Interhaze Limited

Cedarwood Care Centre

Inspection report

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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

Cedarwood Care Centre is a care home that is registered to provide accommodation and support for up to 38 people with dementia and mental health needs. At the time of the inspection, 30 people lived at the service. The home is established over two adjoined houses with facilities that include dining and lounge areas, adapted bathrooms and a lift to access the first floor. People have access to a large level rear garden.

People's experience of using this service:
People felt safe living at the home and were very complimentary about the manager and staff in the way they cared for them. Improvements had been made to the deployment of staff since our last inspection. We saw people who were cared for in their bedrooms had regular checks on their safety and well-being.

Staff understood how to keep people safe without restricting their liberty and promoted positive risk taking . There had been a decrease in the number of safeguarding and whistle blowing notifications since the last inspection indicating people received safe care in line with their needs.
Safe systems were in place to manage people's medicines. The home was kept clean and odour free and staff followed infection control measures.

People were supported in line with the Mental Capacity Act 2005 and their consent to care was obtained. Staff understood how to support people whose liberty was restricted for their safety. Staff received training and support to develop their skills and care for people effectively. People were supported to maintain a healthy diet with additional specialist support from professionals where needed.

People were consistently complementary about the caring nature of the staff. People had been involved in developing their care plan and their independence was promoted with age appropriate opportunities to pursue. People had access to activities and regular stimulation with plans in place to further develop people's hobbies and interests.

People, relatives and staff all commented that the home was well managed and improvements had been made to benefit people. The manager had promoted a positive culture so that people were treated with care and compassion. The provider's audits and checks were consistently carried out and had been effective in identifying areas and making improvements.

More information is in the detailed findings below.

Rating at last inspection: Requires improvement (report published 29 January 2018).

Why we inspected:
This was a planned inspection based on the rating at the last inspection. At the last inspection on 24 and 26 October 2017, the key questions around Safe, Responsive and Well led were rated 'requires improvement'. This was due to concerns around staff deployment, people's involvement in the development and review of

their care plans and checks and audits not being carried out effectively. At this inspection we found that there had been improvements and the overall rating has now improved to Good.

Enforcement:
No enforcement action was required.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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? 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**

Cedarwood 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector.

Service and service type:
Cedarwood Care Centre is a care home. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had completed their Fit for Purpose interview with CQC and were waiting to be registered. This means that once registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided .

Notice of inspection:
This inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as accidents and abuse; and we sought and received feedback from the local authority. We assessed the Provider Information Return (PIR) the provider had submitted. Providers are required to send us a PIR at least once annually to give some key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with eight people and three relatives to ask about their experience of the

care provided. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two members of care staff, a senior staff member, the manager, the regional manager and a registered manager from the providers sister home. We reviewed a range of records. This included electronic daily notes and care records for three people and six people's medicine records. We reviewed the complaints records, and a range of the providers own audits relating to the management of the home. This included checks on fire systems and equipment and feedback results from surveys.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from risk of abuse
• People told us that they felt safe. One person said, "I am safe here because the staff check me, even at night they pop in when I'm in bed, it gives me piece of mind". A relative told us, "I used to worry about safety but I can honestly say the staff are more vigilant, we've spoken about safe strategies and the staff follow them to keep my relative safe from harm".
• There were effective safeguarding systems in place and staff had been trained and knew how to recognise and escalate potential abuse. One member of staff told us, "I did report a concern and the manager took immediate action".
• Records showed the manager had notified appropriate agencies where harm or abuse was suspected.
• The service works with external agencies to promote people's safety and prevent abuse. The provider told us in their PIR, 'We have used the safeguarding system to support two residents this year from two types of abuse which has made them safe and secure in the homes environment'. Staff confirmed they were aware of people's protection plans and how to promote safer outcomes .
•There were no current safeguarding concerns at this service.

