

# Ideal Carehomes Limited

# Cadley Hill View

## Inspection report

Darklands Road  
Swadlincote  
DE11 0PQ

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Cadley Hill View is a residential care home providing regulated activity to up to 66 people. The service provides support to older people, people living with dementia and people with mental health needs. At the time of our inspection there were 34 people using the service.

Cadley Hill View accommodates people in one purpose-built building across 3 floors, each floor has communal spaces which includes a cinema, café and restaurant. Each bedroom has ensuite facilities, outside the home has a garden and several seating areas.

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

People and their relatives told us they felt the service was safe. Staff were recruited safely and there were sufficient numbers of staff to meet people's needs. Medicines were managed safely and risk that affected people's daily lives were regularly monitored and assessed.

Assessments of people's needs had been carried out prior to people using the service. People were supported to eat and drink a balanced diet and had a choice of meals, snacks and drinks. Staff training was relevant and up to date. Staff promptly sought healthcare advice from a multi-disciplinary team of professionals when required.

People and their relatives consistently told us they were happy with how staff treated people. Staff understood how to promote people's independence and respected people's privacy and dignity. Care plans contained detailed information on people's life history and included information on people's memories, employment and family. People led regular committee meetings where they provided feedback on the service and ideas for social activities.

People were supported to take part in a variety of activities and hobbies both inside and outside of the service. People's communication needs were known and met by staff, complaints and concerns were promptly investigated and resolved.

People were empowered and included, the management team had built links in the local community to increase the variety of activities and experiences available. All aspects of the service were regularly audited. There was a positive, person centred approach to the planning and provision of people's care. People, relatives and staff all spoke positively about the management of 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was first registered with us on 15 November 2021 and this is the first inspection.

#### Why we inspected

We carried out an inspection of this service to provide a rating.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Cadley Hill View

## 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 carried out 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

Cadley Hill View 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. Cadley Hill View 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 information we had received about the service. 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 also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

### During the inspection

We spoke with 9 people who used the service, 1 visiting professional and 10 members of staff including the registered manager, regional director, kitchen manager, housekeeper, senior care workers and care workers. We also spoke with 11 relatives about their experience of the care provided. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- People and their relatives told us they felt the service was safe. One person said, "I feel safe, no doubt about that, staff know how to help me." "A relative said, "My relative likes the staff they make [person] feel safe, [person] is supported by the same familiar staff and feels happy."
- Safeguarding incidents had been correctly reported, recorded and investigated. We found that appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.

Assessing risk, safety monitoring and management

- Risks which affected people's daily lives, in relation to their mobility, nutrition and management of health conditions were documented and known by staff. The management team monitored and regularly assessed these risks and took appropriate actions to ensure people received care in a safe and consistent way.
- Environmental risks were well managed, regular checks had been carried out. This included water temperature checks and fire safety.
- Staff sought advice when required from a range of healthcare professionals to ensure appropriate and safe care was delivered.

Staffing and recruitment

- Staff were recruited safely. The provider followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to keep people safe and meet their individual needs. The registered manager monitored and reviewed their dependency tool appropriately to ensure the staffing levels continued to reflect the needs of the people using the service.
- During the inspection we observed call bells were answered in a timely manner and people received care and support when they required.
- People and their relatives consistently told us the staffing levels met their needs. One person said, "Staff are absolutely brilliant, they are always here when you need them."

Using medicines safely

- Medicine was administered by trained staff who received regular checks and direct observation of their practice to ensure medicines were administered safely.
- Audits of medicine administration records were conducted regularly by the management team and appropriate actions had been taken to address issues in shortfalls they identified.
- There was clear guidance for staff for safe administration of 'when required medicines' (PRN). This meant people received these medicines when they needed them.
- We observed staff supporting people to take their medicines in their preferred way and in line with best practice.

#### 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 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.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider ensured visiting was facilitated safely and in line with people's preference and choice. This had been risk assessed and appropriate safety control measures were found to be in place.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed and investigated by the management team. We found appropriate actions had been taken to reduce the risk of re-occurrence.
- The registered manager regularly analysed accidents and incidents to identify any emerging themes or patterns in order to improve the care provided. These findings were then shared with the staff team.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs had been carried out prior to people using the service and involved the person and, where appropriate, their relatives and healthcare professionals, to ensure the service was able to meet the person's needs and preferences.
- Care plans and risk assessments clearly identified people's needs and risks. They showed the action staff should take to minimise any risk of avoidable harm. For example, one person was at risk of falling, the registered manager had identified this and with the person's consent introduced technology which supported their safety.
- Care plans detailed information about people's choices and preferences, we found detailed information to guide staff on how to support people with their daily routines and people's daily care records evidenced staff followed this information.

