

Cavista Ltd

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Inspection report

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

Cavista is a residential care home providing personal care for up to 20 younger and older people, some who may live with dementia. There were 18 people living at Cavista at the time of the inspection. The care home accommodates people across two separate floors and has use of a stair lift.

People's experience of using this service and what we found

This was a focused inspection to follow up on the inspection undertaken in January 2022 and in part due concerns we received from partner agencies. At this inspection we saw improvements had not been made and people were not always supported in a safe way.

Recruitment records did not always show the required checks had been completed prior to staff starting work. This unsafe practice put people at risk of harm. The provider took immediate action to address this.

Infection, Prevention and Control (IPC) measures were not effective. We found several areas in the home that were unclean and some areas that required repair. This put people at risk of illness from the spread of infection.

Improvements were needed to ensure the provider was complying with fire safety regulations. This had been identified at a recent fire safety inspection where an enforcement notice had been served. The provider was working through the requirements left by the fire officer.

The provider had not identified from personal evacuation plans that an additional member of staff was needed on duty at night. This was identified at the fire inspection and was needed to ensure that in an emergency such as an evacuation, enough staff were available to help people. We saw action had been taken and an additional staff member was in the building throughout the night, to ensure enough staff were on site.

People were supported to take their medicine as prescribed. However, improvements were needed to ensure protocols for 'as required' medicines were in place and the correct storage facility, as required by law for controlled drugs was put in place. This would ensure the provider was meeting legislation and maintaining safe medicine practices to keep people safe.

People were not supported to have maximum choice and control of their lives although staff attempted to support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not fully support this practice.

People's needs, including their safety in relation to care were not always assessed and monitored to ensure their needs were met. Quality monitoring that had taken place was limited and had not effectively identified

areas that required improvement found at this inspection.

Staff knew the procedure to follow to report safeguarding concerns and confirmed training had been provided. Following our identification that some staff did not have the required recruitment checks in place, the provider covered deficits in shifts using agency staff until staff checks were completed. Agency staff were also being used to cover staff vacancies that were being recruited to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was requires improvement (published 18 March 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service has deteriorated to inadequate.

Why we inspected

The inspection was prompted in part due to concerns received about neglect and poor practices. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has deteriorated to inadequate based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken action to mitigate the risks associated with low staffing levels.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cavista Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified continued breaches in relation to infection control and the overall governance of the home and a new breach in relation to recruitment practices at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore 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.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement

procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Cavista Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

Cavista Ltd is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cavista Ltd is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The manager had been in post since January 2022 but had not commenced the registration process. This means that at the time of the inspection the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the manager, two senior care workers and three care workers. We introduced ourselves to people living at the home, undertook observations of care practices within communal areas and spoke with five people that were using the service.

We reviewed a range of records. This included the relevant parts of three people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance documents were reviewed.

After the inspection

We continued to seek clarification from the manager and provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

- People were not protected from potential abuse as some pre-employment checks had not been made before staff started work. These checks help the providers make informed decisions as to the suitability of staff. Such as, Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We found some staff had no DBS check on file or only an enhanced DBS from their last employer. Other recruitment checks such as references, and employment histories were not on file for some staff.

Recruitment procedures were not established and operated effectively. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. The bathroom between the lounge and dining room was tiled around the toilet pedestal and this tiling was soiled. This is likely to be due to the tiling in place, as it was difficult to clean. This tiling was also used on the walls of this bathroom and around the wash hand basin.
- The laminate floor covering in the kitchen was peeling and chipped, making it water permeable. This meant staff would be unable to clean it effectively.
- The laundry had no liquid soap for staff to wash their hands and mop heads had been placed in the hand washing sink. We also observed lots of debris behind washer and dryer. These practices meant good infection control could not be achieved.
- People were at risk from areas that posed a risk to their safety. The cupboard used to store cleaning products including substances that were hazardous to health, had a fire door sticker and a sign to keep the door locked. However, this door was not locked. It also contained an electrical panel with exposed wires in. A range of cleaning products were kept in this cupboard including bathroom cleaner and bleach. And a knife and scissors were also accessible in this room. This meant people were not protected as safe practices were not in place.
- The lack of monitoring in place meant lessons could not be learnt to improve the quality of the service.
- Work on the environment remained outstanding from the fire service enforcement notice. We were advised by the provider that work was due to take place including replacing fire door sets to the required fire safety standard.

Risks to people's safety were not managed well and Infection, prevention and control practices were not operated effectively. This is a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal evacuation plans had not correctly identified the staffing levels needed at night, to ensure people could be safely evacuated. This was identified by the fire service at their inspection. The provider had increased staffing at night to ensure people could be evacuated safely.
- Staff were seen wearing face masks throughout the inspection and told us that PPE was available to them.
- We did not see any visitors during the inspection. Visitors were Covid-19 screened before entering the home. Visitors had to complete screening paperwork, check their temperature, sanitise their hands and were encouraged to wear PPE before entering the home. Visitors were not able to enter the home if there was any indication, they could have COVID-19.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- We could not be confident that certain medicines were 'in date' when administered. Some medicine that required cold storage had not been dated on opening. This should be done as this medicine has a short shelf life and will not work properly once its shelf life has expired.
- People did not always have protocols in place for medicines they had on an as required basis. Medicines that are prescribed to be administered 'as required', known as PRN medicines, should have protocols in place to guide the staff on when they should be given. This is to ensure people receive these medicines when needed and in a safe way. Protocols were not in place for everyone with PRN medicine prescribed.
- Key information about people's allergies and preferences for taking medicines was not kept with the medication administration records. Information regarding people's allergies was recorded in the downstairs office. This meant agency or new staff may not have this information readily available to them.
- Controlled drugs administration was managed safely. We found however the cabinet used did not comply with the current safe custody regulations. We addressed this with the manager who assured us a cabinet complying with safe custody regulations would be installed.
- People received their medicines as prescribed. We saw staff had signed medicine administration records after administering medicine. These records corresponded with the quantities of medicine left in stock.
- Temperatures of the clinical fridge were recorded and room temperatures for medicines were in place. This ensured medicines were stored at the correct temperature.
- Records to confirm staff had their competency in medicines administration were in place and dated.

