

Ritzi Care Homes Ltd

# Cardell House

## Inspection report

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## 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

We undertook an unannounced inspection of Cardell House on 11 September 2018.

When the service was last inspected in February 2016 we found that the service was compliant with the regulations at that time.

Cardell House 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

Cardell House provides personal care and accommodation for up to 12 people. People at the home had learning disabilities and some were living with dementia. At the time of our inspection there were 11 people living at the home.

Staff were now trained in their work. There was a training programme in place to ensure staff knew how to meet people's needs effectively. Staff were supported by daily 'on the job' informal supervision. Staff also met with the registered manager to review their performance, and how effectively they met people's needs.

The registered provider's systems used to monitor and check the quality and safety of the service provided were up to date. This meant these systems were being used to drive up and support improvements.

People received their medicines when they were needed. There were systems for medicines that were to be given only when required and these were safe. There was guidance to inform staff when to give people these medicines at the times they were needed.

People's care plans were reflective of what each person's current needs were. Care plans were up to date and had been regularly reviewed. This was to ensure that key information staff needed to have was up to date. This in turn was to ensure that people were supported safely.

People were supported to eat and drink food and drinks that they enjoyed. This support helped them to maintain optimum health and wellbeing. The menu options were chosen based on each person's likes and dislikes. People told us they enjoyed the meal choices served at the home, and they appreciated being offered food they liked.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good	<b>Good</b> ●
<b>Is the service responsive?</b> The service has improved to good  People were well supported to take part in social and therapeutic activities that they enjoyed.  Care plans set out how to support people with their range of care needs.   People felt able to make their views known to the registered manager and these were taken seriously.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good	<b>Good</b> ●

# Cardell House

## **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 was planned to check 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.

The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with six people living at the home, the registered manager and three staff members which included a senior staff member.

We spoke with one health care professional who was visiting the home.

We checked three people's care and support records and three staff records. We also inspected records that related the management of the home. These include quality audits, health and safety audits, incident and accident records, meeting minutes, staff recruitment and training records, policies, feedback and complaints information.

# Is the service safe?

## Our findings

People felt safe with the staff who supported them. Everyone we spoke with told us staff treated them properly always. One person said, "They treat us all very well." We saw that people were very relaxed in the company of staff. People approached staff throughout our visit. This also conveyed that people felt safe with the staff who supported them.

Systems were in place to keep people, staff and visitors safe. We observed that systems and processes were operating effectively, ensuring that appropriate action was taken in response to potential safeguarding situations. There had been one recent example we saw that was notified to CQC. Appropriate action was taken by management to safeguard people. Training in safeguarding had been provided to all the current staff. The registered manager told us that there were good working relationships with the local safeguarding team. Staff understood likely scenarios where safeguarding matters could arise and were aware of the correct reporting procedures.

The staff rota demonstrated there were two care staff in the morning and two in the afternoon; alongside this the manager usually worked from 9.00.am to 5.00pm on a supernumerary basis. The staff rota described the morning shift as finishing at 2.00.pm and the afternoon shift commencing at 3.00.pm however timesheets for staff recorded the morning shift as finishing at 3.00.pm. The manager agreed to make the necessary alterations to the rota to establish the exact working arrangements. The records showed that overnight there was one sleeping in staff member and one waking night staff member.

The registered manager reported that there was a low sickness rate amongst the staff team and management usually undertook care delivery if there was an absence. The records showed us that no bank staff had been used within the last 12 months, ensuring consistency of care for people using the service. This meant that overall there were sufficient staff to keep people safe.

The arrangements for receiving medicines and the storage of medicines were safe. Medicines were supplied to the home from a local pharmacy in pre-packed monitored dosage packs. Printed medicine administration record (MAR) sheets were also supplied by the pharmacy. Management and support staff were responsible for the administration of medicines in the home. Training records seen demonstrated that support staff employed had received training in medicines management. As they worked frequently with the support staff, the registered manager felt they could regularly assess their competency. The MAR sheets recorded the person's name, date of birth, room number, known allergies and the name of their general practitioner. Current photographs of the person were attached. In two cases, gaps were found in records for administration of medicines for the previous day. The number of medicines remaining in packs was correct, indicating that the person administering the medicine had given it, but not signed the MAR sheet. This was brought to the attention of the registered manager. There was comprehensive information available in the MAR file that related to people's prescribed medicines. This covered medicine usage, dosage, interactions and side effects.