Staff support: induction, training, skills and experience

- Staff completed a mandatory comprehensive induction and support programme which enabled them to carry out their roles effectively, this included shadowing experienced staff members, being assigned a mentor and having frequent check in's with the management of the service to discuss their progress.
- Staff were provided with specific training to meet the needs of the people using the service. Staff told us the training was good. One staff member said, "I have learnt so much, I was new to care when I joined, you get a lot of support."
- The provider had effective systems in place to support and supervise staff. Staff received regular supervision, this included one to one sessions and regular checks of their competencies.

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

- People were supported to maintain a balanced diet and staff ensured people's individual choices and preferences were met. Where people had specific dietary needs this information was shared and known by staff.
- Staff worked together to ensure mealtimes were enjoyable, people were provided with choice through various means which included the use of menu's and show plates. The show plates were prepared to provide a visual support to inform people's choice.
- We found snacks, drinks and fruit were available all day throughout the home and all bedrooms had fridges which enabled people to easily access food and drink.
- People told us they enjoyed the food, one person said, "The chef is very friendly, I mentioned I like spicy foods, he cooked me a batch of curries." And a relative said, "I have no issues with the food, [relative] particularly enjoyed making pizza recently, and the bake-off event."

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

- People received support from a multi- disciplinary team (MDT) of health professionals. This included a GP, clinical lead, district nurse, occupational therapist and a dietitian. Staff regularly met with the MDT and people's records evidenced that staff raised health concerns and changes in a timely manner.
- Guidance from external professionals had been included in people's care plans for staff to follow. Staff had a good understanding of guidance in place and we observed the guidance to be followed in staff practice.

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

- The design of the service promoted people's independence and safety.
- Corridors and bathrooms were spacious, people had different coloured bedroom doors which were decorated with items significant to the person which aided recognition of their room.
- Technology and equipment promoted people's independence and safety as people had profiling beds, specialist mattresses and the service had sensor-controlled lighting throughout.
- A television in the reception area displayed useful information such as the staff on duty, the menu options and upcoming activities.

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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had mental capacity assessments and best interest decisions in place when relevant. These had involved people who had the legal authority to do so on behalf of the person where appropriate.
- Staff had received training in MCA and understood how to support people in line with the act.
- Where people were deprived of their liberty, DoLS were in place and people were supported in line with their agreed plans.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives consistently told us they were supported and treated well. One person said, "I cannot fault the care, staff are always on hand." And a relative said, "Staff really do care and take pride in their work, I think my relative has really benefited from this professional approach."
- We observed staff supporting people with care and kindness throughout our inspection. Staff respected people's dignity by knocking on doors prior to entering their rooms and spent time listening and speaking with people.
- Staff had a good understanding of equality and diversity and had received training in this area. Care plans contained personal information about people's backgrounds, this supported staff to gain an understanding of the people they were supporting and engage in conversations with them.

Supporting people to express their views and be involved in making decisions about their care.

- People and their relatives where appropriate were involved in their care planning and how they wished to be supported. People were also given opportunity to regularly review their care to see if any changes needed to be made.
- People led regular committee meetings where they provided feedback on the service and ideas for social activities. We reviewed the minutes from these meetings and found the registered manager had actioned points that were raised and displayed them in the service so people could see what actions had been taken.
- The service had formed a garden committee who made decisions about the grounds, this included the further development of themed gardens and a beehive.

Respecting and promoting people's privacy, dignity and independence

- People received care which promoted their independence. A relative said, "The staff try to promote independence by encouraging [person] to leave their bedroom more often and join the community."
- Staff understood the importance of respecting people's privacy and dignity. Staff told us when they supported people with personal care the steps, they took to ensure people's privacy and dignity was protected.
- People confirmed staff respected their privacy. One person said, "There is a lot to do here, if you want, if you don't that's fine, they allow your privacy."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained detailed information on people's life history and included information on people's memories, employment and family. Staff told us how they used this information to understand people and to plan activities and discussions.
- People's needs were regularly reviewed, and support was adjusted as required. The management team evaluated people's care plans monthly or before if a change in a person's need was identified.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were detailed in their care plans and any support required to ensure these were met.
- Alternative formats were available on request such as large print, we asked about this and were assured that relevant support would be provided if alternatives were required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a wide variety of activities both in and outside of the service. For example, a group of people had chosen to visit a cathedral, and this had been planned and scheduled.
- The service had activities coordinators in place who worked with people to arrange groups and put together an activities schedule. In addition to this we found the service held various weekly clubs, which included a knit and natter group and gardening club. The provider also had a cinema available daily and activities were found throughout the service for people to pick up such as word searches and crosswords.
- People, their relatives and staff all spoke positively about the activities available and how this supported people's wellbeing. A staff member said, "There is always something going on, we have had ponies visit, the local fire service, we get out and about with residents as well." A relative said, "They involve my relative in activities and I can't believe how much [person] has opened up."

