

Caritate Limited

Caritate Nursing Home

Inspection report

Lanival House
Treningle Hill
Bodmin
Cornwall
PL30 5JU

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Tel: 0120875628

Website: www.lanivalhouse.com

Ratings

Overall rating for this service

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

Caritate Nursing home is a care home providing personal and nursing care to up to 24 people. The service provides support to people of all ages with a range of health needs, physical disabilities and people with cognitive impairment. At the time of our inspection there were 22 people using the service.

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

The registered manager had left the service since the last inspection. The provider was advertising for a new manager. They were staying at the service for part of each month, managing the service along with the support of a deputy manager.

The recording of assessments and the monitoring and oversight by staff, of stocks of medicines, when people self-administered their own medicines was now effective. People were regularly reviewed to ensure they were safe to administer their own medicines.

Staff training was accurately recorded and closely monitored. All the nurses had received medicine update training since the last inspection.

The provider had an accurate record of all staff supervision and appraisals that had been completed.

The management of risk had improved. Care plans contained risk assessments and there had been recent reviews when people's needs had changed. Staff were provided with guidance and direction on how to reduce identified risks.

The provider had improved the recording and oversight of monitoring records. For example, when people were having their food and drink intake recorded. However, these records were not always totalled each day, so it was not always clear if the person had had sufficient intake or not and any gaps in recording would not always be identified in a timely manner. The provider assured us this would be addressed immediately.

The process for monitoring people's weight had improved. There were clearer records and guidance in care plans to ensure this took place when required.

Accidents and incidents that took place at Caritate were recorded by staff. These records were then reviewed by the provider and audited for any patterns or trends. Any action taken was recorded.

There was a robust programme of audits now in place. All aspects of service delivery were being reviewed by the providers. Where improvements had been identified as being necessary, action was taken appropriately.

There was a system in place to monitor the Personal Identification Numbers (PIN) of all employed nurses. The PIN is compulsory for nurses working in the UK.

The provider had ensured that all the staff were aware of the current government guidance for staff in care homes regarding the use of Personal Protective Equipment (PPE). Staff were not required to wear masks at the time of this inspection.

Deprivation of Liberty Safeguards (DoLS) records were being closely monitored by the provider. They were working with the DoLS team, at the local authority, to ensure any required authorisations were applied for appropriately.

The provider had ensured that staff were aware of the statutory guidance 'Right support, right care, right culture' as the service supported people who had a learning disability. The provider and staff were working with external healthcare professionals to ensure they were supporting people in line with the principles of this guidance.

The service website contained the required link to the latest CQC report. The provider had updated their Statement of Purpose (SOP) since the last inspection to ensure it clearly stated what care and support was provided at Caritate Nursing Home.

The provider had reviewed the content of the governance report required to be completed by all management each month, in order to inform the provider of the quality of the service provided.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (Published 31 December 2022)

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caritate

Nursing Home on our website at www.cqc.org.uk

Recommendations

We have made a recommendation about the recording and oversight of monitoring records.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Inspected but not rated

Caritate Nursing Home

Detailed findings

Background to this inspection

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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Inspection team

The inspection was carried out by one inspector.

Service and service type

Caritate Nursing Home 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.

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 no registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we sought feedback from the local authority, and we reviewed the action plan provided. We reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. 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 of this information to plan our inspection.

During the inspection

We reviewed 2 people's care plans and risk assessments. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service. We spoke with the 2 providers.

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 inadequate. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

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

- The registered manager had left the service since the last inspection. The provider was advertising for a new manager. They were staying at the service for part of each month, managing the service along with the support of a deputy manager.
- The recording of assessments and the monitoring and oversight by staff, of stocks of medicines, when people self-administered their own medicines, was effective. People were regularly reviewed to ensure it remained safe for them to administer their own medicines. Staff training was accurately recorded and closely monitored. All the nurses had received medicine update training since the last inspection. Competencies had also been carried out by the providers with all the nurses to ensure they were safe to administer medicines. The provider had arranged a series of booked training updates for staff.
- The service website contained the required link to the latest CQC report. The provider had updated their Statement of Purpose (SOP), since the last inspection, to ensure it clearly stated what type of care and support was provided at Caritate Nursing Home.
- The provider had an accurate record of all staff supervision and appraisals that had been completed. The provider was working towards providing each staff member with regular supervision and an annual appraisal.
- There was a system in place to monitor the Personal Identification Numbers (PIN) of all employed nurses. The PIN is compulsory for nurses working in the UK.
- The provider had ensured that all the staff were aware of the current government guidance for staff in care homes regarding the use of Personal Protective Equipment (PPE) and best practice in infection prevention and control.

Continuous learning and improving care

- The provider had reviewed the template used for the monthly governance reports. These reports were required to be completed by all heads of department each month, in order to inform the provider of the quality of the service provided. The report covered all areas of service delivery and audit outcomes and provided an effective overview.
- Accidents and incidents that took place at Caritate were recorded by staff. These records were reviewed by the provider and audited for any patterns or trends. Any action taken was recorded. Incidents and accidents had reduced since the last inspection.
- There was an increased programme of audits in place. The audit process was being used effectively. All aspects of service delivery were being reviewed by the providers. Where improvements had been identified as being necessary, action was being taken.

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

- The provider had improved the recording and oversight of monitoring records. For example, when people were having their food and drink intake recorded. However, these records were not always totalled each day, so it was not always clear if the person had received sufficient intake or not and any gaps in recording would not always be identified in a timely manner. The provider assured us this would be addressed immediately.

We recommend the provider seek advice and guidance from a reputable source regarding timely and accurate recording and monitoring of the records of care and support provided.

- Deprivation of Liberty Safeguards (DoLS) records were being closely monitored by the provider. They were working with the DoLS team, at the local authority, to ensure any required authorisations were applied for appropriately and that the service records tallied with the DoLS team records. One person who had been closely monitored by CCTV for some time was awaiting assessment for a DoLS authorisation.
- The management and recording of risks had improved. Care plans contained required risk assessments and evidence of recent reviews. When people's needs had changed this was recorded. Handovers before each shift had been changed to improve communication and recording. Staff were provided with guidance and direction on how to reduce identified risks.
- Some people had been assessed as at risk from losing weight. The process for monitoring people's weight had improved. There were clear records and guidance in care plans to ensure staff knew when this should take place. Weight records were being regularly monitored.
- The provider had ensured that staff were aware of the statutory guidance 'Right support, right care, right culture' as the service supported people who had a learning disability. All staff had received updated training on supporting people with a learning disability. The provider and staff were working with external healthcare professionals to ensure they were supporting people in line with the principles of this guidance.