We saw two recruitment files of people who had recently joined the service and found that safe and effective

systems were in place. The files showed us that an enhanced Disclosure and Barring Check (DBS) had been completed. The DBS check ensured that people barred from working with certain groups of people such as adults who were vulnerable would be identified. We saw that the process included completion of an application form, an interview and two references including a previous employer to assist in assessing the candidates' suitability for the role. Other checks such as identification, availability to work in the UK and a medical questionnaire were also completed. It was seen that all these processes were completed prior to a person starting work at the service.

Infection prevention and control processes were in place. The registered manager had records of infection control audits undertaken monthly. The safety of the premises was seen to be monitored

## Is the service effective?

### Our findings

People were cared for by staff who had completed training in subjects which were relevant to their needs. We saw a training matrix which highlighted that staff had completed training in subjects which the provider considered necessary. This included health and safety, fire safety, first aid, moving and handling, mental capacity, privacy and dignity, food hygiene, Control of Substances Hazardous to Health COSHH, and infection control. Also some specialist training had been completed in subjects such as learning disability, epilepsy and behaviour that challenges. Most recently staff had received training in diabetes management and falls awareness and prevention. Most of this training was online, although recently an external trainer visited to deliver training in continence management. Some staff had undertaken training to NVQ level 2, two staff had received NVQ level 3 training and the manager had undertaken the NVQ level 5 training in the management of care.

Staff received supervision and an annual appraisal. Staff said they felt well supported and that supervision was positive. On the day of our visit not all of the evidence to show staff were properly supervised was available to us.

After our visit the provider sent us some further information that showed that staff had received a staff appraisal and further one to one supervision meetings. Staff also told us they were very well supported on a day to day basis by the registered manager. Staff told us they were properly supported and supervised by them on an informal basis.

We saw the staff on duty support people in ways that showed they understood their needs. For example, staff used different approaches and suggestion with people to try to motivate them. Staff also used recognised verbal techniques to calm a person down when they became agitated in mood.

The principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS) were being followed at the home. We saw two DOLS applications which had been approved and been notified to CQC through the statutory notification process.

The Mental Capacity Act provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so themselves. When people lack this capacity, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

Staff told us that they had received training in the principles of the Mental Capacity Act and the training matrix provided evidence of the dates that this training was completed.

People were supported to eat and drink food and drinks they enjoyed and choices were offered at every mealtime. People were able to eat in a place of their choosing. People were asked whether they wanted more to eat. Staff told us they knew those people who needed a particular diet to meet their health needs.

## Is the service caring?

### Our findings

People told us how kind and caring staff were and how well their individual needs were met. One person told us, "I am very happy here they are lovely and they are all very nice to me. I really like it here." Further feedback from another person was "Yes they look after me perfectly, they are all very kind to me."

People spoke positively about the staff and the way they supported them. Staff were observed supporting people in ways that showed they were kind and caring. For example, staff used a calm, gentle approach and good humour with people. People responded very warmly to the staff and their caring manner towards them. These positive exchanges showed that people and the staff who supported them had built up close and supportive relationships.

Staff were respectful of people's cultural and spiritual needs. Staff had been on training about equality and diversity to help them understand how to apply the principles of equality and diversity in their work. There was also a policy in place to guide staff to ensure they always respected people's equality and diversity.

The registered manager and the staff were aware of significant key events which were important to people in their lives. These included birthdays and the staff discussed with people as to how they wished to celebrate their day.

People's care records contained information about their life history, family relationships and important events and religious beliefs. People's diverse needs were recorded and staff supported people to continue to enjoy the things they enjoyed. Staff told us representatives from people's chosen religion visited the home to assist people to follow their individual faiths.

