

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Cana Gardens Residential Home

174 Scraptoft Lane, Leicester, LE5 1HX

Tel: 01162413337

Date of Inspection: 19 October 2012

Date of Publication:  
November 2012

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✗ Action needed
<b>Safeguarding people who use services from abuse</b>	✗ Action needed
<b>Requirements relating to workers</b>	✗ Action needed
<b>Assessing and monitoring the quality of service provision</b>	✗ Action needed

## Details about this location

Registered Provider	Hamra Associates Limited
Registered Manager	Mr. Ray McLaughlan
Overview of the service	Cana Gardens Residential Home provides care and accommodation for up to eight adults with learning disabilities under the following regulated activity:- Accommodation for persons who require nursing or personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Requirements relating to workers	11
Assessing and monitoring the quality of service provision	13
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	14
<hr/>	
<b>About CQC Inspections</b>	16
<hr/>	
<b>How we define our judgements</b>	17
<hr/>	
<b>Glossary of terms we use in this report</b>	19
<hr/>	
<b>Contact us</b>	21

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

---

### What people told us and what we found

---

All the people who used the service were doing different things when we visited. One was out shopping, one at a day centre, and the others were in the home in their rooms or in one of the lounges watching television or listening to music.

One person told us they could choose their meals, activities and daily routines. Another person said they liked the layout of the home because there was a choice of communal areas and they could also spend time in their room if they wanted to.

Some care plans/risk assessments were out of date, non-existent, or unworkable. Consequently staff did not always have the information they needed to care for people effectively and keep them safe in the home.

People got on well with the staff team. One person told us, "The staff have all been lovely and they're very helpful to me." Staff worked with people in a warm and supportive way. They encouraged them to take part in the life of the home and go out into the community.

Two of the people who use the service told us they did not feel safe in the home because of recent challenging incidents. We asked the provider to take action to address this and provide support to those affected by the incidents.

The service appeared disorganised in parts with some policies and procedures not being followed, and some records not being kept properly. Action was needed to address this and other issues in the home.

You can see our judgements on the front page of this report.

---

### What we have told the provider to do

---

We have asked the provider to send us a report by 04 December 2012, setting out the

action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

---

### **More information about the provider**

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

---

### Our judgement

---

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

---

### Reasons for our judgement

---

All the people who used the service were doing different things when we visited. One was out shopping, one at a day centre, and the others were in the home in their rooms or in one of the lounges watching television or listening to music.

One person told us they could choose their meals, activities and daily routines. Another person said they liked the layout of the home because there was a choice of communal areas and they could also spend time in their room if they wanted to.

The home catered for a range of diets including vegetarian, gluten-free, English and Asian. Menus were based on people's likes and choices, and families were consulted about preferred options where necessary. One person said they thought the food was "ok" but they would like more "healthy options", for example fresh fruit and vegetables, and low fat/low calorie items. We discussed this with the staff and they said they would get in what the person had asked for.

Some of the people who used the service relied on body language/signs to communicate. This was in their care plans and staff told us that by understanding this, they could help people make choices and decisions. The service user group and staff team were multicultural. The care manager said all the people who used the service could understand English, but some of them responded better to their first language so staff used that, where possible, to communicate with them. Staff had worked with speech and language therapists where necessary to help ensure they could communicate as effectively as possible with the people who used the service.

Two of the people who used the service attended a place of worship once a week. Staff also encouraged people to attend culturally appropriate events. They understood the importance of helping people to maintain their cultural identity. For example, one care plan stated, "(although) XXXX is not aware of own cultural needs we do value XXXX's cultural background and encourage XXXX to participate in religious festivities".

The people who used the service were treated as individuals and not expected to do

things as a group unless they wanted to. Activities were mostly provided on a one-to-one basis, although there were some group activities provided, for example attending a disco. Other activities including walks, shopping, swimming, visits to pubs and restaurants, day trips, and art and crafts. A record was kept of all the activities and who took part in them.

