Central and Cecil Housing Trust

Cecil Court

Inspection report

4 Priory Road
Kew
Richmond
Surrey
TW9 3DG

Tel: 02089405242
Website: www.ccht.org.uk

Date of inspection visit:
12 January 2018
15 January 2018

Date of publication:
14 June 2018

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?	Outstanding

Summary of findings

Overall summary

This was an unannounced inspection that took place on 12 and 15 January 2018.

Cecil 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. Cecil Court provides care for up to 45 people including people with dementia and is located in the Kew Gardens area of west London.

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

At the last inspection in January 2016 all the key questions of safe, effective, caring, responsive and well-led were rated good and there was an overall rating of good.

The home had participated in the 'My Life' project that researched the effectiveness of biographical reminiscence films for people with dementia. We saw first-hand the positive effect these film biographies had in greatly enriching people's quality of life and reducing their anxiety.

People and their relatives said that Cecil Court provided good care and support in a friendly atmosphere. Staff were available in suitable numbers to meet people's needs and they did so in a kind, friendly and skilful way.

The home kept thorough and comprehensive records that were up to date and regularly reviewed with information recorded in a clear and easy to understand way.

The registered manager and staff encouraged people to discuss health needs and they had access to community based health professionals if required. People were protected from nutrition and hydration associated risks by being provided with balanced diets that also met their likes, dislikes and preferences. People and their relatives told us the meals provided were of good quality and there were plenty of choices. Staff prompted people to eat their meals and drink if this was required whilst enabling them to eat at their own pace.

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

Staff had appropriate skills and training, were competent and knowledgeable about the people they supported. They were focussed on providing people with individualised care and support and this was provided in a professional, friendly and supportive way. Staff were aware of their responsibility to treat

people equally and respect their diversity and human rights. They treated everyone equally and fairly whilst recognising and respecting people's differences.

Staff said the registered manager and organisation provided good support and there were opportunities for career advancement.

People and their relatives thought the registered manager and staff were approachable, responsive and encouraged feedback from people.

The home had systems that consistently monitored and assessed the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service was responsive.

People with dementia were stimulated by use of film about their lives that evoked happy memories and calmed them.

People had their support needs assessed and agreed with them and their families. They chose and joined in with a range of recreational activities. Their care plans identified the support they needed and it was provided.

People told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Staff were trained to meet people's end of life needs.

Is the service well-led?

Outstanding ☆

The service was extremely well led

Participation in the 'My Life' biographical film project had a very positive impact on the quality of life people with dementia experienced, helped reduce their anxiety and enhance service improvement.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

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

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

Cecil Court

Detailed findings

Background to this inspection

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

This was an unannounced inspection and took place on 12 and 15 January 2018.

This inspection was carried out by one inspector over two days.

There were 39 people living at the home. We spoke with eight people, five relatives, eight staff, the registered manager and healthcare professionals whom had knowledge of the home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

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

We looked at the personal care and support plans for six people and five staff files.

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

Good

Is the service safe?

Our findings

People were safe living at the home and their relatives said they were happy leaving people in the home's care and that they felt safe doing so. People enjoyed the relaxed atmosphere that Cecil Court provided and there were enough staff available to provide the care they needed safely and in a way that made them feel safe. One person told us, "There is always someone there." Another person said, "I feel comfortable and relaxed." A further person commented, "It is very safe here, you have to be careful when you go outside the home." A relative told us, "It [The home] brings peace of mind."

During our visit there were sufficient staff to meet people's needs and those on duty matched the numbers on the staff rota. Relief staff cover was normally provided from within the home and organisation, where possible. If this wasn't possible staff cover was provided by an agency. This meant the home met people's needs in a safe, enjoyable and unrushed manner and was demonstrated by people's positive body language and familiarity with and responses to staff. There were five staff vacancies that were being recruited to.

Staff were trained in safeguarding and aware of how to raise a safeguarding alert as and when this was required. Staff were provided with a handbook containing safeguarding information and local authority contact numbers were also available to staff. There were no current safeguarding alerts. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. Staff were aware of the procedure to follow and agencies to contact to make sure people were safe.

Staff knew the provider's policies and procedures regarding protecting people from abuse and harm and were trained in them. This was reflected in their care practices we saw during our visit. Staff explained their interpretation of what abuse was and the action they would take if they encountered it. Their responses were in line with the provider's policies and procedures. Staff told us that protecting people from harm and abuse was included in their induction and refresher training and one of the most important areas of their work.