Systems and processes to safeguard people from the risk of abuse

- Discussions with staff demonstrated they understood their responsibility to report any safeguarding concerns and the process to follow.
- The provider had a safeguarding and whistle-blowing policy in place. Records seen and staff spoken with confirmed they had received safeguarding training.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- There were areas of the home where improvements or repairs were needed. For example, in bathrooms, and flooring in some areas of the home. On the staircase that led to offices, there was a hole in the ceiling and rainwater was coming through. The manager told us this had been repaired once but we saw no evidence of this repair recorded.

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

- Most people were assessed prior to using the service and information included their preferences, support needs, health and well-being. From these assessments we saw a care plan was generated on the providers electronic system. However, for one person who had been living at the home for five weeks, these assessments had not been completed until the local authority identified this on the day before our inspection. This had put the person at risk of harm and inconsistency in the care they received.
- There was no evidence that relatives had been involved in their loved one's initial assessment and reviews of their care.

Staff support: induction, training, skills and experience

- Records were in place to show that most staff had received training, including induction in areas that were relevant to the support people needed. Some new staff had not completed all training at the time of the inspection and they told us they worked with more experienced staff.
- Staff told us the training included some face to face classroom training that had been managed in a socially distanced way and some online training. Staff confirmed they felt supported by the manager and records showed they received supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were met, and they were supported to eat a balanced diet.
- People told us they enjoyed the meals provided. One person said, "The food tastes very nice." Another person told us, "I have no complaints about the meals."
- We observed the support people received at the lunch time meal and saw people were supported with their meal as needed and at their own pace.
- Where people were at risk of malnutrition the staff worked with health professionals to monitor and support the person's dietary needs.
- We saw staff supported and encouraged people to drink throughout the day and drinks were provided at

regular intervals along with snacks such as biscuits. This enabled people to snack in-between meals.

- One person was supported to have a diet that was culturally appropriate for them. This person indicated to us they liked the food provided to them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care professionals as and when needed, such as GP's, district nurses, chiropodists and opticians.
- Staff confirmed they supported people to maintain their personal and oral hygiene as needed. One member of staff told us, "We prompt or physically support depending on the person, but most people need us to help them."
- At the time of the inspection, people were also receiving visits from local authority staff to assess their wellbeing and check their needs could be met. This resulted in some people being assessed as needing nursing or specialist care, as their needs had changed since moving to the home. Plans were in progress to ensure these people were supported to move to more appropriate service to ensure their ongoing needs could be 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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people did not have the capacity to consent to some decisions regarding the support they received, and information was in place to demonstrate this. This included mental capacity assessments and best interest decisions.
- Information in people's care plans guided staff on how the person's needs should be met.
- Staff understood about how to support people with decisions and the principles of least restrictive practice. Staff were clear on the need to support people in their best interests to keep them safe.
- No one had DoLS restrictions in place. The manager confirmed that applications had been made for some people but not for everyone who needed an application to be made. Since the inspection the manager has confirmed that DoLS applications have been made for other people that were living at the home.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider was not compliant with their own 'good governance' policy. Audits for the quality and safety of the service had not identified the risks as detailed in the safe section of this report in areas such as staff recruitment, infection prevention and control and the safety of the environment. This placed people at risk of harm as risks had not been identified and action had not been taken to improve the service.
- People were still not receiving their medicines safely. This is the third inspection where improvements to medicines management have been identified as needed. Although improvements are made after each inspection, further areas for improvement are then found at the next inspection. This demonstrates the provider's policy on the 'management of medications' was not being followed.
- Staff did not write people's care logs in a contemporaneous manner. This meant records were not accurate, made at the time, or as soon after the event as practicable. We identified a log confirming a person who had a specific cultural diet had eaten a food type that was against their religion. We were informed by the manager and deputy that this was written in error, as staff sometimes copied and pasted from one person's log to another. This very poor practice meant we could not be confident that records were accurate.
- The service did not have a registered manager in post. The manager had been in post since January 2022. They confirmed at this inspection that they had not applied to register as the manager. It is a legal requirement of the provider's registration to have a registered manager in post. This demonstrated a provider failure to ensure this was in place.
- The manager understood the service needed to improve; however, it was clear that they lacked the knowledge, experience and support to achieve this.
- Staff told us they found the manager approachable and worked with them. One said, "She is trying to make improvements and will help out when needed."
- Although accidents and incidents were recorded, there was no effective system in place to review them and look for any patterns or trends. This meant systems to help inform continuous learning and improve care and safety had not been effectively operated.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff meetings took place and staff confirmed the manager discussed the standard of care expected. However as stated above this was not effectively monitored to ensure good practices were maintained.
- The provider was working with the local authority to make the required improvements.
- Satisfaction questionnaires were left in the reception area for people's visitors to complete. The manager confirmed that only one person had completed a questionnaire. This lack of feedback from people and their representatives hindered positive changes being made at the service.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risk of infection because Infection, prevention and control practices were not operated effectively. Regulation 12
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not fully established or operated properly to keep people who use services and others safe. People were not fully protected against the risks associated with Infection, Prevention and Control and safe recruitment practices. Regulation 17.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People using the service were put at risk because recruitment procedures were not established and operated effectively. Regulation 19.