London Residential Healthcare Limited

Cedar View Care Centre

Inspection report

1 Stanhope Road
Croydon
Surrey
CR0 5NS

Tel: 02086810668
Website: www.lrh-homes.com

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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

This unannounced inspection took place on 28 and 29 March 2017. This was the first inspection of the service.

Cedar View Care Centre is a four storey purpose built residential nursing home on the outskirts of Croydon that provides a nursing, support and personal care service for up to 65 older people. It was divided into three areas Maple on the ground floor, Poplar on the first floor and Willow on the second floor. Access between floors was provided by two passenger lifts. On the day of our inspection Poplar had not yet opened and there were twenty seven people using the service.

The service had a library, hairdressing salon, laundry, a coffee area, children's play area, a cinema and sweet shop, an art gallery, secure gardens and access to the local park. Each floor had two sitting rooms one of which had an adjacent dining area and a kitchenette. The bedrooms were single en-suite and there were two larger suites also located on each floor. The catering department, laundry, staff room and some amenities for people were located in the basement area. The environment had different coloured zones and appeared light, clean and well maintained.

The registered manager was not at the service when we inspected and we were told they had recently resigned but were still on a period of notice. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The service was being managed by the deputy manager and the operations manager. The operations manager explained that the post of service manager had been advertised and they were hoping to recruit as soon as the right candidate could be found. Both the deputy and operations manager gave us assurance that the service was being managed effectively during this time.

People and their relatives told us they felt safe at the service. Staff knew how to recognise signs of potential abuse and followed the right reporting procedures.
People were supported by staff who received appropriate training and support to do their job well. Staff felt supported by managers. There were enough qualified and skilled staff at the service.

Care records focused on people as individuals and gave clear information for staff. People who used the service and their relatives were complimentary about staff and the quality and the standard of care received. Staff supported people in a way which was kind, caring, and respectful.

The service had systems in place for the safe storage, administration and recording of medicines.

People made positive comments about the food at the service and preferences and dietary needs were being met. Staff were attentive while supporting people at mealtimes to ensure people had sufficient amounts to eat and drink and they communicated with people in a kind and sensitive way. People's nutritional needs were monitored and appropriate actions taken where required.

Staff were aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) that ensured people's rights were protected.
People enjoyed a variety of activities and spoke positively about the activity co-ordinator.

People and staff were asked for their views on how to improve the service. Staff felt listened to and supported by their manager.

The provider had systems in place to help them understand the quality of the care and support people received. Accidents and incidents were reported and examined. The manager and staff used this information to make improvements to the service.

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. There were arrangements in place to protect people from the risk of abuse and harm.

Staff were aware of the risks people may face and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

The provider had effective staff recruitment and selection processes in place and there were enough staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. Staff felt supported and received on-going training and regular management supervision.

People were supported to eat and drink sufficient amounts of nutritious well-presented meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and had access to health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring. People told us they were happy at living at Cedar View Care Centre and staff treated them with respect and dignity. Staff knew about people's life histories, interests and preferences.

Is the service responsive?

Good

The service was responsive. People's care records contained person centred information and detailed people's individual needs, their likes and dislikes and preferences.

A range of activities were available including one to one and group events.

The service responded to and investigated complaints appropriately.

Is the service well-led?

Good

The service was well-led. People and their relatives spoke positively about the care and attitude of staff and the managers. Staff told us that the deputy and operations manager were approachable, supportive and listened to them.

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

Cedar View Care Centre

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 28 and 29 March 2017, the first day was unannounced. The inspection team included one inspector and a bank inspector.

Some of the people at the home were living with dementia and were not fully able to tell us their views and experiences. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the care and support people received in the communal areas of the service.

We talked to eight people using the service, three relatives who were visiting. We spoke with the operations manager and the deputy manager and 12 staff members who included nursing, care staff, the activities coordinator, housekeeping staff and the chef. We spoke with one health professional involved with the care of people in the home.

