

Care UK Community Partnerships Ltd

Cedrus House

Inspection report

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23 October 2017

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

The inspection took place on 20 and 23 October 2017 and was unannounced. The service had previously been inspected on 27 June 2016.

Cedrus House provides accommodation, nursing and personal care for up to 70 people. At the time of our inspection there were 63 people living in the service. There are six individual units within the building. Each floor is divided into two suites, with each suite having its own dining room and living area.

There was a registered manager in post. 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.

Our previous inspection of 4 July 2016 found that the service was rated as Good overall, but we found that improvements were needed in Well-Led, we found that staff had not consistently followed clinical guidance and the key question was rated as Requires Improvement. During this inspection we found that sufficient improvements had been made in this area and we rated Well-Led key question as Good. All the other key questions apart from Safe have been rated as Good, unfortunately Safe has been rated as Required Improvement. Overall, Cedrus House has been rated as Good.

There had been several significant thefts from people using the service since our last inspection in July 2016. The provider had taken advice from the police, who had investigated the thefts, and had taken steps to protect people from this abuse and were working towards identifying the thief. There had been no further thefts since our inspection, but we could not be confident that the action taken would be effective enough to stop the thefts from happening. People told us that, although the experience was upsetting and worrying, they believed the registered manager was taking appropriate action to stop their money and property going missing.

During this inspection, people who lived in the service told us that they felt safe and well cared for. They believed that the staff knew what support they needed and that they were trained to meet those needs and to keep them safe. There were enough staff on duty, including senior staff, catering and housekeeping, to protect people from harm. Risks to people were assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily. People's medicines were managed safely.

People were asked for their consent by staff before supporting them in their day to day care. Staff were provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

We saw many examples of positive and caring interactions between the staff and people who lived in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their needs. The service listened to people's experiences, concerns and complaints. They took steps to investigate complaints and to make any changes needed.

The service was well led by the registered manager who felt they were well supported by their line manager, the regional director and the organisation. People using the service and the staff they managed told us that the registered manager was open, supportive and had good management skills. There were systems in place to monitor the quality of service the organisation offered people. Statutory notifications received showed us that the registered manager understood their registration requirements.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

There had been several significant thefts from people using the service. The provider had taken steps to protect people from this abuse but we could not be confident that the action taken would be effective enough to stop the thefts from happening.

There were sufficient staff to keep people safe and the recruitment process was robust and checked that the staff were suitable people to be working with vulnerable people.

People's risk assessments helped to protect people from risks without restricting their independence unnecessarily.

People's medicines were managed and stored appropriately.

Is the service effective?

Good 

The service remains Good

Is the service caring?

Good 

The service remains Good

Is the service responsive?

Good 

The service remains Good

Is the service well-led?

Good 

The service was well-led.

The registered manager was committed and was proactive in providing a high standard service which was centred on the needs of people who used the service.

Processes were in place to monitor the quality of the service and action was taken when it was identified that improvements were required.

Cedrus House

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 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.

This comprehensive unannounced inspection took place on 20 and 23 October 2017, and was undertaken by an inspector, a specialist nurse advisor 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.

We brought this inspection forward because we were concerned after being informed by the service that there had been a high number of significant thefts from people who used the service. We wanted to check that they were taking appropriate action to try to stop the thefts. We found they had taken action, but we could not be confident that the action would be effective enough to stop the thefts from happening. One person's relative told us that the staffing levels were not high enough to keep people safe and well cared for. We found that there were sufficient numbers of staff on duty to properly support people.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We also looked at information we held about the service including notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the previous inspection reports and the action plan which the service had supplied following this inspection.

During the inspection 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 reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

During our inspection, we spoke with 12 people, four relatives, the registered manager, the regional director, three nurses and five care staff. We reviewed nine care files, six staff recruitment files and their support

records, audits and policies that were held at the service.

Is the service safe?

Our findings

During our last comprehensive inspection, on 27 June 2016 we rated this key question as Good. At this inspection, we rated this key question Requires Improvement.

People told us that they felt safe living at the service. One person said, "I feel safe and secure in myself but I am a bit wary about things because about a year ago I had £100 taken from my room. It looks like that has stopped because nothing else has happened to me." Another person said, "I'm fine here but to be honest I didn't want to leave my home. I'm not worried about anything."

A relative told us, "[My relative] is very safe here and I can go away without feeling anxious. The carers do a good job." Another relative said, "Things can't be fully right as someone is stealing money. [My relative] had money stolen from [their] room in January, [their] bag was taken. Other than that, there are no real concerns. The carers are very good with [my relative] and they know precisely what [they] need. When the hoist is used there are always two carers involved."

The registered manager confirmed that there had been a high number of thefts from people and they had taken action immediately to try to stop them. They reported each theft to the police and the local authority safeguarding team, they reminded people to stay vigilant and to keep their money safe, and each person had a lockable area in their bedroom. They also asked people and their families to limit the amount of money they kept in their bedrooms. The use of the office safe was offered to people for the safekeeping of their valuables. The police investigated the thefts and gave the registered manager advice on how they could prevent them and how to identify the person responsible for stealing people's property. Staff were asked and were happy to cooperate with being searched when money was reported being lost. One staff member said, "It's horrible to think this is going on, I wouldn't hesitate to tell if I knew who was stealing people's money and things." Another staff told us, "It's not nice being searched, but I'll put up with it to stop this happening."