People were able to enjoy their lives safely, in part, due to their care plans containing risk assessments that enabled them to do so. The assessments identified areas of risk relevant to people individually that included all aspects of their daily lives including their health, welfare and social activities. The risk assessments were reviewed and updated as people's needs and interests changed. Staff shared relevant information, including any risks to people during shift handovers, staff meetings and when they occurred. Risk assessments were also used as opportunities for discussion if something had gone wrong so that lessons could be learnt. The home kept accident and incident records and there was a whistle-blowing procedure that staff said they were aware of and understood.

The building and equipment risk assessments were reviewed and regularly updated. The home's equipment was regularly checked and serviced. This included a fire evacuation plan. Staff had received infection control training and their working practices reflected this. The home also provided a good stock of gloves and aprons for giving personal care.

The home's staff recruitment process was thorough and records demonstrated that it was followed. The process included scenario based interview questions to identify prospective staff's skills and knowledge of their duties and responsibilities. References were taken up and Disclosure and Barring service (DBS) security checks carried out, prior to starting in post. DBS is a criminal record check employers undertake to make safer recruitment decisions. There was also a three month probationary period. If there were gaps in the knowledge of prospective staff, the organisation decided if they could provide this knowledge, within the induction training and the person was employed. Staff work history and right to be employed were also checked. The home had disciplinary policies and procedures that were contained in the staff handbook.

Staff had received training in de-escalation techniques in instances where people may display behaviour that others could interpret as challenging. If these were necessary staff actions were recorded in people's care plans.

Medicine was safely administered, regularly audited and appropriately stored and disposed of, as required. The home's pharmacist was carrying out a six monthly audit of medicine including medicine records and found that they were completed and up to date. The controlled drugs register also had each entry counter signed by two staff members who were authorised and qualified to do so. A controlled drug register records the dispensing of specific controlled drugs. Staff were trained to administer medicine and this training was regularly updated. Medicine kept by the home was regularly monitored and audited internally. There were medicine profiles for each person in place.

Good

Is the service effective?

Our findings

People and their relatives were involved in decisions about the care and support provided and how it was delivered. Staff had the communication skills required to enable people to understand them and this meant staff could meet people's needs appropriately. They spoke to people in an unrushed way so that people could understand what they were saying. Staff made eye level contact and used appropriate body language which people responded to. People and their relatives said that the way staff provided care and support was what was needed and delivered in a friendly, patient and appropriate way. One person said, "Obviously I would prefer to be at home, but I am very content here." Another person told us, "We are very well looked after and everything gets done." A relative said, "People are allowed to do things in their own time." Another relative told us, "We definitely picked the best home."

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

Staff received equality, diversity and human rights training that enabled them to treat everyone equally and fairly whilst recognising and respecting people's differences. This was reflected in the positive staff care practices and confirmed by people and their relatives. People were treated equally and as equals with staff not talking down to them. One person told us, "People are not all the same, but everyone is treated equally and fairly."

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The MCA required the provider to submit

applications for DoLS to a 'Supervisory body' for authority. Applications had been submitted by the provider and applications under DoLS had been authorised, and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in people's care plans. Staff received mandatory training in the MCA and DoLS. Staff we spoke with understood their responsibilities regarding these. Staff continually checked that people were happy with what they were doing and the activities they had chosen throughout our visit.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in people's needs and support, as required. Records demonstrated that staff liaised and worked with relevant community health services including hospital discharge teams and district nurses, making referrals when required and sharing information. The registered manager also attended local authority hosted provider forums where information was shared.

There was a section in people's care plans for health, nutrition and diet. Full nutritional assessments were carried out and regularly updated. If required, weight charts were kept and staff monitored how much people had to eat. There was also person specific information regarding any support required at meal times. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP and relatives as appropriate. One relative told us that their relative had been unwell. They said that staff checked them every 15 minutes and made sure they had sips of water every 30 minutes to stop de-hydration. Nutritional advice and guidance was provided by staff and there were regular visits by a local authority health team dietitian and other health care professionals in the community, such as district nurses. People had annual health checks. Records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

People chose their meals and there was a good variety of choice available. The meals provided were of good quality and special diets on health, religious, cultural or other grounds were provided. They were well presented, nutritious, hot and monitored to ensure they were provided at the correct temperature. Staff supported people in a timely way at mealtimes and no one was kept waiting for their lunch during our visit. People said they enjoyed the meals.

People with dementia had their needs met by staff in a patient, inclusive and encouraging way. Their meal choices were explained and staff revisited them as many times as people required to help them understand what they were, re-assure them and make them comfortable. They also spent time explaining to people what they were eating during the course of the meal and checked they had enough to eat. This made mealtimes an enjoyable experience for people.

The home was clean, well decorated, well-maintained and with no unpleasant odours. The layout was conducive to providing people with a homely atmosphere with suitable communal and personal accommodation.

