

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: 06 February 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

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
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
Safeguarding people who use services from abuse	6
Requirements relating to workers	7
Assessing and monitoring the quality of service provision	8
About CQC Inspections	9
How we define our judgements	10
Glossary of terms we use in this report	12
Contact us	14

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Cana Gardens Residential Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

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 6 February 2013, 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, talked with staff, reviewed information we asked the provider to send to us and talked with commissioners of services.

What people told us and what we found

When we spoke with people during our previous inspection of Cana Gardens they told us they were satisfied with the care provided. They told us they could choose their meals, activities and daily routines, and got on well with the staff team.

For further details please see our previous report published in October 2012.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

At our last inspection care plans did not give clear instructions to staff on how to manage challenging behaviour and some care plans were out of date. In addition care plans/risk assessments had not always been put in place following incidents of challenging behaviour in the home.

Since then care plans have been updated and improved, and care plans/risk assessments put in place where necessary to address challenging behaviour. This will help to ensure that staff have the information and guidance they need to work effectively with people who can be challenging at times.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

At our last inspection some of the people who used the service said ongoing incidents of challenging behaviour in the home had upset them. 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.

Since then the provider had taken further steps to protect the people who used the service from the risk of abuse. A multidisciplinary case conference had led to improvements in one person's care. These included extra staff training, a medication review, increased activities for the person in question, and improved staffing levels. Care plans and risk assessments had been updated and a communication passport put in place. As a result there had been a reduction in the number of challenging incidents in the home.

The manager told us the situation was now stable and contingency plans were in place should challenging incidents re-occur. Records showed staff had worked closely with other health and social care professionals and provided ongoing reassurance and support to the people who used the service where necessary.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At our last inspection there were gaps in the provision of staff training, meetings and supervision, and poor recording.

Since then a training matrix had been put in place. This showed the majority of staff had had all the training required by the home including an induction, safeguarding awareness, and managing challenging behaviour. Where there were gaps in provision (for example one member of staff had not had fire safety training) the manager was aware of this and planning to address it in supervision or by providing a further training course.

Staff meeting records had been located (these were not available at our last inspection). Each meeting followed a comprehensive agenda. However the minutes did not show staff being given the opportunity to comment on the service or raise any non-agenda items. The provider might find it useful to note this and to consider having a staff feedback/AOB ('any other business') section in each meeting. This will help to ensure that staff have the opportunity to share their views in meetings at the home.

A plan of staff supervision had also been put in place and records showed staff having 'one-to-ones' with the manager with records kept. This will help to ensure that staff have ongoing, structured support to help them meet the needs of the people who use the service.

We spoke with one member of staff who told us they had had a full and comprehensive induction which included shadowing experienced staff, policies and procedures, care plans, health and safety, and fire safety. They said the manager and staff team were helpful and supportive and that senior staff could be contacted at any time for advice.

Assessing and monitoring the quality of service provision

✓ Met this standard

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 meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At our last inspection some policies and procedures were not being followed (for example those relating to care plans and staff supervision), and some records were out of date, incomplete or non-existent. In addition the results of user satisfaction surveys had not been analysed and there was no evidence of any action being taken in response to them.

Since then the provider and manager have reviewed and improved the service's policies and procedures and introduced new ones where necessary. Policies and procedures have also been discussed at staff meetings to ensure staff are aware of them. Records have been updated and audited by the manager, and a system of review of care plans/risk assessments put in place. This will help to ensure that staff are aware of any changes to people's care needs.

The manager told us a survey of people's views of the home will be held in 2013 and this will be open to the people who use the service, their relatives, and others with an interest in the home for example health and social care professionals. This will be followed by an action plan being made available to all.

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.

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