

RESTFUL HOMES (LONGFORD) LTD

# Cannock Specialist Care Centre

## Inspection report

Cannock Road  
Cannock  
WS11 5BU

Tel: 01543622525

Website: [www.restfulhomes.co.uk](http://www.restfulhomes.co.uk)

Date of inspection visit:  
21 June 2023

Date of publication:  
24 July 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Cannock Specialist Care Centre is a nursing and residential care home providing personal and nursing care to up to 89 people. The home is a specialist adapted building which supports people over three floors with a roof terrace and communal area. The home provides support to older people with dementia and people requiring support with their mental health. At the time of our inspection there were 56 people using the service across 4 units.

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

People were protected from the risk of abuse. There were systems in place to identify when things go wrong. The provider took a proactive approach to assessing and mitigating risks to people's safety. We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

There were enough staff on duty to meet people's needs. Medicines were received, stored, administered, and disposed of safely. We were assured that the provider was preventing visitors from catching and spreading infections and supporting people living at the service to minimise the spread of infection.

There was a system to monitor and assess the care provided. People achieved good outcomes from their care. People were invited to attend monthly residents' meetings and their views were sought in relation to activities and food. Staff worked with external professionals. The provider understood and met the duty of candour. There was a culture of continuous learning and improvement.

### Rating at last inspection and update

The last rating for this service was good (published 30 January 2023).

### Why we inspected

The inspection was prompted in part due to concerns received about management of risk and staffing. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

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 is Good.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cannock Specialist Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Cannock Specialist Care Centre

## **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

This inspection was completed by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cannock Specialist Care Centre 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. Cannock Specialist Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had about the service. 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 13 people who lived at home and 8 of their relatives and friends. We spoke with 12 members of staff including the registered manager, regional manager, the owner of the home, unit managers, care staff and agency staff members. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 8 peoples' care plans, medicines records, accident and incident records and safeguarding records. We also reviewed records relating to training, recruitment, quality assurance and feedback and complaints.

# 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 Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- There was a safeguarding policy in place which was in line with local procedures. Accidents and incidents were recorded, reviewed and measures were put in place, where required, to reduce or remove any risk.
- Staff completed training in safeguarding. Staff we spoke with said they understood potential signs of abuse and would feel confident to report these to the registered manager. One staff member said, "If I felt abuse was taking place, I would report it to the person in charge and if I felt no action was being taken, I would report it to the Care Quality Commission."
- There were systems in place to identify when things go wrong. For example, where information relating to a fall had not been shared with medical professionals due to poor recording, this was investigated and followed up with staff. The management team put in place a programme of training for one-to-one staff to ensure incidents were recorded and escalated appropriately.
- The management team ensured there was a culture of learning within the service. We discussed the need to record all actions taken after an incident, for example if they spoke to the safeguarding team but the threshold was not met. This was to ensure there was a clear audit trail.

Assessing risk, safety monitoring and management

- The provider took a proactive approach to assessing and mitigating risks to people's safety. Risk assessments in place identified potential risks to people's safety and guided staff how to keep people safe from harm.
- We discussed the need to ensure the guidance given to staff when evacuating people in an emergency contained any information which might affect their ability to get them out quickly. For example, anyone who might get distressed or refuse to leave.
- When people's needs changed, the assessments in their care plans were updated to reflect this. For example, when a person had self-injured, their care plan was changed to guide staff to put away items safely while making sure they were still accessible if the person required them.
- People were safe. One relative said "My [relative] is relaxed and calm and I can tell they feel safe. Staff speak to my [relative] very kindly and are very attentive. As a family we are pleased that they are living here and are happy."
- One member of agency staff said, "The management team is very good and supportive, and I would like to work in the service as a permanent employee. I have no concerns about the welfare of people living at the home and the care provided here is better than in other services I have worked at in the past."

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. One staff member said, "I have completed training around the Mental Capacity Act and understand people can have fluctuating capacity which means people can make their own choices but sometimes we have to make decisions on their behalf and in their best interests."
- There was a DoLS tracker in place and we saw evidence of the care home monitoring DoLS applications especially when there were delays in granting authorisations.

#### Staffing and recruitment

- There were enough staff on duty to meet people's needs. One staff member said, "Although I think there are too many agency staff and agency staff can be less reliable, we are at safe levels and there has been no impact on residents." One relative said, "Consistency of care staff has improved recently which helps with staff getting to know our family member." We spoke to the management team about the use of agency staff, and they advised there was a recruitment plan in place to hopefully increase the number of permanent staff.
- Unit managers and staff were deployed flexibly around the care home to ensure they could mitigate risk and meet people's needs when required. One staff member said, "I have remained on this unit today as one resident is more anxious than usual and needs more support at this moment."
- Staff were safely recruited. New staff were subject to pre-employment checks such as reviewing their education and employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were received, stored, administered, and disposed of safely. Staff involved in handling medicines had received training around medicines.
- People received their medicines as prescribed.
- There was an up-to-date medicines policy in place. There was guidance in people's care plans instructing staff how people preferred to take their medicines.
- Medicine Administration Records [MAR] were completed. The provider carried out audits to ensure there were no mistakes. We discussed ensuring adequate detail was recorded in people's notes after people took any 'As required' medicine to ensure the reasons for administration could be better monitored.

#### Preventing and controlling infection

- Although we were not assured that the provider's infection prevention and control policy was up to date due to the date on the last review being missing, the provider had put a plan in place to review it. However we found no impact on safety.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.



- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

#### Visiting in care homes

There were no restrictions on visiting at the time of our inspection.

# 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 Good. The rating for this key question has remained Good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a system to monitor and assess the care provided. Where audits identified errors or gaps, these were followed up and the lessons were cascaded through team meetings.
- We discussed with the manager the need to ensure that the record keeping process included information which would assist with ongoing monitoring. For example, when people took their 'as required' medicine, or what fire alarm point had been tested. This was to ensure any issues could be easily identified. The registered manager took immediate action to review this area.
- The registered manager understood when things went wrong it was their legal responsibility to be open and honest. We saw examples of the care home making referrals to external agencies and sending statutory notifications to the Care Quality Commission.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People achieved good outcomes from their care. One relative said, "I have had review meetings with staff. Staff support my [relative] to have contact with family everyday via the telephone and to go out in the garden when they like. Management and staff ring me when I ask and although I've never had to raise any issues, I am confident they would deal with them. When my [relative] was having issues with eating, they even adapted a favourite food of theirs to enhance nutritional value." Another relative said, "When my [relative] was seen by the doctor recently, we found out there hadn't been a body map completed but the manager addressed the situation straight away when we spoke to her about it."
- People were invited to attend monthly residents meetings and their views were sought in relation to activities and food. People were listened to, and their suggestions were acted on. Management reviewed surveys completed by friends and family members and staff were able to make suggestions which were acted on.

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; Working in partnership with others; Continuous learning and improving care

- Staff worked with external professionals which included the dementia team, GPs, Discharge To Assess Team and social workers. When the care home was having difficulty obtaining support from an external agency, this was escalated appropriately by the care home management.
- The provider understood and met the duty of candour.
- The registered manager ensured people, relatives and professionals were informed and updated when

things went wrong.

- There was a culture of continuous learning and improvement. When the management identified issues with recording by one-to-one staff, a training programme was put in place, cue cards were provided for staff and debrief and reflection sessions were held.