We reviewed the care records for 12 people residing in the home and looked at how medicines were managed and the records relating to this. We checked four staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

Good

Is the service safe?

Our findings

People told us they felt safe and trusted the staff at Cedar View Care Centre. Comments included, "I'm quite happy", "I'm fine" and "I trust them [the staff]". One relative told us, "I feel comfortable leaving [my relative] here." The service had policies and procedures for safeguarding vulnerable adults and the staff we spoke with had a good understanding of how they kept people safe within the service, would recognise signs of abuse and report any concerns they had. One staff member told us, "Our priority is our resident's safety and we respect them". Staff had received training in safeguarding vulnerable adults as part of their induction programme with on-going refreshers as part of their mandatory yearly training.

Staff followed effective risk management strategies to keep people safe. People's care records contained a set of risk assessments, which identified the health risks and hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. For example, one person's records gave guidance to staff on what to do when the person became upset and suggested different strategies to calm them and the best ways to communicate should this happen. Risk assessments included nutrition and hydration using the Malnutrition Universal Screening Tool (MUST) assessment which included monitoring of monthly weight, medication, use of call bell, Waterlow, body mapping charts, use of bed rails, moving and handling, behaviour, mobilisation, and falls. Staff told us that risk assessments were reviewed on a monthly basis and we saw records which confirmed this.

Accidents and incidents were recorded and analysed each month, this helped identify any trends or patterns and allowed managers to put systems in place, when necessary, to keep people safe. The deputy manager explained how they had identified a pattern with people having falls, they recognised falls were more frequent at certain times of the day so arranged additional staff cover over these periods which resulted in a drop in the number of incidents.

The provider had systems in place to promote a safe environment. The service was well presented and safely maintained and there were records to support this. Fire safety systems were in place and staff told us that they had undertaken Fire safety training and participated in fire drills. Each person had a personal emergency evacuation plan (PEEP) for the risk level associated with evacuating them safely in the event of a fire and we saw records of these. The maintenance manager told us they carried out regular checks of emergency exits, fire doors, fire call points, emergency lighting and fire fighting equipment and up to date records were seen.

Recruitment checks were carried out before people could work at the service. Each staff file had a checklist to show that the necessary identity and recruitment checks had been completed. These included proof of identification, references, qualifications, employment history and checks with the Disclosure and Barring Service.

People and their relatives told us there were enough staff to meet people's needs but told us previously the service had seemed short staffed at weekends. One person told us, "No problem with staffing but I felt there could have been more staff on duty at weekends." We spoke with the deputy manager about the staffing

levels at the service, they explained they had been short staffed on occasion but had just completed a recruitment program and had a number of new care staff and nurses waiting to start. In the meantime staff were helping from a sister service and this gave some flexibility in the short term. Throughout our visit people received support when they requested or needed it. We observed that staff were present in communal areas at all times. Staff told us they felt staffing levels were sufficient and explained staffing was increased or adjusted appropriately according to people's needs. Records confirmed staffing levels at the service. The provider employed separate domestic, kitchen, laundry and maintenance staff so care staff could focus on the people who used the service.

People's medicines were managed safely, we looked at the storage and administration of medicines on both floors. The medication rooms were kept locked when not in use, access was limited to designated staff. Medicines were stored in a securely locked cabinet and the medicine trolleys were chained to the wall when not in use. Air conditioning units were located in the medication rooms and there was adequate storage space. The drug fridges temperatures were checked on a daily basis and up to date records were seen. The service's policies and procedures for ordering, receiving, storage, administering and recording medicines were seen and staff confirmed they had access to these documents. A monthly ordering system was in place with a designated local pharmacy. Information displayed on the front of each person's Medicine Administration Record (MAR) chart included their personal details, their photograph, the name of their GP, their room number and any known allergies. This helped to minimise the risk of people being given the wrong medicine. Records we looked at were correct and up to date, they contained information about how the person would like to take their medicines. Some people were prescribed medicines on an 'as required' basis. There were individual protocols in place for each person and records showed that these medicines were only used in the circumstances set out in people's care records. When people using the service received covert medicines (Covert is the term used when medicine is administered in a disguised way without the knowledge or consent of the person receiving them) we found this was being carried out in accordance with the service's policy. This had included consultation and discussion with people's family, the GP, the pharmacist and the registered nurse overseeing the care plan. Records were held of meetings and the decisions made in people's best interests to administer medicines covertly.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. Staff told us there were good opportunities for training and gave examples of courses attended such as safeguarding adults, moving and handling, COSHH, control of infection and use of personal protective clothing, record keeping, privacy and dignity, complaints management, health and safety, medication, dementia awareness, Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS), Fire Safety and managing challenging behaviour.