Assessing risk, safety monitoring and management
• Risk assessments were in place to help reduce risks to people's safety. Staff understood how to keep people safe, for example, we saw some people were supported with their nutrition and fluids where they were at risk of losing weight. A relative told us, "I feel staff understand the risks and provide consistent support and monitoring ".
• Records showed that checks were carried out on the building and equipment used to ensure people were kept safe. Fire safety procedures were understood and there were no hazards to people's safety within the communal environment.

Staffing and recruitment
• During the last inspection we found that deployment of staff was not always carried out effectively. During this inspection we saw people who remained in their bedrooms, had regular checks and support. People and their relatives said there were enough staff to meet their needs. One person told us, "Yes, I think there is enough staff, I get help when I need it". A relative said, "There were previously issues with staff but there has been new staff and there seems to be enough".
• The provider told us in their PIR, 'We have reduced the need for agency [staff] by approximately 70% by employing new staff'. The manager told us utilising their own bank staff meant people had more consistency.
• Staff told us rotas were planned with enough staff. We saw staff were deployed to ensure people in other parts of the home were regularly checked.
• We sought and received feedback from the local authority who work with the service. They reported they

had no concerns about staffing • Staff confirmed they had been required to undergo recruitment checks before their employment commenced. Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks .

Using medicines safely
• People were receiving their medicines when they should and when they needed. We saw staff following safe protocols for the administration of medicines . The storage of medicines was safe and checks on temperature controls were in place.
• Some people required medication 'as and when' required. The electronic records did not include specific details as to the symptoms to look for to give these. We discussed this with the manager who updated the system on-site. There was no impact from this because staff could describe the circumstances in which to administer medicines.
• Dates of opening were not in place for one prescribed item, but was for another. We discussed this with the manager who rectified this on-site. There was no impact for the person as the item was still in date and safe to use.
• Where medicines were prescribed to be given covertly, [concealed in food] we saw
the procedures to protect people with limited capacity without their knowledge or consent, were followed.

Preventing and controlling infection
• People were happy that the home was kept clean, fresh and free from odours. We saw staff used personal protective equipment to reduce the risk of infection.

Learning lessons when things go wrong
The manager reviewed incidents for any lessons to be learned. For example, action had been taken to introduce safer systems regarding managing medicines such as Warfarin, where the dosage can change. This was to prevent wrong dosages being administered.

Good

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

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
● People's needs were assessed and included recommendations from other professionals and agencies. For example, where legal decisions were made in relation to a person's safety. This ensured the expected outcomes for the person are known, understood and followed by staff.
● People's needs were assessed monthly and as needs changed to ensure they received care that supported their needs. For example, pressure care relief.
● People were supported by staff who understood their needs. Staff followed best practice guidelines to promote good outcomes for people. For example, we saw they provided pressure care relief on a consistent basis. We saw they supported people's nutritional needs. We saw they made referrals to healthcare professionals appropriately to deliver care in line with people's mental health needs.

Staff support: induction, training, skills and experience
● People told us staff knew how to help them. We saw staff supported people correctly when moving and handling them.
●Staff reported that their induction and training provided them with the skills needed. One staff member said, "I've done training in managing behaviour, dementia care, diversity, and manual handling, I feel I have the skills". All new staff completed the care certificate as part of their induction. The provider had dedicated training team and a schedule of training which included specific training relevant to people's needs, for example, pressure care management.
● The PIR showed the provider had a skilled staff team with the majority having completed nationally recognised training such as NVQ level 2.
● Staff spoke positively about 1:1 supervision and support. Staff said they felt motivated because the manager guided them, explained to them and made expectations clear. One staff member said, "The manager gives a lot of support and makes us aware of the standards she expects".

Supporting people to eat and drink enough to maintain a balanced diet
● People told us and we saw they had choices of meals.
● A relative spoke positively about meal choices, improved nutrition and access to fruit to support their family member's needs.
● We saw people had support they needed to eat and drink.
● Staff monitored people's food and fluid intake where they were at risk of losing weight or dehydration.
● Appropriate professionals such as a dietician had been sourced to improve people's diets.