**People should get safe and appropriate care that meets their needs and supports their rights**

---

**Our judgement**

---

The provider was not meeting this standard.

Some care plans/risk assessments were out of date, non-existent, or unworkable. Consequently staff did not always have the information they needed to care for people effectively and keep them safe in the home.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

**Reasons for our judgement**

---

Records showed that staff worked closely with GPs, social services, outreach teams, and other health and social care professionals where necessary. They advocated for the people who used the service to try and ensure they had the best and most appropriate health and social care available. Staff had followed expert guidance given to them by specialist teams and, where necessary, liaised with the Deprivation of Liberty Safeguards (DoLS) team.

We talked to the care manager and staff about how they cared for the people who used the service. They appeared knowledgeable about their needs and where they might be at risk. However some care plans did not give clear instructions to staff on how to manage challenging behaviour. For example one stated that staff must "ensure that (person A) does not come into close contact with (person B)". However it did not explain how staff were meant to do this, given that Cana Gardens is a small home where it would be difficult to keep two people separate.

Other care plans were out of date. For example one stated that a person shared a room and had a double bed, neither of which was accurate. Some risk assessments were also out of date. For example one person had a risk assessment for falling in their own home (which they had moved out of previously) but nothing in place for Cana Gardens, which was an entirely different environment with different hazards. The care manager said this was because staff were working from social services care plans/risk assessments supplied when the person first moved into the home. This was not acceptable as both the person's needs and their environment had changed and the home needed to develop their own care plans to reflect this.

There were also no care plans/risk assessments in place following several incidents of challenging behaviour in the home. This was of concern as it was not possible to ascertain whether people were being effectively protected from harm or abuse (see also Outcome 7).

**People should be protected from abuse and staff should respect their human rights**

---

## **Our judgement**

---

The provider was not meeting this standard.

The provider had not taken reasonable steps to protect the people who use the service from the risk of abuse.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

## **Reasons for our judgement**

---

During our visit two of the people who use the service said they felt anxious because ongoing incidents of challenging behaviour in the home had upset them. Both said they did not feel safe in the home as a result. One of these people had a protection plan in place, but it was not being followed at all times and as a result they were at risk of being subjected to further challenging situations. The other person said no-one had provided them with support following the challenging behaviour they had witnessed

We reported this to the care manager who agreed to take immediate action to make the situation safer. Following our inspection he contacted us to say increased one-to-one staffing was being provided to ensure the protection plan in place for one person could be followed at all times. He also said both he and his staff were providing support and reassurance to those who had been affected by challenging behaviour. In addition he had asked the local authority to hold a multidisciplinary case conference for one of the people who use the service and this was going ahead.

We looked at how challenging behaviour was managed in the home. All staff were trained in strategies for crisis intervention and prevention. This helped to ensure they had the skills and knowledge necessary to de-escalate challenging situations without the use of restraint (the home did not use restraint). Staff had also been trained in safeguarding and the Mental Capacity Act/Deprivation of Liberty Safeguards (DoLS). Records showed staff had contacted the DoLS team where necessary to obtain their authorisation for certain care practices in the home. This will help to ensure staff act in the best interests of the people who used the service.

The home's complaints procedure was in their service user guide. It was clear and user-friendly but needed updating to include information about CQC. We asked two people who used the service what they'd do if they weren't happy about something in the home. One said they would tell a staff member who they trusted. Another said they would tell their family. With regard to the people who use the service who were unable to verbalise, staff told us they would look out for changes in their behaviour which might indicate they were unhappy about something. The care manager told us that all the people who use the

service had social workers and family members and they would be involved in there was any concerns about a person's well-being.

**People should be cared for by staff who are properly qualified and able to do their job**

---

## **Our judgement**

---

The provider was not meeting this standard.

Staff were not being effectively supported due to gaps in the provision of staff training, meetings and supervision.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

## **Reasons for our judgement**

---

People got on well with the staff team. One person told us, "The staff have all been lovely and they're very helpful to me." Staff worked with people in a warm and supportive way. They encouraged them to take part in the life of the home and go out into the community.