All new staff received an induction that introduced them to the home, taught them the basics they needed to know and the policies and procedures. The deputy manager explained new staff worked through skills for care handbooks. Skill for care covers a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide good quality and compassionate care and support. Records were kept of staff training and work was on-going to produce a matrix where staff training needs could be easily highlighted. Staff attended team meetings and had regular supervision and support to enable them to carry out their roles effectively they told us they felt comfortable asking for more training and felt the deputy manager would accommodate them if she were able.

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 Act 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. 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. The manager had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Staff we spoke with understood their responsibilities regarding MCA and DoLS. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit. People's capacity to make decisions and consent to treatment was regularly monitored by the service and recorded in their care plans.

People told us they were offered a choice of food and drink at meal times and most people were happy with the quality of food. Comments included, "The food is nice", "The food is OK…if I don't want something I can have alternatives...sometimes I ask for a tuna salad" and "The food is good, it was better last week…I get tea and coffee when I want it." One relative told us, "The food is very good and there is plenty of choice". One person we spoke with explained they had found it hard to eat lunch that day because they were on a soft diet and they felt the food was too solid for them to eat. We spoke with the deputy manager who

immediately spoke with the chef to provide an alternative for the person and ensured the kitchen staff were aware for future meals.

We observed lunchtime on both floors, on the ground floor people were shown the options available on the menu as prepared plates of food ready for them to choose their preferred option, people were offered a selection of beverages including juices, water, beer and wine. When people needed assistance staff encouraged people in a dignified and respectful way. On the second floor people were not offered a choice in the same way but staff appeared to know people's preference and were sure to check with people that they were enjoying their meal and ask if they wanted any more.

People's nutritional risk was assessed and monitored. Care records contained details of people's weight and nutritional assessments, healthcare professionals were involved when people were identified as being at risk, for example, from choking or malnutrition.

People had access to healthcare services and received on-going healthcare support. Staff told us that the service received weekly visits from the local GP surgery every week and that as people's health needs changed there would be a referral made to the relevant professional for advice and guidance. Care plans contained the outcomes of visits undertaken and records of advice which had been provided by a range of professionals including GPs, pharmacists, podiatrists, physiotherapists and information regarding attendances at hospital outpatient appointments. Staff also confirmed that relatives were informed of any changes and a record of communications with relatives was retained and seen in care plans. We spoke with a healthcare professional visiting the service following a referral by staff. They told us that the staff had been helpful and supportive and the person they saw told them that they were happy living at service.

Good

Is the service caring?

Our findings

People told us they were happy living at Cedar View Care Centre and they thought staff treated them well and were respectful towards them. Comments included, "I enjoy living here, the staff are lovely", "I get along with staff, they are OK", "The staff are very good, they spend a lot of time with some people…they listen to you and are always polite and if it's in their power they help you" and "the staff are caring…very respectful." One relative told us, "My family member is treated with respect." Another told us, "I have no problem with any of the staff."

We saw people could choose where to spend their time. People told us they could choose to get up and go to bed when they wanted. Records were made of individual preferences on admission, we saw that details were made of what the person liked and disliked, times for getting up and sleep patterns. One person told us, "I choose when I go to bed, I like to choose because I choose late."

