Inspection Report

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: 31 May 2013

Date of Publication: June 2013

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

Care and welfare of people who use services	✖ Action needed
Meeting nutritional needs	✔ Met this standard
Management of medicines	✖ Action needed
Safety and suitability of premises	✖ Action needed
Supporting workers	✔ 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. The home is detached and situated on Scraptoft Lane which is about four miles from Leicester City Centre. The home is on two floors and has two downstairs lounges, and bedrooms on the ground and first floors. There is a large secluded garden at the back of the home and off-street parking at the front. There are shops and bus stops within walking distance of the home.
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'.

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 31 May 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 sent to us by commissioners of services and reviewed information sent to us by other authorities. We talked with commissioners of services and talked with other authorities.

What people told us and what we found

When we visited there was one staff member and one person who used the service in the home. The latter showed us their room and pointed out some of the things they liked in there. Another person was at a local swimming pool with two staff members, and two other people were at day centres. They returned to the home later so we were able to meet them. All the people who used the service followed their own individual routines and appeared settled and content.

During our inspection a member of staff prepared the evening meal in the kitchen. One of the people who used the service sat with her and took an interest in the cooking process. The member of staff made vegetarian curry for three people and a gluten-free burger for a fourth who said they didn't want the curry. Fresh produce was used and food hygiene principles followed.

Staff got on well with the people who used the service and relationships between them and the people they supported were warm and friendly. They told us they enjoyed working at Cana Gardens.

Care plans/risk assessments had not always been put in place/kept up to date following incidents of behaviour that challenges us. Two care plans/risk assessments for medication administration did not contain enough detail to help ensure people were safe. Some improvements to the premises were needed.

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 06 July 2013, 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 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 ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Care plans/risk assessments had not always been put in place/kept up to date following incidents of behaviour that challenges us.

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 there was one staff member and one person who used the service in the home. The latter helped us to look round. They showed us their room and pointed out some of the things they liked in there. They were proud of their room and the premises in general. We spent time with this person who seemed to be relaxed and happy at Cana Gardens and got on well with the member of staff who was supporting them.

Another person was at a local swimming pool with two staff members, and two other people were at day centres. They returned to the home later so we were able to meet them. Two went to the kitchen to get something to eat and the third sat in the garden. Staff were on hand to assist them where necessary. All the people who used the service followed their own individual routines and appeared settled and content.

We looked in detail at the care provided to two of the people who used the service. We checked their care plans/risk assessments. Those in place were up to date, and had been regularly reviewed by the care manager. Each person had a 'pen picture' which provided a summary of their lives to date and information about their likes, dislikes, and day to day care needs. This helped staff get to know the people they were supporting. More detailed person-centred care plans followed so staff could get a understanding of each person's needs and how best to meet them.

Records showed that staff worked closely with other health and social care professionals to help ensure people's need were met. People were involved in their own care plans, where possible, and both they and their families were consulted when care plans were reviewed. People were encouraged, as far as possible, to be independent and determine their own routines. Care plans showed how people communicated their wishes, for example, one care plan read, 'I point to my watch if I feel the need for an outing'. People's

needs with regard to equality and diversity were included in care plans, for example two of the people who used the service preferred care from staff of a particular gender and where possible this was provided.

We looked at how the service managed risk. Records showed that risk was always discussed with and explained to people when risk assessments were drawn up. Expert advice had been sought where necessary from consultants, social workers, and a local 'outreach' team. Triggers for potentially risky situation were clearly identified, for example, 'I get frustrated when I have long periods inside the home which is why I have an activity timetable.' This type of information will help to ensure that staff can care for people safely and minimise risk.

Since we last inspected one person had displayed a new type of behaviour that has challenged staff and the other people who used the service. However no care plans/risk assessments had been put in place or updated as a result of incidents that had occurred. These must be introduced to ensure staff provide a consistent approach. Staff need to know, for example, whether to admonish this person or ignore the behaviour. They also need to know how and where to record such incidents and whether the local authority needs to be informed. More detailed information will help staff address such behaviour effectively, and records will provide data to help manage similar incidents in future.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

During our inspection a member of staff prepared the evening meal in the kitchen. One of the people who used the service sat with her and took an interest in the cooking process. The member of staff made vegetarian curry for three people and a gluten-free burger for a fourth who said they didn't want the curry. Fresh produce was used and food hygiene principles followed. One of the people who used the service indicated to us that they took a packed lunch when they went to their day centre and that they liked doing this.