It was evident that the registered manager had taken action to try to stop the thefts; there had been no reported thefts since 12 October 2017. However, this was not a sufficient time lapse to reassure us that the people's belongings were safe and that they were properly protected against having their belongings and money stolen.

One person told us, "I have every confidence in the staff here, so I'm going to feel secure here aren't I?" Staff knew how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the organisation's safeguarding and 'whistle-blowing' policies. When concerns were raised the service notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. One staff member said, "I won't stand for people being abused and will always report any suspicions I have." Another told us, "The people in my care can't stand up for themselves, but I will."

Risks had been assessed and steps had been put in place to safeguard people from harm without restricting

their independence unnecessarily. Risks to individual people had been identified and action had been taken to protect people from harm. For example, the risk of being hurt if they fell, we saw there was guidance for staff on what support people required to reduce the risk without impinging on people's independence. This meant that people could continue to make decisions and choices for themselves.

Records showed us that people who had developed eating difficulties and those that had been assessed as being at risk of not getting enough to eat to keep themselves healthy were receiving the care they needed to prevent deterioration and to eat a healthy diet.

The service ensured that risk assessments associated with emergency situations were carried out. For example, there was a fire risk assessment in place that was up to date and reviewed as needed and each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed in times of emergency.

To help ensure that people were safe regular health and safety checks were carried out regarding the building and environment, such as legionella water checks, fire alarm tests and fire drills.

A relative of a person who lived in the service told us that they did not feel there were enough staff on duty to keep their relative safe. When we spoke to the registered manager and the regional director they were able to show us digital evidence that, on the day in question, the full number of staff rostered for that shift were on duty. The relatives visit was late in the evening and the registered manager suggested that staff may not have appear visible because they were supporting people to go to get ready for bed. A printout of the call bell system did not show that people had to wait unduly long for the staff to attend to them.

People and staff told us that there were enough staff working at the service. One person told us, "I did have a fall. I pulled the cord and they were with me quickly, I got help quickly" One person's relative said, "[My relative] can't ring the bell but I know [the staff] pop in to see all is well with [them]."

During our inspection, we found that there were enough staff on duty to keep people safe and to meet their needs. The registered manager calculated how many staff were required to support people by using a recognised dependency tool. The rotas were planned well in advance and on examination showed the staffing levels reflected what we had seen on the day of our inspection and what we had been told about the planned staffing levels. We observed over the two days of the inspection that the call bell was answered quickly, without delay. This meant there was sufficient numbers staff to meet people's needs.

The registered manager told us that they checked the call bell records, if they found that any calls were not answered within three minutes they investigated what had happened and why people did not get help quickly when they needed it. They also apologised to the person who had to wait for help and assured them staff had been reminded to act quickly.

Staff were recruited in a safe way. Records included the information the law required for staff appointed. This included full employment histories and references. There were also enhanced checks on people's backgrounds with the Disclosure and Barring Service (DBS). DBS checks verify whether applicants have any criminal records and whether they are barred from working in care services. This contributed to protecting people from the employment of unsuitable staff.

Medicines were safely managed. Staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed. Records were comprehensive and well kept. Staff were observed administering medicines appropriately and told us they were confident that people

received medicines as they were intended.

Is the service effective?

Our findings

During our last comprehensive inspection, on 27 June 2016 we rated this key question as Good. At this inspection, we found the service remains Good.

Staff told us that they had the training and support they needed to carry out their role effectively. Records evidenced that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. Staff were offered the opportunity to request training and discuss career progression in these sessions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made and sent to the local authority to be authorised.

Staff continued to demonstrate they understood the MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently in areas they were able to. Staff demonstrated they knew people well, and this enabled them to support people to make their own decisions, for example what time they went to bed, what to wear or whether they wanted a bath or a shower.

One person told us, "The carers encourage me to be independent every step of the way. I accept I need help washing my legs, but apart from that, I can do most things. I like having a bath. There's a particular carer I like to help me with that as [they] know how I like things done."

The service had ensured that people were supported to maintain a balanced diet. People were complimentary about the food, they made comments like, "The food is good. If I don't like it and I want something else, they'll get it for me." In addition, "The food is lovely and I look forward to my meals," and, "The food is delicious, that's the only word for it. Mind you, I'm not a faddy eater. Put it in front of me and it's gone. There's a choice and if I don't like it then I can ask for something else."

One person's relatives said, "I used to eat here but the first class chef has gone. I don't enjoy the meals anymore." The registered manager acknowledged that a change of staff had led to the quality of the food going down. However, this was recognised, a new chef had been recruited, and the registered manager now believed quality had improved again.

The service had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight. A relative told us, "[My relative] has pureed food. [The staff] are very good because they know not to give [them] pureed chicken or fish. They feed [them] very carefully."

People were supported to maintain good health. Records demonstrated that the staff were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. One person told us that, "I am confident that if I was ill they would call a doctor."