People told us how they made use of the activities available especially the onsite cinema. One person told us, "I've been to the cinema many times, I go down anytime I like and recruit a few people to come with me if I can… My friend is coming in later today hopefully we will go to the cinema." We saw people enjoying the sweets from the pick and mix sweet shop by the cinema and we were shown the popcorn machine used at weekends.

Staff were knowledgeable about the care and support people required and care plans contained information of what people were able to do for themselves and what support they required including the use of equipment such as walking frames to support their independence. We observed staff talking to people in the dining areas and lounges and they were attentive and respectful in their approach and manner. Conversations were friendly and relaxed and demonstrated that staff were on good terms with the people they were caring for. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. During lunch staff took their time to sit and engage with people in a kind and friendly way treating them in an encouraging and dignified manner. One staff member made sure one person was in the correct seated position so they could eat their meal independently. Another person was asked if they wanted something different and offered condiments with their meal.

Staff were enthusiastic about their work and told us they were able to spend time with people. Comments from staff included, "I enjoy working here and caring for residents", "I love my residents and I am happy to help them", "Care is what I enjoy and every day is different" and "I love working with the residents, it's nice to see them happy and smiling." Staff had a good knowledge of people, their histories and their likes and dislikes and this helped them have conversations with people and helped staff understand what made people anxious or upset. We observed examples where staff were able to distract people with calming conversation if they became troubled and stop any escalation of behaviour that may challenge the service. Staff told us they had time to look through people's care records and this helped them learn about people and be better equipped to support them. During our inspection we noted that all care records were kept on the ground floor so it was difficult for staff supporting people on the second floor to review their knowledge about individuals. We spoke with the operations manager and the deputy director about the lack of

information for staff on this floor. They explained that once the service was full care records would be transferred to each floor however they would put something to place to help staff. During our inspection the operations manager put together an information sheet for each person on the second floor to be held with their daily notes and records. This gave staff a good overview of the person, their preferred name, their family relationships, allergies, best ways to communicate and mobilise, nutritional needs and how staff could best support with personal care.

We observed that people's privacy and dignity were respected, for example, staff always knocked on people's doors before entering and called people by their preferred name. One person told us, "Staff knock on my bedroom door before entering". People and their relatives told us there were no restrictions on visiting times and relatives told us they were made to feel welcome.

People were able to personalise their rooms with their own possessions, furniture and photographs one person showed us examples of things they had made in the past and the photographs they had of larger items they had crafted that were now with their family.

The home had end of life care arrangements in place to ensure people had a comfortable and dignified death and the home was working in partnership with St Christopher's Hospice to improve end of life care for people. We noted care records gave information about where people wished to spend their final days, who should be contacted and involved, and the type of service and funeral they wished to have, so people had a choice about what happened to them and in the event of their death and staff had the information they needed to ensure their final wishes would be respected.

Good

Is the service responsive?

Our findings

People told us they were happy with the support and care they received and their relatives felt they were involved with the assessment and planning of care. Pre-admission assessments were completed before people started to use the service and this provided important information about people's health and social needs and how staff could best support them. Information included contacts for family and healthcare professionals, past medical history, current medication, any known allergies, life history, social interests, hobbies, communication, mobility and dexterity, nutrition, personal care, continence, skin and wound care, behaviour, rest and sleep and planning future care. Staff told us this assessment was used to agree a care plan with the person and the person's family.

We looked at people's care plans and found details of how people wanted to receive their care and support. For example, one person found it calming when they were spoken to in their native language and the deputy manager confirmed there was one staff member that was able to do this. Another person did not eat meat and we observed that staff were aware of this at mealtimes offering a fish or a vegetarian alternative. We noted examples where families had contributed information about people's history, their likes and dislikes, things they liked to do, talk about, watch and listen to. For example, one person liked to watch certain television shows and another person liked to talk about their religion. This information helped staff get to know the person, have conversations with them about their past and provide more personalised care. One staff member explained, "We have a good knowledge of people, if we have time we will sit down and have a chat…from the start we have been encouraged [by managers] to interact with people."

