the registered manager] had of one of the residents in a [80 bed service]". And, "I witnessed care staff being appropriate to service users some who were in distress through their conditions and were given appropriate reassurance."
- The management team were committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff wherever necessary. One person told us, "I often see [the manager] around near the coffee shop. I could see her if I wanted to. She's an approachable person." Another person said, "[The manager] is pretty good, empathetic, very kind. She's approachable, yes."
- Staff told us that they enjoyed working at Cavell Court and it was important to them to deliver a good service. One member of staff said, "It is such a rewarding job and it means so much to me." Another member of staff likened the care they give to that of a family member, "I would like to think of it like my own grandparents and what I would expect for them."

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 had fulfilled their legal obligations in relation to notifying CQC of important events they are required to. The provider had displayed their inspection rating clearly in the entrance to the service.

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

- The registered manager had introduced a daily meeting with all senior staff on site, including unit managers, head chef, head of housekeeping and maintenance. During our inspection we observed one of these daily meetings. Discussions included any issues regarding medicines, new equipment and any learning or good practice which needed to be shared across other units.

- The registered manager was also supported by a senior staff team including an assistant manager and unit managers. This ensured that in the registered manager's absence the service and staff team continued to be supported by experienced senior staff.
- The registered manager welcomed feedback, whether positive or negative and used suggestions to improve the service. For example, during the feedback of this inspection, we shared a person's suggestion that staff could benefit from communication training for those people who are hard of hearing, and additional manual handling training for new staff. The registered manager informed us that they are currently restructuring the induction programme and would include these training needs in the new programme.

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

- People had been given the opportunity to provide regular feedback. This included formal face to face reviews, weekly service user meetings and annual surveys. People enjoyed attending the meeting and told us that they were given the opportunity to give suggestions and provide feedback. During our inspection people told us they had been responsible for a different food item being added to the menu and were happy to show us on the day that it was part of that day's meal choice.
- Relatives were involved in meetings and received feedback surveys from the provider. Relatives told us that during the COVID-19 pandemic relatives' meetings were held virtually and reported that they found this helpful.
- During our inspection we observed relatives on site supporting their family members. The registered manager and relatives told us that they had introduced relatives becoming volunteers within the service, providing an opportunity to have a more active role. One relative told us, "I'm a trained volunteer and come two mornings a week which has been helpful to spend time with (relative)."

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement. Actions put into place following these audits ensured that improvements were made.
- Records of incidents and accidents were analysed to find trends or themes, such as whether a pattern was emerging regarding falls, times of day or where the fall took place.
- There had been a higher than expected number of falls reported for this service. The registered manager showed us the falls analysis which had been used to identify potential risk factors. As a result, additional equipment had been purchased which would notify staff immediately should a person potentially move or fall. People at increased risk had been identified as benefiting from this equipment. Other measures had also been put into place such as referrals to the local falls team.

Working in partnership with others

- Staff and the registered manager also worked in partnership with other professionals and agencies. This included GPs, social workers, and other health care professionals to ensure that people received joined-up care.
- The deputy manager informed us how they had worked closely with the local CCG and surrounding GP practices to register people in the into fewer practices. This ensured better working relationships between the staff in the service and healthcare staff. As part of this new agreement, the service was able to ensure that they secured a certain number of slots with a GP which they could use to discuss any concerns or changes with people's health.