

United Care limited

Cedar Lodge Nursing Home

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 Lodge is a nursing home providing personal and nursing care to 29 people aged 65 and over at the time of the inspection. The service can support up to 36 people.

There is a large communal lounge area and adjoining dining room. People's bedrooms are situated on both the ground and first floor. Some bedrooms were for single occupancy and others were for shared occupancy. The service accommodates several people living with dementia.

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

People were supported by sufficient numbers of staff who were able to keep them safe. Risks to people's safety had been assessed and the staff had been safely recruited. All staff received training in recognising abuse.

People received their medicine as prescribed and staff adopted effective infection and prevention control measures. Lessons were learnt when things went wrong, and information was shared with the staff team.

People's care needs were holistically assessed, and staff received training to meet people's needs. People were supported to maintain a balanced diet and had good access to drinks throughout the day. People had access to healthcare and the staff team shared information to ensure consistent and effective care.

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 building had been adapted to meet people's needs however it was in the middle of a period of refurbishment.

People told us they were well treated, and staff worked to ensure people were involved in decisions about their care. People's privacy and dignity was respected.

People's care had been personalised to their needs, as far as possible. Support was given to ensure people were not isolated and able to interact with others. The accessible information standard had been met and people could access a complaints procedure should they need to. The systems were in place to support people with end of life care.

The service had a positive culture and effective governance systems were in place. Staff understood their duty of candour and managers and staff were clear about their roles. People were engaged with the service to ensure their feedback was received and there was a clear focus on working with others and continual

learning to improve the outcomes for all.

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 requires good (published 26 April 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 Lodge Nursing Home

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, an assistant inspector, a specialist 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.

Service and service type

Cedar lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, nurse on duty, administrator, care workers and the chef. We observed the interactions between people and the staff team throughout the day.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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.

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 were safeguarded from the risk of abuse by staff who were trained in recognising abuse. Staff told us they had the confidence to speak up if necessary. One staff member said, "I was given all the information on my induction about how to raise a concern and the various contact details I might need."
- The service displayed accessible information about safeguarding on a notice board. This ensured people and their families had constant access to up to date information and knew how to recognise and report a concern.

Assessing risk, safety monitoring and management

- People had risk assessments in place that were specific to their individual needs. For example, falls, mobility aids and bedrails. Each risk assessment had a risk management plan that gave staff specific directions on how each person needed to be supported.
- Risks within the environment were assessed and the required health and safety checks had been completed. For example, food testing in the kitchen and portable appliance testing of any electrical items.
- Fire safety had been fully assessed and each person had a personal emergency evacuation plan (PEEP) that was stored in an accessible place, in case of an emergency.

Staffing and recruitment

- People were supported by sufficient numbers of staff. One relative told us, "Staff are excellent, my [relative] needs two people to assist them and during our regular visit I noticed that there is always two members of staff available to help them. The staff seem to be trained to handle residents with extra care."
- Staff were recruited following the application of robust recruitment procedures. A staff member's character, qualification and experience were assessed prior to a position being offered.
- The home had a few nurse vacancies it was recruiting to. In the interim period, vacancies were being covered by nurses employed by the providers own agency service. This meant they could cover regular shifts and provide a consistent level of support to people.

Using medicines safely

- People received their medicine from nursing staff who were trained to administer medicine via a range of routes, including a gastric tube. We observed when people refused to take their medicine due to their mood, the nurse gave them some time and tried again later with more success.
- Some people required their medicine to be given covertly. We found the correct processes were in place and being followed by the nursing team.
- Medicine, including controlled drugs were stored correctly and in line with recommended guidance. Staff checked the medicine stock on a regular basis to ensure no errors had occurred.

Preventing and controlling infection

- People were protected from infection and the risk of cross contamination by a staff team who had been trained in infection control.
- Staff had access to personal and protective clothing (PPE) and used them as required. Staff understood how to barrier nurse someone with an infection, to ensure others were not put at risk.
- Domestic staff maintained a good standard of cleanliness and staff ensured people who maybe hesitant to have their room cleaned were given additional support.
- We questioned the lack of hand sanitiser around the home and were advised that due to some people's behaviours, the bottles had presented a hazard. We were told that alternative means were currently being explored.

Learning lessons when things go wrong

- Accident and incident forms were reviewed by the registered manager and any themes and trends were examined and discussed with the staff team.
- Action plans were devised where necessary. These included incidents where the service had done everything required but felt improvements could be made to people's overall experience. For example, if a family felt they had not received the correct information at the time.

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 needs were holistically assessed and reviewed on a regular basis. Assessments included skin integrity, moving and handling, continence care and the risk of malnutrition.
- Care plans outlined other professionals who were involved in the person's life. Copies of any professional reports and recommendations were available for staff to see.
- Many of the people living at the home had complex dementia and several families reported the positive progress their relative had experience since moving to the service. Examples included, co-operating more, eating better, increased socialisation and generally seeming happier in themselves.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the necessary training to fulfil their role. One staff member told us, "We review the training we have had at our appraisal and can request further training if needed. This is generally always approved."
- Staff had the necessary training to manage people with complex behaviour. One relative told us, "My [relative] is stubborn and can purposefully make situations difficult for the staff. The staff have the patience and appropriate skills to manage the situation and keep my [relative] calm. We feel fortunate to have our [relative] cared for by such a team of dedicated professionals."