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. We reviewed the complaints the service had received, we

found they had been investigated and actions had been taken to reduce the re occurrence of the issue raised.

- People told us they knew how to raise a complaint or concern. One person told us of their experience when they had raised a concern and how this was promptly resolved.

#### End of life care and support

- People using the service were given the opportunity to express their wishes for the care they would like to receive at the end of their life.

- At the time of the inspection, the service was not supporting anyone who required end of life care. Staff however, had received training in this area so were able to support people in partnership with external professionals if this need was identified.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Working in partnership with others

- The management team prompted a positive culture where people were empowered and included. We found the service provided a 'make a wish' scheme which enabled people to make a personal wish. People had chosen wishes which included trying tango dancing and going for a high tea at a local stately home, the provider had then arranged these events.
- The management team had engaged and built links in the local community to increase the variety of activities and experiences available to people. For example, the knit and natter group was available to all in the local area and people attending the group had chosen to support the local neonatal unit by knitting hats.
- The management team were passionate about delivering positive experiences and outcomes for people. The registered manager demonstrated the service was how they described 'resident led' and we found people were actively involved in the day to day running of the service. For example, people had chosen the décor, activities, menus and had helped design the different garden and outdoor spaces available.
- People, their relatives and the staff all spoke positively about the leadership of the service. A person said, "There is nothing I would improve about this service, [registered manager] is very nice, shows a lot of empathy and I feel relaxed to approach them.". A staff member said, "Management are hands on, lovely with the residents, they have an open door, they want to know if there are any problems and put them right."
- The service regularly arranged 'pop up' restaurants which were themed on a culture or event. During our inspection, we found the sky lounge restaurant had been transformed for Valentine's day, people told us this gave them a restaurant experience of going out and celebrating.
- The registered manager encouraged and supported staff to take on extra responsibility with 'champion' roles in a variety of areas, including safeguarding, infection prevention and control, and skin integrity. The champions were undertaking additional training in these areas and were a source of knowledge for people, their relatives and the staff team.
- External professionals provided positive feedback about the service. A visiting professional said, "The staff always have time for people, the service genuinely does match how it presents. I have no concerns about this service."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider and registered manager both had a good oversight of the service through the structured

schedule of audits in place which included medicines, health and safety and people's care plans. In addition to this, the provider also carried out regular comprehensive audits of the service.

- The provider's systems produced regular reports on training compliance, accidents, incidents and falls. This information was analysed by the registered manager and used to drive improvements where required.
- The provider ensured all staff working at Cadley Hill View undertook key mandatory training, this meant that any staff member regardless of their job title could support people when they required it, this reduced any waiting times for care staff to be available.
- The registered manager was knowledgeable about the duty of candour, we reviewed the records in place and found that the correct actions had been taken to meet this regulation.

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

- People led social committees which discussed what was working well, the registered manager used the feedback provided from these meetings to drive improvements in the service. For example, we found when people had made suggestions for new activities these had been arranged.
- Relatives were asked for their views and opinions through regular surveys and in person by the management team. We reviewed the feedback provided and found it to be consistently positive and complimentary of the service and care provided.
- Relatives told us the management team were visible in the service and kept in touch with them. One relative said, "I can talk to [registered manager] about anything and nothing is beyond their ability to sort things out, no matter what." And another relative said, "The management are very visible and can be contacted easily."
- Staff consistently told us they felt supported in their roles, and they attended regular meetings with the management team as a group and on an individual basis. Staff told us they contributed new ideas and felt valued by the manager and the provider.

Continuous learning and improving care

- The management team were committed to continuously improving the service. For example, changes had been made to the induction process for staff following feedback staff provided, and changes had been made to the staffing allocation when the registered manager identified through their analysis of audits that more staff were required to support people in the morning.
- Robust systems and processes were in place to ensure learning from things that had gone wrong. For example, when accidents had occurred the registered manager had carried out detailed investigations to understand the root cause and the actions they had recorded as taken were found to be in place.
- Learning from accidents, incidents and complaints and people's committee meetings had been shared with the staff team in staff meetings to drive improvements. For example, we found learning from fire drills was shared with all staff to improve the process in place.