

Making Space

Cedar House

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

About the service

Cedar House is a respite service providing short term accommodation and personal care and support for up to seven adults with physical and learning disabilities as well as people with autism. At the time of our inspection three people were using the service. There is also a small supported living group home for adults with learning disabilities who receive personal care. Five people were using this service at the time of our inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Relatives of people using the respite service said their family member enjoyed their visits and staff were very responsive to their individual needs. Routine was important for some people to maintain their well-being and we were told staff were careful to maintain their routines. People receiving personal care in supported living, said they were happy and staff provided the care and support they needed.

People were protected from avoidable harm and abuse by staff who were alert to the signs of abuse and knowledgeable about the action to take if they identified a concern. Staffing levels were planned to take into account people's individual needs. Medicines were managed safely and people told us staff ensured they received their medicines regularly.

Staff were supported to deliver effective care and received training to gain and further develop their knowledge and skills. They received regular supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were kind and caring and showed empathy and respect for the people they cared for. They protected people's privacy and dignity, and supported them to express their views.

Staff were aware of each person's needs and preferences and they received personalised care, tailored to their needs and wishes. People and families told us staff were flexible and willing to accommodate changes to their care and support needs. People were supported to maintain a healthy, varied and balanced diet. Staff worked with health and social care professionals to ensure people received coordinated and consistent care.

There was good leadership and management of the service. Quality audits were completed to monitor the service provided and identify areas for improvement. Staff and people using the service were able to express their views; they felt they were listened to and any concerns were addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 06 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Cedar House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cedar House is a 'care home' that provides short term respite care for people with physical disabilities, learning disabilities and/ or autism. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, there was a manager in post who was in the process of registering with the Care Quality Commission.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since our last inspection and sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one set of relatives about their experience of the care provided. We spoke with six members of staff including the manager, regional manager, senior care workers and a care worker. We observed care being provided in communal areas.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at additional information the provider gave us including training data and staff rosters. We spoke with two more relatives whose family members regularly use the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at the service. A person told us there were always staff available if they needed assistance and said staff accompanied them when they left the service as they needed support. Relatives felt their family member was safe when using the service. A relative said, "Safety is my main concern for [my relative] and I do feel they are safe."
- Staff understood their responsibilities to protect people from abuse and the action they should take if they identified a concern. They were clear about the reporting requirements and said that although initially they would report concerns to the manager, they were also able to report to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety, such as risks within the environment, kitchen safety, road safety and risks associated with behaviour such as self harm.
- Staff explained how they encouraged people to be as independent as possible, whilst keeping them safe. For example, some people had epilepsy and experienced seizures. They used assistive technology in the form of a sensor to alert staff when the person was having a seizure. This enabled staff to respond quickly when not present in the room; thus giving the person privacy and a greater degree of independence.
- The provider ensured that the required safety checks of the buildings and environment were completed. Each person had a plan providing information on their support needs if there was an emergency situation such as a fire, which required them to leave the building.

Staffing and recruitment

- Relatives said they felt there were generally enough staff to provide the support their family member required. During the inspection we observed staff providing the required levels of one to one support and they were attentive to people's needs. Staff said the staffing levels were sufficient and were adjusted to meet the changing numbers and dependency of people using the service. Rosters we reviewed confirmed this.
- Processes were in place for the safe recruitment of staff. The required recruitment checks were completed to reduce the risk of staff being employed who were unsuitable to work with vulnerable people.

Using medicines safely

- Staff managed people's medicines safely. Medicines were stored securely and staff ensured people received their medicines as prescribed. However, some liquid medicines and topical creams for people

receiving personal care, were not labelled with the date of opening, to ensure the shelf life was not exceeded. Staff and the manager said they would rectify this and ensure it was done on an ongoing basis.

- Staff received regular medicines training and competency assessments. Some people were prescribed medicines to be given in the event of a prolonged seizure. Staff had received training in relation to this and were knowledgeable about the requirements.

Preventing and controlling infection

- The service was mostly clean and tidy and a cleaning routine was in place to ensure all areas were cleaned regularly and the risk of infection minimised. We identified an issue with a bidet and action was taken to address this. A request had been already been made to the landlord to remove this as it was not used.

- Staff completed training in infection prevention and control and food hygiene. They were clear about their responsibilities when a person had an infection or in the event of an outbreak of infection.

