

Mellandene Limited

Cassandra House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cassandra House is a residential care home providing accommodation and personal care for up to 43 older people in one adapted building, including people living with dementia. At the time of our inspection 34 people were living at the service.

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

A system was in place to monitor the quality and safety of the service. However this was not always effective in identifying and addressing issues.

The provider had systems in place to report and respond to accidents and incidents. However, not all accidents, incidents or safeguarding concerns had been explored to identify any potential themes, trends or lessons learnt.

Medicine practices were not always in line with best practice guidelines.

Care plans were not always fully complete or lacked relevant details about people's care needs. However, people and relatives told us staff treated people with dignity, respect and in a person-centred way.

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

People felt staff provided safe care, and systems were in place to report concerns. Staff had been safely recruited and had received training on how to recognise and report abuse and staff knew how to apply it.

People were regularly asked their views on the service provided and action had been taken when suggestions were made.

People were supported to have access to healthcare services to monitor and maintain their health and well-being. We observed kind and caring interactions between people and staff during the inspection.

There was a positive culture within the service. Staff interactions with people were kind and compassionate. Staff knew people well and were responsive to their needs. People and their relatives were involved in their care.

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

Rating at last inspection

The last rating for this service was good (published 17 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe, and well-led sections of this full report.

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

Enforcement and Recommendations

We have identified a breach in relation to good governance at this inspection.

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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cassandra House

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 completed by 2 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

Cassandra House 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. Cassandra House 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 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 the 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 3 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, trainee manager, activity staff, domestic, senior care staff and care staff.

We reviewed a range of records. This included 5 people's care records and numerous medication administration records. We inspected 3 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.

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 has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were mostly managed safely. However, records of people's preferences to indicate how they wanted their medicines to be administered was not available at point of administration. The registered manager took immediate action to address the recording shortfall.
- Recording systems for prescribed patches was incomplete. A system was implemented on the day of the inspection.
- Temperature records were in place. However, these were not completed in accordance with national guidance for medicines requiring refrigeration. The registered manager took immediate action to address the recording shortfall.
- Thickeners used to thicken fluids for people with swallowing problems were not recorded when they had been used. The provider gave assurances this would be addressed.
- One person was being given their medicines covertly [disguised in food or drink], appropriate documentation was not in place for this to be carried out safely. The provider gave assurances this would be addressed.
- Staff were trained and supported in their role to administer medicines.

Systems designed to monitor the the safe management of medicines, were not robust. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risks to people were not always fully assessed or managed robustly. However, staff knew people well.
- Where risk assessments were in place, they had not always been updated to reflect people's current needs. Whilst the registered manager was able to describe actions taken to manage risk, and we could not find any negative impact to people featured, the records did not always reflect this.
- Risks associated with the premises and equipment were not always checked consistently. The provider was responsive to our feedback during the inspection and began making improvements in this area.
- There was a system in place to report and record incidents and accidents. However, there was minimal evidence to support the monitoring and analysing of accidents, incidents or falls.
- Information was not always collated to evidence any potential themes, trends or lessons learnt. The provider was responsive to our feedback during the inspection and began making improvements in this area.

We found no evidence people had been harmed, however, information was not always up-to-date and

accurate to manage the risks and safety of people using the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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)

- Mental capacity assessments were generally completed appropriately. However, we found some capacity assessments and best interest decisions were not detailed with how the person was supported in the least restrictive way. The registered manager was in the process of updating these.
- 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. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and staff had a good understanding of how to raise safeguarding concerns and who this information should be shared with. Staff had received safeguarding training and the provider had developed good relationships with safeguarding partners.
- People told us they felt safe at the service. One person said, "I am pampered, I can't praise carers enough, they are kind, caring and marvellous."
- Staff had a good understanding of the provider's expectations relating to safeguarding. One staff member said, "If there was any concern that affected service users, I'd be shouting from the rooftops."

Staffing and recruitment

- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with vulnerable people were employed.
- Staffing levels were sufficient to meet the needs of people living at the service. We found staffing levels matched people's assessed needs. Additionally, the registered manager advised if more staff were needed for any reason, this could be implemented.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the care home required refurbishment to enable more effective cleaning.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

People were supported to receive visits from friends and family in line with guidance in place at the time. We saw people enjoying visits from friends and family throughout the 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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits and monitoring arrangements were in place for a range of areas including, infection control, medicines and health and safety. However, these were not always effective in monitoring the quality and safety of the service. For example, medicine audits did not always identify the concerns we identified during inspection.
- Where improvements to the service had been identified through quality auditing, action was not always taken in a timely way. For example, actions plans were not always revisited and signed off.
- Documentation including care plans and risk assessments were not robust and provided inconsistent information. For example, skin integrity monitoring charts were not consistently completed, and there was no information to confirm what action staff had taken when the chart was not completed.
- Themes and trends were not always identified through systems currently in place. For example, there was limited analysis of incidents or accidents at the service to reduce the risk of reoccurrence and improve care provided to people.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People experienced a positive and inclusive culture at the service. The provider promoted a positive culture focused on person-centred care. Staff described an open and honest culture where people and relationships mattered.
- Staff understood the values of the service to keep people safe, promote independence and support them to live meaningful lives. We observed good rapport between people and staff.
- The values of the provider promoted personalised support, dignity, privacy and anti-discriminatory practice. One person said, "You can talk to the staff, they do listen. Staff are subtle to meet people's needs"
- The home was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner. A professional told us, "The registered manager is very responsive, I believe people are happy."

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

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings. Staff said, "If we have concerns we raise it, we can go to management with anything and she acts on it."
- Systems were in place to capture people's views and feedback. Relatives told us, "They often send you a questionnaire to ask pertinent questions" and "I know [relative] is safe and they [staff] look after her."

Working in partnership with others

- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- People benefitted from partnership working with other local health professionals. For example, GPs and a range of therapists.

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 17 HSCA RA Regulations 2014 Good governance Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. 17 (1) (2) (a)(b)(c)(f)