

Sharob Care Homes Ltd

Caprera

Inspection report

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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

Caprera is a residential care home. It is registered to provide accommodation and personal care for up to 31 predominantly older people. The service does not provide nursing care. Nursing services are provided by the community nursing team. At the time of the inspection there were 27 people living at the service.

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

People told us they were happy with the care they received and people said they felt safe living there. Comments from people included, "I am very happy here," "Yes its all ok," "I am well cared for and have a lovely view from my room," and "Staff come to me regularly." One relative told us, "No concerns whatsoever, they speak with me all the time, they are very communicative" and "I think it is lovely here I have no complaints."

People looked happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

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; the policies and systems in the service supported this practice.

People were supported by staff who completed an induction, training and were supervised. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and staff assisted people with activities in the afternoons. Staff knew how to keep people safe from harm.

Staff received appropriate training and support to enable them to carry out their role safely, including dementia care training.

The environment was safe, with an improvement programme ongoing. The outside of the building was being painted at the time of this inspection. People had access to equipment where needed.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm.

People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

People were supported by a service that was well managed. Records were accessible and up to date. The management and staff knew people well and worked together to help ensure people received a good service.

Staff told us the manager and the provider of the service were available and assisted them as required. They went on to say how they were approachable and listened when any concerns or ideas were raised. One staff member said, "The owner just wants what is best for the people living here" and "They have been very supportive to me."

Rating at last inspection

The last rating for this service was good (Published 15 May 2018) At this inspection the rating has remained good.

Why we inspected

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

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. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

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

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

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

Caprera

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

One inspector

Service and service type

Caprera is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

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 a manager in post who was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative, about their experience of the care provided. We spoke with four members of staff, the manager and the provider.

We reviewed a range of records. This included two people's care records and medicines records. We looked at three staff files in relation to recruitment, staff training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with a visiting healthcare professional and continued to clarify information provided with the manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection we have rated this key question as good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks were identified, assessed, monitored, reviewed and documented. Staff had guidance to help them support people to reduce the risk of avoidable harm. For example, when people were at risk of falls or behaviour that challenged others.
- People's needs, and abilities were individually assessed prior to moving into the service.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to help prevent situations from escalating.
- The environment was well maintained with ongoing improvements currently being carried out. Equipment and utilities were regularly checked to ensure they were safe to use.

Using medicines safely

- There were a few gaps in medicines administration records (MARs) identified at this inspection. However, as tablets were counted daily, staff were able to confirm that people had received their medicines as prescribed, but sometimes staff did not always sign to record this. We discussed this with the manager who was aware of this issue and was regularly auditing the MARs. Specific staff had been made aware of the importance of these records and had been issued with 'letters of concern' regarding this oversight. We were assured that this issue was under close review.
- Staff were trained in medicines management.
- When people were prescribed 'as required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines. Temperatures of the medicines fridge and medicine room were recorded daily.
- Medicines that required stricter controls were in use at Caprera. We checked the records against the stock held and they both tallied.
- Prescribed creams were dated when opened for use. This helped staff to know when it should be replaced.

Staffing and recruitment

- There were sufficient numbers of staff employed, and on duty, to meet people's assessed needs. People and relatives told us there were enough staff on duty to meet people's needs.
- The staff covered additional hours, so people had staff they knew and trusted. This was to support staff absences. Agency staff were used when required. The service had recently had an outbreak of Covid-19 which had led to some staff shortages, but were now returning to pre-outbreak levels. The service was

continuing to recruit new staff as they increased the number of people living at the service.

- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. Several staff who had joined Caprera were new to the care role and had needed support and training during their probationary period. Probationary meetings were held with the manager to support these new staff during their first few months.
- Recruitment practices were robust. Disclosure and Barring Service (DBS) checks were carried out along with obtaining references. DBS checks provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The service was well managed which helped protect people from abuse.
- Staff had undertaken safeguarding training and knew about the different types of abuse and how to report it.
- The provider had safeguarding systems in place and staff understood what actions they needed to take to help ensure people were protected from harm or abuse.
- People were able to make their own decisions, if able. People had choices on how and where they spent their time and their wishes were respected. Where people lacked capacity to make their own decisions and were being restricted, appropriate referrals were made for this to be authorised.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service was supporting people to have visitors in line with current guidance. We spoke with a relative who visited regularly and spent time with their relative in their room. Other people confirmed they saw friends and relatives regularly.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.

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 the last inspection this key question was rated as good. At this inspection we rated this key question as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive feedback in relation to how the service was run, and our own observations supported this.
- People and relatives were positive about living at the service, the manager and the provider.
- There was a warm, friendly and family atmosphere in the service. Relatives comments included, "No concerns whatsoever, they speak with me all the time, they are very communicative" and "I think it is lovely here I have no complaints."
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included, "The owner just wants what is best for the people living here" and "They have been very supportive to me."

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 manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place, to make improvements where possible. We were told, "We are all human, to make an error is one thing, to not report it or cover it up is quite unforgiveable we all know that."
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided. The provider had good oversight and regularly met with the manager and HR manager to review the running of the service.

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

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The manager and provider had oversight of what was happening in the service and were both visible and

took an active role in the running of the service.

- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention.
- Staff felt respected and supported. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said, "Our team leader is amazing, they are a legend. We are all supported really well."
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff and recorded on the computerised record system. Staff were able to record any faults or issues in the building that needed addressing on this system. This information was visible to the provider and the maintenance person and were logged for action to be taken.
- The provider and the manager worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

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

- Systems were in place to enable people, staff and relatives to give feedback.
- Staff were encouraged and supported to meet with management to share their views.
- Communication between people, staff and families was good. People confirmed if they needed assistance, it was provided in a timely manner.
- People were given the opportunity to attend meetings to share their views and ideas. The provider and manager also took time to speak to people on a one to one basis, regularly, to ensure that any opportunities to further improve the service were not missed.

Continuous learning and improving care

- The provider, manager and staff worked well together. Staff felt well supported and were motivated to provide the best care and support they could. One member of staff told us, "I would be happy for a loved one of mine to live here."
- Organisational audits were in place and used to develop the service. A programme of updating and re-decorating was in progress with two new rooms recently refurbished and the outside of the building being painted at the time of this inspection.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.

Working in partnership with others

- The manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during a recent outbreak at the service.
- The manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.
- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs and community nurses. One visiting healthcare professional told us, "I have only had positive experiences. The staff are very approachable and all are open to advice and guidance."