Learning lessons when things go wrong

- Staff reported incidents and accidents and we saw they were reviewed and investigated by the manager. Actions to reduce the risk of similar incidents occurring again were identified and put into place.

- A monthly report on incidents and accidents was reviewed by the provider and the regional manager discussed actions with the manager during their regular visits to the service.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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 care and support needs were assessed prior to admission; this allowed the manager to ensure they were able to meet the person's needs and provide the required staffing levels.
- Up to date policies and procedures were in place and information was available to sign post staff to sources of best practice guidance such as an infection control advice line and safeguarding guidance.

Staff support: induction, training, skills and experience

- New staff received a planned induction which enabled them to complete the required training, familiarise themselves with policies, procedures and people's care needs and shadow more experienced staff. A member of staff said, "I received a lot of support from other staff here and we can always contact [the manager] if we have any issues."
- The provider's training matrix showed staff were mostly up to date with their training. They completed a wide range of training relevant to the needs of people using the service and said they could ask for additional training if they identified a need.
- Staff said they had regular supervision and an annual appraisal and records confirmed this. They said they received positive feedback and constructive guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat a nutritious and varied diet. Menus were planned on a weekly basis according to the preferences of people using the service. They provided a choice of meals and people said they could have something else to eat if they wished. Staff monitored people's nutritional intake and a relative told us how staff were working with them to promote healthy choices and reduce the person's snacks between meals to help them maintain a healthy weight.
- People told us they enjoyed the meals. People receiving support in supported living were encouraged to help with meal preparation and shopping for groceries.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked collaboratively with other services to provide consistent and coordinated care. For example, one person attended a special school and a copy of their behaviour support plan was available in their care plans to ensure staff used a consistent approach.
- Staff supported people to access healthcare services when needed. A person's care records showed they

had attended the opticians and had seen a neurologist in relation to their healthcare needs.

- People's care plans included plans to maintain their oral hygiene and access dental care when required. A person said staff encouraged them to brush their teeth regularly.

Adapting service, design, decoration to meet people's needs

- The accommodation was suitable for the needs of people with physical disabilities. Bedrooms and bathrooms were variable in size; however they were accessible and had sufficient space to manoeuvre mobility aids. Some had ceiling hoists and specialised equipment for moving and handling.
- Communal areas were pleasantly furnished and decorated. There was access to a large garden area with a trampoline that provided a pleasant environment for people to spend some time.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff asked people for their consent before providing care and support. When people could consent to their care they had completed consent documentation to confirm their consent.
- When people could not consent to some aspects of their care, staff assessed their capacity and described how decisions were made in their best interests in conjunction with their families and other people involved in their care. Mental capacity assessments were documented in some care records; documentation was not always comprehensive and best interest decisions in relation to some specific aspects of care were not recorded. The manager said they would review and rectify this immediately.
- The manager told us that the local authority had told them they were not required to submit DoLS applications for people receiving respite care on a short term basis. However, this was being reviewed and they were working with the local authority to identify the most appropriate way forward.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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