Good

Is the service caring?

Our findings

People received a service based on treating them with dignity, compassion and respect. They were responded to promptly by attentive and caring staff. Staff addressed people by their preferred name or title and knocked on their bedroom doors and waited for a response prior to entering. People and their relatives said staff listened to and acknowledged them and valued their opinions whilst delivering support in a friendly, patient and helpful way. One person said, "Staff are delightful." Another person told us, "Everybody is friendly and we always have a joke." A further person commented, "The girls [staff] are wonderful." A relative said, "Everyone [staff] does everything they can to make people happy." Another relative told us "The big feature is that staff make everyone feel so relaxed."

Staff worked really hard to make sure people's needs were met and this was reflected in their care practices. People were stimulated and encouraged to have conversations with staff and others in a patient and skilled way. Staff applied their knowledge of people and their needs and preferences to enable people to lead happy and rewarding lives. This was both individually and as a team. Staff took an interest in people and treated them with kindness and understanding. Their approach to care was supported and underpinned by the life history information contained in people's care plans that they, their relatives and staff contributed to and regularly updated.

There was an advocacy service available through the local authority. People did not require it at the time of the inspection.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. There was a policy regarding people's right to privacy, dignity and respect, that staff followed throughout the home, in a courteous, discreet and respectful way, even when unaware that we were present.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the people. Relatives we spoke with confirmed they visited whenever they wished, were always made welcome and treated with courtesy.

Good

Is the service responsive?

Our findings

The home was using 'My life' films that were a narrative of people's lives using photographs and music. We saw the calming and positive effect that the films had on people with dementia during our visit. One person had been anxious despite re-assurances from staff. Once they began to watch their 'My Life' film, they became relaxed, reminisced about the events during their life and was clearly enjoying themselves referring to people by name and relationship, as their photographs came on screen. They also insisted that all their family should have a copy explaining who they were and where they lived including places such as Australia. It was as if a light bulb had been switched on, with the person becoming animated, engaged, giving people information and being clearly aware of the events in their lives that they had previously struggled to articulate. One person described the project as, "A brilliant piece of research that had made such a difference to the person that was watching their 'My Life' film." They added regularly {person] was anxious and required re-assurance but was so much more relaxed and calm when watching the film.

People and their relatives were asked for their views and opinions. This was done formally and informally. They were given the opportunity to decide the support they wanted and when. It was delivered by friendly staff, in a timely and appropriate way that people liked. If there were any problems staff resolved them quickly. One person said, "I am faddy, but it is very good." Another person told us, "I feel listened to." A relative said, "They always phone me if [relative] is unwell." During our visit people approached staff and the registered manager for assistance or with questions and were responded to in a positive, calm and unrushed manner.

Everyone we spoke to confirmed that their views and opinions were sought by the registered manager, staff and organisation. Staff enabled people to make decisions and took action on them. Staff made themselves available to people and their relatives when they wished to discuss any problems or if they just wanted a chat. One person said, "Not a worry, staff always take the weight off." Another person told us, "Everyone does everything they can for you."

The pre-admission written information about the home provided people and their relatives with suitable detail that enabled them to understand the type of care and support they could expect. They were invited to visit as many times as they wished before deciding if they wanted to move in and fully consulted and involved in the decision-making process. These visits were also used to identify if they would fit in with people already living at the home. Staff told us how important it was to capture people's views as well as those of relatives so that care could be focussed on the person.

People were referred privately and sponsored by local authorities. Assessment information was provided by local authorities and any available information sought regarding private placements, where available, from previous placements, GP and hospitals. The registered manager shared this information with appropriate staff to identify if people's needs could initially be met. The home carried out a pre-admission needs assessment with people and their relatives, as appropriate.

The assessment formed people's care plans on an initial basis. They were focussed on people as individuals

and were live documents that contained social and life history including interests that were added to by people and staff when new information became available. The information gave people the opportunity to identify activities they may wish to do. People's needs were regularly reviewed, re-assessed with them and the care plans updated to meet their changing needs. People agreed goals with their lead staff that were reviewed and daily notes also fed into the care plans. The daily notes confirmed that identified activities took place. People were encouraged to take ownership of their care plans and contribute to them when they wished. Care plan goals were underpinned by assessments of risk to people.

The home provided a variety of activities based on people's wishes and staff and knowledge of people's likes and dislikes. The success of this approach was reflected in the high participation of people in the activities. One person said, "We have so much to do, I can't fit it all in." During the inspection people were consulted, by staff about what they wanted to do and when. During activity sessions people were encouraged to join in but not pressurised to do so. People were also encouraged to interact with each other rather than just staff.