Staff told us that as there were only four people in the home menus were decided each day. They said that if they tried to plan menus in advance it didn't work as people tended to change their minds at the last minute. Staff said the home catered for different diets including Indian, vegetarian, and gluten-free. The staff we talked with knew people's likes and dislikes and any dietary restrictions they were subject to. A record was kept of all the food served to each person and showed the home provided them with a balanced and nutritious diet.

Care plans and risk assessments showed that if there were concerns about a person's nutrition appropriate action was taken. For example, one person had lost weight and staff referred them to a dietician because of this. As a result vitamins and food supplements were prescribed and staff monitored this person's weight until it was stable and satisfactory. Another person was referred to a SALT (speech and language therapy) team as staff thought they might be at risk of choking. These referrals showed that staff took appropriate action if they were concerned about any risks concerning nutrition.

On 12 April 2013 the kitchen was inspected by the local authority's food safety officer. It was given a rating of 'good' however a number of requirements and recommendations were made. The manager said these jobs would be carried out as a priority and the food safety officer informed when they had been completed.

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

Two care plans/risk assessments for medication administration did not contain enough detail to help ensure people were protected against the risks associated with the unsafe use and management of medicines.

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

A senior carer was responsible for overseeing the home's medication system and the care manager carried out monthly audits to help ensure it was running effectively. Procedures were in place for obtaining, safe storage, prescribing, dispensing, preparation, administration, monitoring, and disposal of medication. The home had a contract pharmacist who carried out annual inspections and provided advice on request.

Medication was kept securely in a locked storage facility in a locked room where care records and other documentation was also stored. The security of the medication storage system had been inspected and approved by the contract pharmacist. The home did not have a refrigerator for medication storage as one was not required for the medication currently being administered. However if certain medication were prescribed in future, for example eye drops, insulin, or some antibiotics, the senior carer said advice would be obtained from the contract pharmacist and suitable arrangements put in place.

Medication was only administered by care staff who had been trained in safe handling of medication and assessed as competent. Records showed that all the care staff and three of the four members of the management team had had this training. However training records showed that three staff had been trained in 2010, six in 2011, and one in 2012. There was no evidence of training updates being provided. The provider may find it useful to note this, and to consider providing regular medication training updates for staff. This will help to ensure that staff maintain their skills and are made aware of any changes to local/national medication management guidance.

We looked at medication records for two of the people who used the service and checked them against medication stocks. Records showed that medication had been given on time and staff had signed to confirm this, and that medication records and stocks matched up. The home used a monitored dosage system (MDS) with most medication kept in blister packs. The senior carer said that if there were any changes to a person's medication this would appear on their medication records and also be written in the home's

communication book to ensure all staff were aware.

We looked at care plans/risk assessments for medication administration. Two did not contain enough detail to help ensure people were protected against the risks associated with the unsafe use and management of medicines.

One person was on an anticoagulant medication with associated risks, but there was no specific risk assessment for this. The person's medication risk assessment was general and only covered 'medication mismanagement or physical error'. There was an information sheet on this medication at the front of this person's file, but the risks outlined had not been transferred into the person's own risk assessments.

Another person was known to refuse medication during times of agitation. In these instances staff used a variety of techniques to encourage the person to take it including offering it on a spoon and/or coming back a bit later to try again. However care plans/risk assessments did not contain this information so it was down to 'word of mouth' amongst the staff that these techniques were used. People's records must contain clear instructions to staff on any risks associated with the medication they are on and specific instructions for administration where necessary.

Safety and suitability of premises ✖ Action needed

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

Floor coverings in one bedroom and lounge and a settee were stained and odorous.