- Staff were kind and caring. People were clearly relaxed and happy with staff and we observed lots of positive interactions between them. A relative said of their family member, "They are happy when they are here and they look forward to coming. We can tell by the expression on their face when they arrive; they are smiling and happy." A person said, "I would say they (staff) are lovely, amazing, fantastic."
- Staff treated people as individuals and their diverse needs were accommodated. Staff understood the importance of routine and familiarity for some of the people they care for and made sure they followed this. A relative said, "They know (the person's) habits very well and that's important."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in planning their care and in making decisions. A relative told us how the manager was supporting their family member to move into a supported living environment as this would provide them with greater independence.
- The manager described how they arranged for a relative to attend a staff meeting to speak with staff about their family member's care and support needs prior to being admitted to the service. In this way they could have a full discussion and involvement in the care provided.
- Staff listened to people and gave them time to respond. They looked for non-verbal signs when people had limited verbal communication and checked they had understood correctly.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. They said they could spend time on their own if they wished or meet with others. Some people told us how they were supported to visit their family regularly and keep in touch with them.
- Staff were conversant with procedures to protect people's privacy and dignity when they were providing care. The provider had recently introduced additional training in relation to data protection, confidentiality and information governance.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a thorough knowledge of people's care and support needs and their preferences in relation to their care. Care plans provided were personalised and covered all aspects of each person's care. Staff updated these when changes occurred. Care records also provided detailed information about each person's preferred routine at different times of day.
- Relatives of people using the respite service said staff were flexible and whenever possible accommodated short notice requests and changes to planned dates and times for their family member's stay. A person said, "They usually manage to accommodate us somehow."
- Families of people using the respite service said communication was generally good and staff kept them informed of significant events. However, some relatives said they would appreciate more information about the person's stay when they returned home. We discussed this with the manager and they immediately obtained communication books to be introduced for each person that went home with them at the end of their stay.
- Some people had completed their own "This is me" documents to provide information about their interests, life history and relationships. When people could not complete these documents, care records contained similar information collected by staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People using the service had varied ability to communicate their wishes. Staff understood each person's communication needs and adapted their communication accordingly. Information was provided in a range of formats including large print, easy read formats and picture formats. Some people used flash cards and we saw these were readily available, while staff said others used computer systems or sign language. Most staff understood and were able to use basic sign language. Some staff had requested additional training in Makaton (Makaton uses signs and symbols to help people communicate), to extend their skills and the manager was exploring ways to access this training.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff identified people's interests and activities they enjoyed and documented these in their care plans. We noted a person in supported living had a weekly activity plan to enable them to plan their activities. A member of staff said, "Some people like to be busy all the time and like their routine." Another person's relative said their family member required prompting and encouragement to engage in activities and said staff made suggestions and encouraged their family member whilst respecting their wishes if they wanted some quiet time.
- Some people told us they had voluntary jobs. On the day of the inspection, one person was going to a nearby rescue centre with their carer where they walked dogs regularly. Another person helped at a local charity shop. This gave them a sense of pride and satisfaction and they felt part of the community. Another person was out at college.
- People were supported to maintain family relationships by being supported to visit family and speak with them on the telephone.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and relatives told us they were given information about how to make a complaint when their family member started to use the service. People in supported living said they would speak with a member of staff or the manager if they had a concern or complaint. They said the manager made themselves available and was easy to talk to. They were confident they would be listened to and their concerns addressed.

End of life care and support

- The service did not routinely provide end of life care. The manager said they would work with families and other professionals such as the palliative care team to ensure people received the individualised care they needed in the event of a person requiring such care.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The culture was open and inclusive and centred on providing individualised care. Staff created a happy and relaxed atmosphere where people felt comfortable and able to participate as much as possible. There were regular staff meetings to allow for full discussions about any developments within the service. The manager and staff were open to feedback and acted immediately to address issues we identified during the inspection.
- The manager was clear about the duty of candour, their responsibility to be open and honest with people and to apologise when things went wrong. We saw incidents and complaints were fully investigated and people were kept informed throughout the process.

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

- There was no registered manager in post at the time of the inspection. The previous registered manager had left the service and a new manager was in post. Their application to become the registered manager had been received by the CQC and was being processed.
- The manager was aware of their responsibilities for notifying us of events which happened in the service and we saw that required notifications had been completed.
- The provider and the manager carried out regular audits to monitor the quality of care provided and bring about improvements. We saw actions were identified from the audits and actions were taken to address. There were some outstanding actions from an independent fire risk assessment; however, these were the responsibility of the buildings landlord and the provider was progressing these with the landlord.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from people using the service and their families was obtained through surveys and informal feedback. Although the manager was new to the service, people knew who they were and said they were accessible and approachable. Families said they could contact the manager at any time.
- When appropriate family members were invited to staff team meetings. For example, a family member had attended a team meeting to give a talk about epilepsy. There were also family meetings, which were

open evenings when families could attend and have an open discussion with staff about their relative's care. The manager said they were intending to initiate quarterly meetings with families individually.

- The service had links with the local community. They attended local events, such as the school fetes and 'party in the park' as well as utilising local leisure services.

Continuous learning and improving care

- There was organisational oversight of the service with visits from the regional manager to review the quality of the service provided. Monthly reports were reviewed by the provider to ensure they maintained an understanding of performance and quality issues.

- The manager was clear about their priorities for improving the service and the actions needed. We found a commitment to continuous improvement of the service.