The home had an established staff team made up of permanent full and part time carers. Bank staff were drawn from the existing staff team and carers who had worked at the home previously and knew the people who use the service. Rotas showed there were two to three staff on duty at all times. The staff we met were enthusiastic about their work and had a good understanding of how to communicate effectively with the people they cared for.

We discussed staff recruitment with the care manager. He told us staff were only employed if they had satisfactory Criminal Records Bureau checks, references, and other necessary documentation to show they were fit to work with vulnerable people. Staff files provided evidence of this. The care manager said that at present the people who use the service were not formerly involved in staff recruitment. However they did get to meet potential staff and to spend time with them to see how well everyone got on.

The care manager told us the service aimed to give staff formal supervision every three months. However records showed that although this was the case with newer staff, those who had worked at the service for a long time had had less frequent supervisions. For example, one person had only had one supervision a year in the last two years. Staff meetings had also been infrequent. Records showed there were three in 2011 but only one so far in 2012.

Records showed that staff had an induction and ongoing statutory training. They also had service-specific training in autism, learning disabilities, and challenging behaviour. Some of this training was provided by a local outreach team and designed to help staff meet the needs of particular service users. Some training records hadn't been dated so it was unclear when it had taken place. Other training records were non-existent, for example one person appeared to have had no training whatsoever in the last two years.

We were concerned about gaps in the provision of staff training, meetings and supervision, and poor recording. Staff at Cana Gardens work in a challenging environment and need ongoing, structured support to help them meet the needs of the people who use the service. To comply the provider must ensure that staff are properly trained, supervised and supported with accurate records kept.

## Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

---

### Our judgement

---

The provider was not meeting this standard.

The systems in place to monitor quality were not effective and action was needed in areas where quality was not being maintained

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

### Reasons for our judgement

---

When we visited a care manager was responsible for the running of the home with the registered manager visiting daily to provide support. There was evidence of ongoing redecoration of the premises. One of the people who uses the service told us they thought the care manager and owner were approachable and the premises looked nice.

Records showed there had been one residents meeting held in 2011, and one in 2012. Minutes of the latter showed that two of the people who use the service attended, although once the meeting started one of them changed their mind and decided not to take part. Staff told us that residents meetings were not very effective due to the differing needs of the people who use the service. The provider might like to note this and look at other ways to engage people in the quality assurance process.

Surveys of the views of relatives, visitors, and staff had been carried out in 2012. Respondents had made positive comments about the home and the staff (for example, "I was impressed by staff attitude, their warmth and genuineness") and said they were generally satisfied with the service provided. People had also made constructive criticisms and suggestions, for example an improved TV system, more indoor/outdoor activities with the necessary staffing, and refurbishment of parts of the premises. However there was no recorded analysis of these findings, and no evidence of any action being taken in response to them, or feedback being given to the people who made the suggestions.

The service appeared disorganised in parts with some policies and procedures not being followed (for example those relating to care plan reviews and staff supervision), and some records out of date, incomplete or non-existent. Effective systems must be put in place to monitor quality, and action taken in any areas where quality is not being maintained

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Care and welfare of people who use services</b>
	<b>How the regulation was not being met:</b> Some care plans/risk assessments were out of date, non-existent, or unworkable. Consequently staff did not always have the information they needed to care for people effectively and keep them safe in the home.
Accommodation for persons who require nursing or personal care	<b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Safeguarding people who use services from abuse</b>
	<b>How the regulation was not being met:</b> The provider had not taken reasonable steps to protected the people who use the service from the risk of abuse
Accommodation for persons who require nursing or personal care	<b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Requirements relating to workers</b>
	<b>How the regulation was not being met:</b>

This section is primarily information for the provider

	Staff were not being effectively supported due to gaps in the provision of staff training, meetings and supervision.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Assessing and monitoring the quality of service provision</b>
	<b>How the regulation was not being met:</b>  The systems in place to monitor quality were not effective and action was needed in areas where quality was not being maintained

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 04 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

---

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---