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

The accommodation is located on the ground and first floors of a detached house. It is registered to for up to eight people, however when we visited only four were being accommodated and the rooms had been re-arranged over the two floors to suit their needs. Three people had single bedrooms and a fourth had a suite of rooms with a separate lounge and bedroom. There were bathing/showering and toilet facilities on both floors. Communal areas consisted of a large lounge and a smaller lounge/diner on the ground floor. There was a large secluded rear garden with patio seating areas.

When we visited all communal areas were clean and tidy. Most bedrooms were personalised, although one had minimal furnishings and decorations at the request of the person whose room it was. The premises were homely with photos on display of the people who used the service taking part in activities. One person showed us these photos and pointed out the various places they had been. Another person sat in the garden to have a cigarette as the home is non-smoking. They had a risk assessment in place for this activity.

One person's bedroom and seperate lounge had been affected by continence issues. The carpet and sofa in the lounge were stained and odorous. The bedroom had hard flooring but urine had soaked through and damaged the ceiling of the room below. The carpet outside these rooms was also stained. We discussed this issue with the manager who said he was in the process of getting estimates to replace the damaged floor coverings with something more appropriate. This must be done as a matter of priority to ensure the home remains fit for use.

The manager also told us that where necessary widow panes on the first floor were being replaced with safety glass to reduce risk if they were broken. This should also be done as a matter of priority to reduce the risk of an accident occurring.

A 'manhole' on the driveway outside the home was broken and been covered with a concrete slab surrounded by plant pots to prevent people driving or walking on it. A more permanent solution should be found for this. Some other areas of the home were in need

of re-decoration and improvement and the provider may like to note this and consider putting an action plan in place for the ongoing repair and maintenance of the premises.

The local fire department inspected the premises on 15 October 2010 and was satisfied with fire safely at the home. A routine fire safety maintenance check was carried out by contractors on 25 April 2013 and some improvements were made as required. The home's fire risk assessment was written in August 2010 and had been reviewed annually, the last review being in April 2012. It advised that one person may need extra support from staff in the event of a fire due to physical disabilities. The staff on duty were aware of this.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff got on well with the people who used the service and relationships between them and the people they supported were warm and friendly. They told us they enjoyed working at Cana Gardens. One of the care workers said, "I like here because we get the opportunity to build relationships with the residents which is rewarding. All the staff are really good and we work closely together to tackle problems."

The care manager and senior carer oversaw the day to day running of the home with the registered manager coming in on most days to provide advice and support. There was a small established team of care workers who knew the people who used the service individually, understood their needs, and were able to provide them with continuity of care. Monthly staff meetings and one-to-one supervision sessions were held to help ensure staff had the knowledge and information they needed to carry out their roles effectively.

Records showed that all staff had completed a comprehensive induction covering all aspects of their roles including safeguarding, person-centred support, and health and safety. This was followed by ongoing training in key areas. The care staff training matrix showed that not all staff had had ongoing training in key areas and of those that had, some of their courses were potentially out of date. For example:

- Safeguarding – of the seven care staff employed six had had safeguarding training in 2012, but one hadn't had it since 2009
- First aid – three had had this in 2009, three in 2010, and one hadn't had it at all
- Food hygiene – three had had it in 2009, three in 2011, and one hadn't had it at all

The provider may like to note this and to consider carrying out a review of staff training with a view to ensuring all the staff employed have had the training they need to undertake their roles effectively.

We talked to two of the staff who provided support to the people who used the service. Both said they were satisfied with the training and support they received. They told us that the training in behaviour that challenges us had been particularly useful. They said they had regular supervision and staff meetings and there was always someone senior 'on call'

if they needed them for help and advice.

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	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: Care plans/risk assessments had not always been put in place/kept up to date following incidents of behaviour that challenges us.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: Two care plans/risk assessments for medication administration did not contain enough detail to help ensure people were protected against the risks associated with the unsafe use and management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal	**Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010** **Safety and suitability of premises**

This section is primarily information for the provider

care	**How the regulation was not being met:** Floor coverings and a settee on the first floor were stained and odorous.

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 06 July 2013.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

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