Is the service caring?

Our findings

During our last comprehensive inspection, on 27 June 2016 we rated this key question as Good. At this inspection, we found the service remains Good.

We saw examples of positive and caring interactions between the staff and people living in the service. People were able to express their views, staff listened to what they said, and made sure their decisions were acted on. One person said, "I love the staff here. They are so friendly. Anything I need they will try to get for me. I feel I have a lovely relationship with them. I'll say, 'Where have you been all this time, I've been waiting for you?' They'll answer back, '... you are a downright troublemaker,' and tap on my table. It makes me laugh and feel good inside. There's a lovely atmosphere here." Another person said, "Everybody is lovely, I can't say any more than that."

When staff spoke with people, they were polite and courteous. We saw two staff were supporting one person in one of the dining rooms. They were anxious and became unsettled. The staff listened to what the person was saying, spoke calmly, gave support and the person became less anxious and became calm.

Relatives were complimentary about how staff treated their family members. One relative told us that they thought their relative's key worker was excellent. The key worker made a suggestion that made life easier for them, their relative had not been able to get out of bed and the key worker suggested using a recliner on wheels so they could leave their bedroom. The person's relative told us, "Now [my relative] is out of bed for four hours a day and they are much more alert."

Relatives told us they were able to visit whenever they wanted to and were always made to feel welcome. A relative told us, "I visit so much I am part of the furniture. I always get offered a cup of tea. I chat to the staff and vice versa. As a visitor it makes me feel good and valued." Another relative said, "I have a nice rapport with everyone here and they are easy to talk to. The carers are very knowledgeable about all the residents and they are discreet. [My relative] matters to them, in fact, they think the world of [them] and it is lovely for me to feel that. If we're sat together in the entrance area they will call [their] name and wave."

People, where able, were involved in planning their own care. People important to them were also involved. Regular reviews of people's care were carried out and they and their relatives were invited to take part in the review.

People's right to privacy and dignity was respected and promoted. One person told us, "They are all kind and treat me with respect. I feel that I matter."

Staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed on an ongoing basis. A staff member told us, "We take our time and give people a chance to do things at their own pace. If they need help we will offer it."

Is the service responsive?

Our findings

During our last comprehensive inspection, on 27 June 2016 we rated this key question as Good. At this inspection, we found the service remains Good.

The service ensured that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to get to know people quickly and to offer support in the way they wanted to be supported. Care plans were detailed and were kept under regular review. They were kept secure.

The care plans were detailed enough to give staff a good understanding of people's preferences and life experiences. This helped staff to support people to engage in meaningful activities that they enjoyed.

People told us that there were social events that they could participate in, both individual and group activities. One person said, "I can get about, so keep myself occupied. I'm busy outdoors when I can. I tell the gardener where to plant things like tomatoes. I love gardening." Another person told us that they joined in with the group activities, "I go to the cinema and to singing. I like reading and the TV. No, I don't get bored. I didn't like leaving my home but it's become a second home to me. I am very lucky to feel that."

People told us that they could have visitors whenever they wanted them. Part of the reception area was a comfortable coffee lounge, where people could sit and relax with their relatives and friends and enjoy a drink and piece of cake, at any time, throughout the day.

The service routinely listened to people to improve the service on offer. One person said, "There are residents meetings, I like going to them we air our views and make suggestions for trips out."

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and dealt with properly. One person told us, "If I had a complaint I'd take it to the boss, she would get things done."

Is the service well-led?

Our findings

During our last comprehensive inspection, on 27 June 2016 we rated this key question as Requires Improvement. This was because we found that not all procedures had been fully embedded into practice. For example, clinical guidance in relation to determining what action was needed in regards to people who were at risk of developing certain infections.

At this inspection, we found the service had taken the necessary action to embed good practice into the service people received. People's care notes were person centred and accurate. They held all the information that staff needed to be able get to know them and to meet each individual's needs. On this occasion, we rated this key question as Good.

There was a registered manager in post, they had been working in the service and registered since April 2015. During our inspection, the registered manager was transparent in their conversations with us.

People told us that the registered manager was accessible. One person said, "I get on well with [the registered manager]. If I need anything [they will] do [their] best to get it. Everybody here works well together. Work has to be done and they do it. I reckon there are enough staff." Another person told us, "The place seems to run well and because I'm happy here it says a lot." A relative told us that the registered manager was friendly and available if people wanted to speak with them. They felt they could approach the registered manager if they had any problems, and that they would listen to their concerns. The relative said, "I can raise concerns very easily. [The registered manager] listens to me and acts on it. [They were] approachable about any little niggles, no problem. We are always made most welcome here. I wouldn't move [my relative] anywhere else."

The registered manager was often seen around the home and would stop to say hello and ask how people were as they passed by. Staff said the registered manager was very visible and supportive.

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the registered manager if they had any problems and that they would listen to their concerns. Staff said that the registered manager put people's needs first and looked for ways to make them happy.

The registered manager and the provider continued to assess the quality of the service through a regular programme of audits and observations that were undertaken weekly, monthly and quarterly. We saw that these quality audit systems were capable of identifying shortfalls which needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.