## Is the service responsive?

### Our findings

At our last inspection in February 2016 we had found that people did not have a structured activities timetable of their choice. There was a lack of organised activities within the home, which people may wish to participate in. Support was not regularly available for people that needed help to access the community.

At this inspection we found that people enjoyed a varied lifestyle, which included activities, events and tasks that they wanted to do. There was a list of the activities people enjoyed kept in their care records. This helped ensure staff fully understood what activities people liked to do. For example, one person liked to go to libraries regularly and another person liked to go into Bristol on their own on the bus. Staff knew what activities people enjoyed each day. One person told us they enjoyed staying in and watching films on TV. Another person told us they regularly enjoyed going to the cinema.

Care was responsive and planned flexibly to meet people's needs. Care plans set out how to meet needs and were up to date. For example, one person's care record contained information that described their mental health support needs and their favoured routines in clear detail. Information about the care and support people needed was available in the 'person centred' section of their files. There was also information relating to people's favoured routines, relationships, things that made them happy, or unhappy, things they liked to do and to eat and drink. The support people required with things such as bathing and mealtimes was also clearly set out

Information on what behaviours the person may exhibit and what these may mean were available, along with suggested actions staff should take in response to these. The plan had been signed by the person, indicating their involvement in the process.

We saw people were very comfortable and able to approach the staff and registered manager during our inspection. People raised issues and queries they had. The registered manager and staff were supportive in their approaches when responding to them.

We spoke with a GP who came to the home every week to attend to and review people's health needs with them. The GP told us they knew people very well. They said the staff had always provided clear communication about people's needs. They also said the staff they had got to know had always seemed attentive and caring towards people.

People were supported to discuss how they felt and to speak up for, and ask for what they would like. People told us the registered manager stressed that they could speak directly to their key worker or them about any issues of concern they had. The registered manager explained to people how their opinions were valuable. At the time of our inspection there had been no complaints made.

The provider had a complaints procedure on display. This was up to date and had the contact details for the Care Quality Commission. This meant people could easily contact us to tell us about their experiences. Everyone we asked felt very confident that the registered manager would address any concerns they had. No

one had any complaints about the service. People told us they often spoke to the registered manager about small "grumbles" and these were always sorted out before they became a complaint.

## Is the service well-led?

### Our findings

We saw that there were audits carried out by the registered manager of the overall quality of services at the home. The provider also carried out a six-monthly quality check of the service. These identified when action was required. For example care plans had been reviewed after a recent audits to make sure they were still up to date.

The service was run by a staff team led by the registered manager who were enthusiastic and engaged in ensuring the home was well run. The staff we met and observed conveyed that they understood the provider's visions and values for the service. They knew these included showing a person-centred approach towards people, as well as treating people with respect always. The staff told us how they tried to make sure they always put these values into practice when they engaged with people. Staff said one example of how they did this was to try to support people to make their own choices in their daily life and in all aspects of their care.

The registered manager was providing supportive leadership. They had a good knowledge of the people who lived at the home. They also showed a commitment to the home, the people who lived there and the team. The staff showed that they shared the registered manager's value of providing person-centred care. Staff told us that they worked alongside the registered manager through the day at work and they were always supportive and available. The registered manager stayed up to date about current topics and issues relating to people with a learning disability.

The registered manager told us they were going to be attending meetings with colleagues and other social care professionals who worked in the same field in adult social care.

The registered manager ensured that all notifications that needed to be reported about the service were sent to CQC. This meant CQC had access to the most up to date information about the service. At this inspection new systems had been put in place to make sure all notifications were swiftly reported. We saw clear evidence of this before our visit and at the home. Notifications had been made appropriately to the local safeguarding team and to the Care Quality Commission.

There was information and learning that was shared with the team at staff team meetings. There were also articles and journals about health and social care matters on display to be read by staff. The staff and registered manager told us that team meetings were held regularly. The staff felt able to contribute to meetings. Minutes showed that the team discussed the needs of people who used the service and any other matters that related to how the home was run.