Staff were clear about the handover routine. Notes about people's immediate care were recorded in daily notes and a general overview of people's individual needs was kept at the nurse station so staff could quickly access the information they needed to care for people. This detailed people's healthcare needs including dietary requirements. Weekly clinical risk meetings also allowed for people's healthcare and needs to be regularly assessed, recorded and reviewed.

The service had recently recruited an activities co-ordinator. People and their relatives all knew who the activities co-ordinator was and were very complementary about them. Comments included, "[The activity co-ordinator] is lovely, really nice and ever so caring. He came to see me this morning and yesterday", "[The activity co-ordinator] is very good with people" and "[The activity co-ordinator] manages marvellously, he wears himself out, he is at it all day long."
We spoke to the activities co-ordinator who told us, "It's fun…I have been able to get to know individual residents and their preferences including the previous hobbies and social activities which they enjoyed…I never leave people out…I will spend good quality time with people." They went on to explain how they would spend time with people who were unable to get out and about to stop them feeling socially isolated, this was confirmed by the people we spoke with.

The activities co-ordinator said that people's involvement in activities was recorded and their choice to participate or not was respected. We saw photographs of activities displayed on noticeboards in the service. We were told that the local clergy visit the centre weekly and visits to the church are arranged. We saw

people participating in a communion service during the morning and a bat and ball game in the afternoon. Other activities included musical entertainers, a mobile zoo and dancing and a cinema club. We heard about a gardening club that was about to be set up and spoke to one relative who had brought in some spare gardening tools so people could get involved.

People and their relatives told us they would complain if they had to, one person told us they had the opportunity to speak out at residents meetings and felt listened to, they said, "I feel comfortable making a complaint." People were given information on how to complain when they first started using the service. There was a complaints procedure which clearly outlined the process and timescales for dealing with complaints. The operations manager and the deputy manager took concerns and complaints about the service seriously with any issues investigated, recorded and acted upon. We looked at the complaints made over the last year and noted they been used as an opportunity for learning and improvement.

Good

Is the service well-led?

Our findings

The registered manager was not at the service when we inspected and we were told they had recently resigned but were still on a period of notice. The service was being managed by the deputy manager and the operations manager. There was an open and welcoming atmosphere at the service during our inspection and both the operations manager and the deputy were visible and on hand to help people and staff. During our second day of inspection the deputy manager who was also the nursing lead stepped in to help staff when a person became unwell, their approach was calm, professional and focused. They ensured the person was safe and staff were supported and felt confident before they continued with their other managerial responsibilities.

Staff were positive about the management of the home, they told us, "The managers are very kind, they are always talking to us, when we need something we can talk to them", "[The deputy manager] is very good any concerns I see her, she is good at problem solving" and "[The deputy manager] is fantastic and [the operations manager] is very supportive I can go to either."

People and their relatives were involved in developing the service. Regular resident and relatives meetings gave opportunity for issues to be discussed such as staffing levels, activities, maintenance and catering. Feedback from people was recorded and the latest minuets from the relatives meeting held in March 2017 contained an action plan from points that had been made. The action plan detailed what needed to be done, by who and when.

Regular staff, nursing and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels. Minutes included areas for improvement and guidance to staff for the day to day running of the service. For example, we noted a discussion around the lessons learnt from a recent incident and how staff should be vigilant and report any issue going forward. Short daily meetings were held with team leaders such as maintenance, catering, housekeeping and nursing. This helped address more immediate issues relating to people's care and the running of the service.

Quality assurance systems were in place. Weekly and monthly audits such as medicine audits, infection control, health and safety checks and fire safety were in place to ensure people were safe. A monthly manager's report gave information to the management team such as incidents, accidents, complaints, compliments and any statutory notifications the provider is required to send to the Commission or the Local Authority. Every two months an assessment and monitoring visit was completed by the provider to highlight any areas for improvement. Where issues had been identified, recommendations were made and improvements monitored.