Staff working with other agencies to provide consistent, effective, timely care

● Staff worked with the mental health team and we saw this partnership led to positive outcomes for a person.
● Staff had successfully worked alongside professionals in supporting a person who had experienced severe neglect. There was evidence this had positive outcomes for the person, enabling them to walk again.

Adapting service, design, decoration to meet people's needs
● There were several communal areas which were spacious and enabled people to have a choice of who they socialised with.
● A relative told us how they were pleased with recent improvements to the environment in terms of decoration and furnishing.
● Bedrooms were personalised; for example, a person had their own kettle to make drinks.
● The rear garden had been levelled, planting areas created and benches made available to improve outside facilities for people to enjoy.
● Plans for a new kitchen and conservatory were underway.

Supporting people to live healthier lives, access healthcare services and support
● People told us they had access to opticians, dentist, the GP and district nurses. We saw specialist advice from the mental health team was followed.
● Staff understood people's health needs and we saw they followed advice such as providing pressure relief so people achieved better health outcomes.
● Staff regularly communicated information on people's changing health needs and care plans were updated to reflect changes.
● Two relatives told us how well staff had assisted their family members to improve their mobility, and that this had reduced the number of falls they had.

Ensuring consent to care and treatment in line with law and guidance
● The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met .
● Advocates and family members were involved in making best interests decisions and representing people's views and this was documented.
● People told us they made their own decisions about their daily routines and care.
● Where people did not have capacity to make decisions, Mental Capacity assessments had been completed appropriately and DoLS applications had been made.
● Where conditions were in place regarding people's liberty we saw these were observed for a person's safety.
● Staff understood the restrictions in place for people and how to support people, for example, where people were unable to leave the building.

Good

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

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.

● Everyone spoke positively about the caring nature of staff. One person said, "They are all very kind to all of us".
● Relatives commented on the positive relations between staff and people. One relative said, "There's been new staff, the atmosphere is so much better, staff are very kind and they interact with people and staff smile which is so nice to see".
● Staff clearly knew people well and how to make them happy. For example, we heard how they taped a TV show for a person to watch the following day as they were too tired to watch it live each week.
● We observed staff interacted with people on a regular basis, making them comfortable, chatting or just spending time with them.
● We saw people were very tactile with staff; happy to hug and kiss them when greeting or leaving showing they knew staff and felt comfortable with them.
● Staff were aware of people's diversity and we heard examples of how they supported people with their religion, culture and sexuality. In addition, we saw staff understood and used effective measures to communicate with people in their preferred way.

Supporting people to express their views and be involved in making decisions about their care
● We saw staff offer people choices and people confirmed they decided what they ate, wore or how they spent their time. People told us there were no rules about bed times or rising and could have a shower or bath when they wanted to.

Respecting and promoting people's privacy, dignity and independence
● Staff were respectful of people's privacy; and maintained confidentiality.
● People's independence was promoted by staff. Some people had been supported to develop new skills to leave the home independently and safely.
● Account had been taken of people's age so that they had opportunities more suited to their age to develop their independence. For example, one person shopped independently following support from staff.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● During the last inspection we found people were not always involved in the planning and review of their care. During this inspection we saw that action had been taken to improve.
People and relatives told us they had been involved in developing and reviewing their care plan. One relative told us, "I've had meetings and gone through the plan so it is suitable". People's care plans contained information for staff on how best to support people with aspects of their care. This included any medical conditions, communication needs and or supporting people's diversity. We saw examples of supporting people's diversity which confirmed people received care responsive to their specific needs . For example, staff understood how support people's sexual orientation to ensure they did not experience discrimination but felt safe and to be able to be themselves.
● Recommendations from health professionals were included in plans to ensure people received the right support. For example, staff could explain how they supported people's mental health.
● People were being supported with their individual interests. For example, we saw people utilised community amenities such as going shopping or out for social events such as meals or pubs. Staff told us local shops know people by name. Regular religious leaders visit and people were supported to visit the doctor or dentist wherever possible. People had access to their own social media and T. V's. People could spend their leisure time as they chose. Staff initiated activities for people in-house such as games, music, art, dancing. We saw people were encouraged to participate and enjoyed these. Further improvements were being developed such as Pizza making, gardening and plant potting to enable people to do the things they were interested in.
● Links with the local community were being strengthened. For example, plans were underway for local schools to visit and work alongside people.

