

Hamra Associates Limited

# Cana Gardens Residential Home

## Inspection report

174 Scraftoft Lane  
Leicester  
Leicestershire  
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Tel: 01162413337

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09 January 2019

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

The home was rated 'Requires Improvement' at our last full comprehensive inspection in December 2017. We visited again in June 2018 and rated the home 'Inadequate' and we placed the home in special measures. The overall rating from this inspection is 'Requires Improvement', however it remains rated as 'Inadequate' in well led and the service therefore remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

About the service:

Cana Gardens is residential care home that was providing residential care for 8 people with a learning disability or autistic spectrum disorder. There are currently two people living in the home, neither of whom could comment on the quality of care and support. We spoke with the parents of both people to gain an insight about how they felt care and support was arranged. There is a management team made up of the registered manager, consultant manager and another manager. All three have specific management duties and oversight of the home.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons, lack of choice and control, limited independence and limited inclusion.

People's experience of using this service:

The management team had completed audits to support quality checks, however for some areas, these had not identified where improvements needed to be made. This was linked to inconsistent safety practices. Because of this there were repeated breaches in Safe and Well Led.

Medicine administration had improved, and peoples care had some elements of safe practice.

Relatives of people living in the home gave mixed opinions if their relation was cared for safely, and if the home's staff communicated with them.

The management and staff team did not fully comply with the MCA principles, or compliant with Deprivation of Liberty Standards (DoLS) authorisations or complied with positive conditions. That meant people were not supported to continue their transition to become more independent from staff assistance. Meaningful activities related to DoLS conditions were not well planned or regularly undertaken, which also detracted from people's life experiences.

Staff training was variable, where care staff were trained but the management teams training was not being updated.

People were offered a healthy diet that met their cultural requirements but they did not always make healthy food choices.

Neither the people in the home or their relatives were supported to express their views about the care that the people living in the home preferred.

People experienced a positive relationship with staff and people's relatives said their relations were well cared for and that staff were kind to them.

Auditing and governance continued to fall short of revealing deficits and ensuring people were cared for safely.

The management staffing structure allowed people to understand their roles and responsibilities, but poor communication and the lack of depth of knowledge detracted from the home making progress since our last inspection.

More information is included in the detailed findings of the full report.

Rating at last inspection:

The home was rated 'Requires Improvement' at our last full comprehensive inspection in December 2017. We visited again in June 2018 and rated the home 'Inadequate' and we placed the home in special measures. The overall rating from this inspection is 'Requires Improvement', however it remains rated as 'Inadequate' in well led and the service therefore remains in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Why we inspected: we inspected the home to ensure the staff had made the improvements necessary to bring the home back up to a 'Good' standard. This was a scheduled planned inspection based on the previous rating.

Enforcement:

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, these were continued breaches from our last visit. You can see what action we told the provider to take at the back of the full version of the report.

Follow up:

We will continue to monitor the home in line with our regulatory powers.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# Cana Gardens Residential Home

## **Detailed findings**

### Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

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.

Inspection team: The service was inspected by one inspector.

Service and service type: Cana Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care, and in this home for up to 8 people. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection: Our unannounced Inspection was on 9 January 2019, and we telephoned relatives on 4 February 2019.

What we did: Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people receive. We used all this information to plan our inspection.

During the inspection we were unable to speak with the people using the service, however we did observe support being offered to people in the communal areas of the service. We telephoned people's relatives following the inspection.

We reviewed a range of records about people's care and how the service was managed. This included both people's care records. We also looked at associated documents including risk assessments and medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for two support workers. A sample of the providers policies and procedures and the quality assurance audits the management team had completed were also checked.

We spoke with the manager, registered manager and one member of staff. The registered manager of the service is also the provider.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At the last inspection of this service in July 2018 we found the provider was in breach of regulation 12 of the Health and Social Care Act. At this inspection we found the provider continued to be in breach of this regulation.

Preventing and controlling infection:

- There continues to be a strong odour in the foyer, the main staircase and first floor bedroom corridor which was commented on by relatives of people living there. One relative said, "It's cleaned downstairs but not so well upstairs, as there's a smell all the time." Another relative said, "They keep the home very clean." We found that the current cleaning and disinfection regime was not adequate to ensure people were cared for in a suitable environment.
- None of the COSHH products stored in the kitchen, had any data sheets. That meant that staff would have been unable to ensure people were safe and deal with any chemical spillages or accidents that may have occurred. There were COSHH data sheets on file but none related to the stored chemicals.
- The provider had produced a policy for infection control in the home. However, there was no procedure to guide staff and explain how they need to protect people. For example, the staff have moved the mops and buckets from the laundry area. There was no instruction how the equipment should be stored, what colour of mop was used in each area, or how often the mop heads were to be disinfected or changed. This could result in the spread of infection.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Relatives of people living in the home gave mixed opinions if their relation was safe living there. One relative said, "I have spoken to them a few times, but it's not safe when they let [named] get out [alone]." Another relative told us, "[Named] is safe, they [staff] take care of [named] even when he goes out walking."
- There were policies and procedures in place for staff to follow to keep people safe from harm. ● Staff had read the policies as part of their induction and were aware how they would raise a safeguarding issue.

