Caretech Community Services (No.2) Limited

Cedar House

Inspection report

208 Barnet Road
Akley
Barnet
Hertfordshire
EN5 3LF

Tel: 02084404545

Date of inspection visit:
05 October 2016

Date of publication:
03 November 2016

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good

Summary of findings

Overall summary

This inspection took place on 30 September and 5 October 2016 and was unannounced on both days.

Cedar House is registered to provide accommodation with nursing and personal care, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 12 people.
There were six people living in the home at the time of this inspection and one person using the service for regular respite care.

The people living in the home all had multiple disabilities and needed full support with all aspects of daily living. The home is registered as a nursing home and there is one nurse on duty 24 hours a day plus support workers. The home is fully wheelchair accessible and has appropriate bathroom and hoist facilities for people with physical disabilities. Caretech Community Services (No.2) Ltd run this home and are referred to in this report as "the provider."

The manager of Cedar House was registered by the Care Quality Commission on 3 October 2016 and has been managing Cedar House for ten months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 10 June 2016. Breaches of legal requirements were found. We served a warning notice on the provider requiring them to make improvements and become compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe Care and treatment.

We undertook this focused inspection to check that they had now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedar House on our website at www.cqc.org.uk".

At the June inspection we found that the provider was not providing safe care and treatment. This was because they were not providing appropriate treatment for people with diabetes and they had not assessed the risks to people at night. Also, they had taken no action to monitor people who were at risk of having seizures at night. They also failed to ensure medicines were managed safely. Only one nurse had been assessed as competent to manage people's medicines.

We checked all those concerns at this inspection and found the provider and registered manager had made all the necessary improvements to meet the requirements of the warning notice.

The care of a person with diabetes had improved and was being monitored by the registered manager and the lead nurse daily. Medicines were being given safely and managed appropriately.

Staff were monitoring people at night to ensure they were safe and well. All nurses had been assessed as competent to give and manage medicines.

During the inspection people were cared for well, kept safe from harm and staff supported them well with personal care, eating and drinking and taking part in their daily activities. People enjoyed music, massage, looking at books with staff, going to a daycentre, hydrotherapy and for a haircut during the inspection.

Staff told us they worked well as a team and were confident in the leadership of the home. People's representatives (relatives, advocates and professionals involved in their care) told us they had seen improvements in the quality of care and had no concerns.

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. People had risk assessments detailing all risks to their health, safety and wellbeing and advising staff how to reduce the risks. There were written guidelines for staff to help them to provide safe care. Staff were monitoring people's health and safety at night more effectively.

Medicines were managed appropriately and safely since the last inspection.

The service was following the advice of healthcare professionals to ensure that eating support and physiotherapy was carried out safely and that people who had diabetes and/ epilepsy were receiving appropriate safe treatment for those conditions.

Cedar House

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Cedar House on 30 September and 5 October 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our June 2016 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector, an inspection manager and a pharmacist inspector.

Before the inspection we reviewed all the information we had about Cedar House including notifications and safeguarding alerts made by the provider as well as information provided by other interested parties such as the local authority and relatives.

At this inspection, we talked with the registered manager, clinical lead nurse, the provider's compliance manager, a nurse on duty, the activity coordinator and four support workers.

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 observed breakfast and lunchtime with two people. We observed staff interacting with people in the lounge, supporting them to eat and drink and giving medicines.

As people were unable to talk for themselves we spoke with a representative (a relative, healthcare professional or advocate) for the six people in the home.

We looked around the building; all communal rooms, two bathrooms, sensory room and three people's bedrooms.

We looked at a number of records including; mealtime support guidelines and medicines records for all six people, support plans, health action plans and risk assessments for three people, equipment audit records and staff competency assessments.

Good

Is the service safe?

Our findings

The representative of one person living at Cedar House told us they were, "well looked after" and "settled and comfortable." Another said, "they are safe, there are no problems at all."

We saw that people had risk assessments which were all updated within the last six months and reviewed monthly. Risk assessments covered areas such as taking medicines, nutrition, use of bed rails and hoists, baths and showers and epilepsy. Staff had signed to say they had read and understood the risk assessments. All files included detailed epilepsy risk assessments and guided staff on what signs to look out for and actions to take including recording on seizures chart and being aware of triggers to seizures.

Since the last inspection when we found night time care was not satisfactory, improvements have been made in night time care. Each person had a risk assessment regarding the risk of seizures at night and the manager had made a referral to the local epilepsy nurse specialist to assess the best way of supporting people with epilepsy at night and were waiting for the nurse to visit. In the meantime the provider had purchased video monitors for people who had epilepsy which were used by night staff to monitor people in between their hourly checks. This enabled them to see immediately if somebody needed support during the night.