Improving care quality in response to complaints or concerns
● Systems were in place to manage and respond to any complaints or any concerns raised. Complaints had been addressed and improvements made because of complaints. For example, timescales for re-ordering medication had been improved.

● There was a very consistent response from people regarding their confidence in raising any issues. They all spoke positively that their concerns would be addressed.

End of life care and support
● There was no one in receipt of end of life care. Staff had received training in this area and were able to

describe the importance of managing pain and people's comfort needs.
● People's wishes and preferences were sought.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

• There was a new manager and people knew who they were. One person told us, "She's very nice, speaks to me every day". We saw the manager was visible to people and took time to interact with them.
• People felt the service was well managed. One person told us, "She, [manager], does a good job, it is a nice home". A relative told us, "There's been a lot of improvements especially the staff. They are far more interested and caring towards people". Another relative said, "It needed better management and the new manager has been great; gets things done, listens to us, it has definitely made a difference since she arrived".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The new manager had been in post for several months. We heard from staff that leadership had improved. Staff spoke positively about the support provided by the manager and how this enabled them to provide good standards of care for people. One member of staff told us, "Things have improved a lot, she puts the residents first, she guides us and I am really happy to work here". The provider told us in their PIR, they recognised the need for consistent management and were keen to improve staff attitudes. We heard from staff that these improvements were evident. The manager had applied to be registered with the Care Quality Commission. She understood regulatory requirements and notified us of events as required by the law.
• Communication between staff was good; handovers between shifts were used to share important information. The use of hand held electronic records provided up to date information so that people received consistent appropriate care. For example, pressure relief at the right frequency.
• All staff have equality and diversity training and staff reported this had improved their practice with people and created an improved culture within the home. Staff were positive about the training they received. They understood how to raise any concerns via the service's whistleblowing procedure to protect people. Appropriate action had been taken regarding the conduct and performance of staff. A relative said, "Some staff had a poor attitude but they got rid of them, things are so much better".
• The previous inspection identified that the quality assurance processes to monitor and assess the quality of the care provided were ineffective. During this inspection we found the manager and area manager completed checks on all aspects of the service and reviewed these. For example, the number of falls, safeguardings and accidents. This enabled them to take action to reduce reoccurrences. The audit process included spot checks from managers of the providers other homes. In their PIR the provider told us, 'We have what we call sister visiting; one of the sister homes come and look at the audits and processes to see if

we are meeting the policies and procedures'. We saw these checks were used consistently to ensure where improvements were needed, these were identified and acted upon. Because of this, improvements had been made to the environment, staffing and staff training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People had opportunities to share their views about the quality of the service provided via meetings in which they could discuss the service and new developments.
• Surveys were used to gain people's feedback. Results of feedback centred around several changes in management. The new manager was addressing this; she had an open-door policy and had developed positive relations with relatives and felt improvements had been made. A new survey is planned to review the impact of the changes they have made.

Continuous learning and improving care
• There were systems to monitor and improve continuous learning. For example, in their PIR the provider told us, 'Part of our observation supervisions enable us to monitor staff's interaction with residents - which then allows us to promote improvement'. This initiative was said by staff to help them deliver a better standard of care.

Working in partnership with others
• Positive links had been forged with health professionals to support people's health and we saw referrals to these were timely.
• The manager actively worked alongside social care and legal professionals to monitor the safety of a person. There were examples of effective liaison with the mental health team to develop people's skills and positive risk taking.