A timetable of activities was available to people that took into account their interests and participation abilities with staff reminding them of what was taking place during each day. The activities co-ordinator facilitated activities that people had chosen. These included yoga, exercise, coffee mornings, 'what the papers say' sessions, dance club, sherry evenings, painting and resident of the day. There was also a visiting hairdresser. One person said, "Brilliant, never a dull moment." A relative said, "There is always lots for people to do." Other relatives told us that they thought people enjoyed the activities provided and they were appropriate.

The home provided end of life care and staff had received appropriate training from the organisation. There was specific reference to end of life in people's care plans including guidance and people's wishes. When providing end of life care, the home facilitated relatives to be involved in the care as much or as little as they wished during a distressing and sensitive period for them. The home liaised with the appropriate community based health teams and organisations such as the Community Matron and palliative care teams.

People and their relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff said they had been made aware of the complaints procedure and there was also a whistle-blowing procedure. They also knew of their duty to enable people to make complaints or raise concerns.

Relatives were invited and encouraged to attend regular meetings to gather their opinions. One relative told us, "Always consulted." The meetings were minuted and people were supported to put their views forward including complaints or concerns. The information was monitored and compared with that previously available to identify that any required changes were made.

Outstanding ☆

Is the service well-led?

Our findings

The home was heavily engaged in a 'My Life' film project. This was part of a clinical trial that South West London and St. George's NHS Trust were running that assesses the impact of the films in a care home setting. The films were created by a Richmond-based charity, of half an hour duration and featured photographs and significant events in people's lives and interviews with them and their families, all set to their favourite music. Various versions were produced for the person, their relatives and staff to view. They were shown to people at least once a week and staff were provided with a five-minute narrated version to help them better understand the person they were supporting and caring for. The impact on peoples' moods and quality of life was assessed by doctors at South West London and St George's Mental Health NHS Trust.

The registered manager had worked extremely hard to forge partnerships with agencies and other organisations to promote improved quality of life for people through the use of technology and information sharing. This was encouraged by the organisation and has cascaded down not only to the home's staff but those of other organisations. They worked in partnership with the local authority, particularly with the councillor who was the older people's dignity champion, introducing digital technology including the use of tablet computers so that people could keep in contact and chat with their families and friends. They also volunteered to assist with the development of a care homes leaflet, aimed at care home staff to assist people with accessing new technology. They were a member of Dementia Friends, the CRU-POAN Advisory Group at Barnes Hospital (Clinical Research Unit Psychiatry of Old Age & Neuropsychiatry) and passed the Dementia Care Leadership Programme that enabled them to pass on to staff more effective ways to engage and care for people living with dementia.

People and their relatives made suggestions about Cecil Court and any improvements that could be made. This included three monthly meetings where people could put forward their views and suggestions. They said the registered manager operated an open door policy. This meant they felt comfortable in approaching the registered manager as well as staff. One person told us, "Cecil Court should not just be termed where inspiration lives, it's also where dedication lives." Another person said, "The [registered] manager is so nice and friendly." A further person commented, "Nothing is too much trouble for the [registered] manager and staff." One relative told us, "Any issues are quickly resolved by the [registered] manager and staff." Another relative said, "The office door is always open and staff and the [registered] manager are happy for you to come in at any time. That is what struck me about this place."

The organisation was clear in its vision and values and staff understood and embraced them. They explained what people could expect from the organisation, home, its staff and the home's expectations of them. Staff said the vision and values were made clear during induction training and revisited during staff meetings. The management and staff practices reflected the vision and values as they went about their duties.

Cecil Court was engaged with the local community including the Richmond Connaught Opera, the 'Live music now project, the Avenue Day Centre, 'Good Gym' in Richmond, 'Embracing Age organisation and local

schools.

The home and organisation had clear communication lines and staff were aware of areas of responsibilities specific to them. There was a whistle-blowing procedure that staff were comfortable using.

Staff said the registered manager and management team provided very good support for them. They thought that service improvement suggestions they made were listened to and given serious consideration. They said they really enjoyed working at the home. A staff member told us, "I look forward to coming to work." Another member of staff told us, "If I don't know something, I just ask. We all work as a team and that includes the [registered] manager."

Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

The quality assurance system contained performance indicators that identified how the home was performing, any areas that required improvement and areas where the home was performing well. It contained a range of feedback methods and the records we saw were up to date. There were audits for care plans, medicine, behavioural and psychological dementia symptoms, pressure care and ulcer management, falls, nutrition, health and safety, people's involvement and activities. There was also a business continuity plan. An organisational quality review took place during the inspection. Annual policy and procedure reviews were carried out.