Assessing risk, safety monitoring and management:

- Risk assessments were in place to reduce the risks to people and guidance was provided.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Staffing and recruitment:

- Relatives of people living in the home gave mixed opinions about the staffing numbers. One relative felt that more staff would allow their relation to have a greater choice in attending activities out of the home. A

second relative said, "[Named] tells them [staff] what they want to do, and they do it."

- Staff told us the staffing levels had been reduced recently to reflect the current number of people in the home. Staff said there was enough staff to provide support for people's needs.
- We felt there were enough staff to undertake the care and activities people chose to do. Staff complied with people's requests and offered suitable activities.

Using medicines safely:

- The medicines system had improved since our last inspection. Photographs and other complimentary documents had improved.
- People received their medicines safely as staff followed the provider's policies and procedures.
- Staff received training in safe medicines management and understood their responsibilities.
- The registered manager ensured people's medicine records were audited to ensure any issues had been identified.
- The registered manager ensured that senior care staff were assessed for their competency to give and manage people's medicines.

Learning lessons when things go wrong:

- The staff team were encouraged to report any incidents that happened at the service.
- The registered manager ensured that any lessons that were learned was communicated with the staff group through team meetings, supervision sessions or the closed 'WhatsApp' group. This was only available to staff at the home.

# Is the service effective?

## Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care.

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). The manager was working within the principles of the MCA.

- One person had positive conditions on their DoLS which specified the person was to be provided with 'meaningful activities and opportunities to maintain and improve their independent living skills'. Though the person was receiving some meaningful activities, the potential for the person to maintain and improve their independent living skills was not well developed. The person was attending further education to improve their independent living skills; however, these were not being re-enforced by the home's staff.
- One person had a personal paid representative (PPR) visiting them to ensure their treatment and DoLS conditions were being upheld. We followed this up with the DoLS team at the local authority.
- The paid representative contacted the home and will ensure the DoLS conditions are followed.
- Where people lacked capacity decisions were being made in their best interests.

Staff support: induction, training, skills and experience:

- Some staff were trained to provide the care and support that people required. However, this did not include the registered manager, manager or consultant manager who have all been employed at the service for some years.
- We were not provided with any updated training information on the registered manager, manager or consultant manager. That meant we could not be assured that staff were overseen by managers' who had up to date knowledge which was required to inform changes to policies and produce procedures for staff to follow.

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

- People's individual and diverse needs had been assessed prior to them moving into the service.
- Risks associated with people's care and support had been assessed and were reviewed as people's needs changed.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to eat and drink and staff provided healthy dietary choices. One relative said to us, they were concerned that the food choices their relation made was having a negative impact on their health. We spoke to the manager about this, and they said they were monitoring the person's weight and suggested a healthy diet, but the person chose not to follow the staff suggestions.
- Staff offered people food that met their cultural requirements.

Staff providing consistent, effective, timely care within and across organisations:

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.

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

- The premises were an adapted residential property, the current people residing in the home could access all areas of the home with ease.
- Bedrooms were decorated with people's individual choice and preference in mind.
- People could choose to spend time in communal areas or quieter areas where people could be alone.

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

- People had annual health checks and had access to a GP and other health specialists when required such as a dentist and optician.
- People were referred to specialist health workers and supported to attend appointments.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People were not consistently supported to express their views and make decisions about their day to day routines and personal preferences.
- People's relatives told us they were not consulted about the ongoing care offered to their relation, and so care plans could not be comprehensive and reflect progression to people's independence.

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

- People's relatives we spoke with said their relations were well cared for and that staff were kind to them. One relative said to us, "Sometimes, staff will watch tv together with [named]."
- People experienced a positive caring relationship with the staff team. Another relative said, "Staff are friendly and welcoming they offer drinks like tea and coffee when we visit."

Respecting and promoting people's privacy, dignity and independence:

- Staff could tell us how they would protect people's privacy and gave examples such as closing doors when assisting with personal care and knocking before entering a bedroom.
- We observed during the inspection that staff knocked on people's bedroom doors and announced they were entering before going into the room.
- Staff understood their responsibilities for keeping people's personal information confidential.
- People's personal information was stored and held in line with the provider's confidentiality policy and with recent changes GDPR regulations.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Planning personalised care to meet peoples needs, preferences, interests and give them choice and control:

- People did not receive care that was personalised to meet their individual needs in view to self-help skills. We could find no record of any coaching or tuition on independent living skills.
- One person had DoLS condition about developing their self-help skills, this was not being met. We spoke to people's relatives about the need for their relation to become more independent. One relative said, "[Named] can work a washing machine and dryer but doesn't at the home. I think they [staff] could do more self-care, [name] has cooked beans on toast [when at home]."
- Meaningful activities were not well planned or undertaken regularly. In the six weeks prior to the inspection, staff recorded that one person had ten outings which included day centre and family visits. In the same period, another person had seven recorded activities three of those lasted less than ten minutes.
- People's relatives had mixed opinions about their involvement in care plans and review of the plans. One relative said, "We see the care plan every year and it reflects the care they need." However, another relative said, "There is no communication, they [staff] don't call us."
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

Improving care quality in response to complaints or concerns:

- None of the people or their relatives had needed to make a complaint. People's relatives said they would go to a manager if they were concerned. One relative said, "If I found something unsuitable for [named] I would complain the manager of the house."
- We saw evidence where complaints had been dealt with appropriately and within the specified time frame in the policy and procedure. The registered manager had audited the complaints to identify any trends.
- The complaints policy and procedure was distributed to people's families.

End of life care and support:

- Staff were aware of people's opinions about end of life choices. Plans were in place to support people by contacting their close relatives about their end of life and final wishes.

## Is the service well-led?

### Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

At the last inspection of this service in July 2018 we found the provider was in breach of Regulation 17 of the Health and Social Care Act. At this inspection we found there had been some improvements but the provider continued to be in breach of Regulation 17 Good Governance.

Planning and promoting person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- At our previous inspections in December 2017 and the follow up inspection in June 2018 we found the service had not ensured that people's health and welfare needs were protected and promoted. This was because good governance systems were not comprehensively in place and those that were had failed to identify shortfalls in the service.
- At this inspection there were still systematic and widespread failings in the oversight and monitoring of the service which meant people did not always receive safe care which maintained and improved their well-being. Despite the previous inspection identifying shortfalls in governance systems and the overall safety in the home, we found that insufficient progress had been made to the auditing and governance systems of Cana Gardens.
- 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.
- We found there had been an increased number of checks by the provider to ensure staff had actioned the changes required and ensured the safety in the home improved. The provider has still not ensured guidance was put in place so that staff had processes to follow and ensure they had completed tasks.
- We found that the provider had arranged for some audits to be undertaken. However, these were flawed. For example, these were a 'tick box system' and they had no complimentary procedures, so staff could ensure they had completed the task comprehensively and ensure people were safe.
- The provider had not delegated the responsibility for checking systems in the home.
- That meant no one had oversight of systems that ensured safety audits that had been completed were accurate. An example of this was the COSHH data sheets not matching any of the cleaning products held in the home. Another example was where the consultant manager had adapted a comprehensive Infection Control Policy. They had added that 'every [residential] home must have a cleaning plan'. The home did not have a cleaning plan or procedure to inform the staff how areas were to be cleaned and disinfected.
- We asked the manager for a plan of refurbishment that reflected the planned changes and those that had been accomplished. They told us there was no plan. That meant there was no way of recognising what change had been managed and how successful those changes had been.
- This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

Managers and staff were clear about their roles, and understand quality performance, risks and regulatory requirements:

- There was a staffing structure in place, this continued to involve three managers and senior staff to run the home. Though managers had designated roles and responsibilities, the lack of managerial training and knowledge detracted from the overall progress since our last inspection.
- We viewed the latest staff training records, neither of the three managers were entered on the record. That meant it was not possible to ascertain what training if any had been undertaken by the managers'.

Engaging and involving people using the service, the public and staff:

- Neither people nor their relatives were included in the running of the home. There was no evidence that people or their relatives were included in decisions about their care, support and service they received.
- Relatives told us there had been no surveys or other methods of collating their opinions or views about the service had been undertaken.
- This meant that opportunities had not been taken to gather feedback to improve the service for the people living at Cana Gardens.

Continuous learning and improving care:

- The provider did not have systems or methods in place to continuously allow managers or staff to learn, and therefore improve the service. For example, some of the issues we identified at the last inspection were actioned and changes made to the environment policies and procedures. However, there continued to be a lack of consistency due to the poor training of the three managers and communication between them and the senior staff.
- We spoke to the registered manager about increasing their knowledge of processes and what procedures need addressing to ensure people were cared for safely. The registered manager has declined to engage in any further training. Without this it is difficult to see how the home can substantially improve to provide a 'good' level of service.

Working in partnership with others:

- Staff from the local Authority continue to support the provider and staff.
- The service had now displayed our latest inspection rating in the foyer of the home.
- The service had submitted some relevant statutory notifications to the CQC promptly. This ensured we could effectively monitor the service between our inspections.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There were inadequate systems and processes to enable staff to ensure the safety of people and guard against cross infection and cross contamination in the home.</p> <p>There were inadequate systems and processes to enable staff to ensure the safety of people by documentary assistance in case of a chemical accident in the home.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were still systematic and widespread failings in the oversight and monitoring of the service which meant people did not always receive safe care which maintained and improved their well-being.</p>