The management team had also referred two people to see a neurologist to review their epilepsy treatment. For one person this had resulted in having fewer seizures which was very positive. All staff had completed training in epilepsy and this training had been provided again in July by the local authority. All nurses and five support workers had a qualification in health or social care and three others were studying for National Vocational Qualifications at the time of this inspection.

Risks were addressed and at the same time staff encouraged people to be as independent as possible and to take part in a variety of activities. There were risk assessments in place for each activity so that staff knew how to keep the person safe. On the day of the inspection three people went to a daycentre, one went to hydrotherapy, one went to the barber then had a massage and one spent one to one time listening to stories with staff and having a massage. Staff took emergency medicines out with them in case they were needed.

Staff were acting on the advice of professionals and carrying out recommended physiotherapy and appropriate support with eating and drinking. They had also requested healthcare professionals to review people's medical conditions such as asthma and diabetes which was proactive.

Since the previous inspection we received information that staff were not always supporting people to eat and drink safely. People needed thickener measured into drinks and food to be of a specific consistency to minimise the risk of them aspirating and choking on their food and drinks. Individual guidelines were available for staff to follow. Previously some staff had not always recognised the signs of aspiration and choking and had not taken the correct action when a person coughed when eating or drinking.

All staff had attended recent refresher training by a speech and language therapist and occupational

therapist on how to safely support people who have swallowing difficulties and to ensure a safe and pleasant mealtime experience. We observed four staff on the day of the inspection when they were helping people to eat or to have a drink. We found that they were following the professional guidelines appropriately and ensuring that food and drink was of the correct consistency to minimise risks. Staff took time to ensure people had swallowed one mouthful before offering the next. They also ensured people were sitting upright and ready to eat or drink. This was good practice. We asked two staff what they would do if a person started coughing or choking and they knew the correct steps to follow and had been trained in emergency first aid.

Where there had been instances of unsafe care practice, the manager had taken immediate action to ensure people were cared for safely.

We found that the management team had made all the improvements necessary to ensure that people received their prescribed medicines safely and appropriately. All nine nurses working in the home had been assessed as competent at medicines management since the last inspection. Support workers had completed training in administering medicines but had not yet carried this out.

The equipment people used on a daily basis was regularly maintained. Staff told us that if anything was not working safely they would report to the manager and the provider's maintenance team responded quickly to repair broken items.

People's hoists were inspected by an external company and the management team inspected wheelchairs and hoist slings monthly. Staff cleaned and checked suction machines and nebulisers daily. We saw the cleaning records for the suction machines from July 2016 onwards and these were completed, indicating that the machines were kept clean to prevent infection.

We noted that the lounge carpet was stained and dirty. At the time of the inspection a person had physiotherapy on the floor in a bathroom on a mat and would not have been able to do this in the lounge due to the poor condition of the carpet.

We recommend that the provider takes action to make the lounge floorcovering hygienic, clean and homely.

Staff tested the water temperatures in people's bathrooms weekly to ensure the temperature was safe to prevent risk of scalding.

At our last inspection nurses were not following the treatment protocol for a person's diabetes correctly. This was being followed properly at the time of this inspection. Additional safeguards were in place as the registered manager or clinical lead nurse checked the records every day and signed them to ensure the correct protocol was followed. The care and treatment given to the person with diabetes was now safe and in accordance with specialist instructions.

We observed staff interacting with people in a person-centred and safe caring way and we saw people respond to staff by smiling and laughing. We used a structured observation tool and found people received positive interaction from staff and were content.

Medicines were given safely and managed appropriately. We observed a nurse giving medicines and saw they followed safety and good practice guidance including wearing gloves to administer medicines into a person's PEG feed and explaining to the person what they were doing throughout the process. Medicines Administration Records were completed accurately and were clear and easy to follow. The protocols for management of each person's medical conditions were available in their files for staff to follow. Protocols

for conditions where urgent treatment may be required (epilepsy and diabetes) were also kept in the medicines room for immediate access by nurses. Nurses and the manager were knowledgeable about individual's medical needs. The activity coordinator who goes out with people every day knew the epilepsy emergency medicines protocols and was able to tell us exactly when each person would require rescue medicines when having a seizure.

All Medicines Administration Records were clear and correctly completed, there were no gaps and all medicines were in stock and stored securely and appropriately. Where there had previously been errors in applying creams and in giving the correct amount of a liquid medicine, the management team had ensured that these had been improved and carried out daily checks to ensure all medicines were given appropriately. Insulin was stored and given safely. Staff arranged for the GP to prescribe liquid medicine for people who could not take tablets.

There was a minor discrepancy in one person's Health Action Plan and this was revised by the Clinical Lead when we pointed this out. This had not caused any risk as the guidance for nurses in the medicines folder was correct and was being followed safely.