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

- People were supported to maintain a balanced diet and had access to drinks and snacks throughout the day. One person told us, "The food is very good, it's always fresh everyday". Another person's relative told us, "The meals always look appetizing and well-presented."
- People's dietary needs were clearly documented, and the kitchen staff understood people's specific needs. For example, if someone needed a soft diet due to swallowing difficulties.
- The service was sensitive to the needs of people who were no longer able to feed themselves and ensured people were well supported to eat their meals.

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

- The service had clear handover documentation in place which ensured staff were up to date with people's physical and emotional needs.
- The registered manager informed us they planned all the new admissions. This was to ensure people had a smooth transition in to the service and to check information had been shared between agencies.

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

- The building was adapted to meet people's needs and was currently undergoing refurbishment. The dining room had recently been completed and furniture was replaced with bright coloured chairs, that better supported people with dementia.
- Bedrooms were personalised to people's own taste and were being refurbished as and when they became vacant.

Supporting people to live healthier lives, access healthcare services and support

- People were well supported to maintain their health needs and access health care services.
- People and their relatives told us they were supported to see the GP and other health professionals as needed.
- The service ensured people continued to attend outpatient appointment such as, orthopaedic and audiology. We saw on the day of inspection one person being supported to attend an appointment to get new hearing aids fitted.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Each person's capacity to make day to day decisions such as, receiving personal care or medicine had been assessed in line with the guidance.
- Where people lacked capacity, we could see the views of family and professionals had been considered. This ensured decisions made on people's behalf, were in their best interests.
- DoLS applications and their renewal dates were easily identifiable within people's care files.

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

- People told us the staff treated them well. People used words such as "supportive", "friendly" and "kind" to describe the staff team. One relative told us, "In a place where everyone is different, the staff are very patient"
- Staff undertook training in equality and diversity and knew people's protected characteristics such as, their race, religion and culture.

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

- Staff spoke to people throughout the day and tried to source their opinion on their care and how the day was going. Some people were able to respond however several people needed staff to read their body language to help understand them. One relative told us, "Despite the fact my [relative] has issues, the staff manage to communicate effectively."
- We saw some people refused aspects of their care. Each time the decision was respected, and staff tried a different approach at a later stage, which was usually effective.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "I respect the staff and they do respect me back. Sometimes we laugh and joke together. They are nice people and I am satisfied."
- Several people at the home were nursed in their bedrooms due to their current health needs. One relative told us, "My [relative] is bed bound and the staff always keep them clean and maintain their dignity. They respect them even though they cannot communicate. The staff keep their door open at all times, so they can easily check on them."
- We observed staff knocking on people's doors even when they were open, to ensure people knew someone was entering.
- At meal times we saw people being encouraged to eat independently and staff only intervening when necessary.

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

- People's care was personalised to their needs. Several families had supported the home in providing a life history of the person. This had enabled staff to get to know them better and engage in more meaningful conversation.
- The service didn't currently have an activity lead however on the day of inspection we saw a weekly active session being held. We also spoke with staff who told us that any activity ideas they have for people are supported. One staff member discussed a 'listening programme' they were being supported to set up. The staff member had researched the benefits of using music with people with dementia and was excited to see if this project would have a positive outcome for people.
- People had access to specialist dementia tools. For example, dolls and twiddle mats. Staff told us these were in place and used in people's rooms more than the communal spaces, due to the behaviours which can be exhibited.

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 had access to accessible information to ensure they knew what was happening in the service.

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

- People were supported to socialise with one another and we observed numerous interactions between people during the day. One relative told us, "My [relative] was missing social contact while they were at home but here people are always around them, which makes a positive impact on my [relative] life. My [relative] was a very quiet person but now they are a very different person who is more cheerful and talkative."
- We did observe that most people living at Cedar Lodge Nursing Home had dementia. One person told us, "It can get a bit lonely here, as a lot of the people can't talk to me. However, my family and friends visit, and the staff are very respectful."
- As part of combatting isolation the service was part of a project with Aston Villa football club aimed at building connections in the community. The project had been well received by the group and had led to some new connections for people.

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure which was explained in both the service guide and displayed on the notice board.
- All complaints received were investigated and the registered manager kept a log of the nature of any complaint, the findings from the investigation and any actions required.
- Feedback from any complaints received was shared with staff, even if the complaint was unsubstantiated. The registered manager explained "We can learn from all situations. I don't want anyone to have a bad experience, so we explore all possible improvements."

End of life care and support

- The service supported people with end of life care. At the time of inspection there was no one receiving this level of care. However, the systems and processes were in place to enable staff to alter people's care when required.
- Within people's care plans we saw best practice tools were used to record people's advanced wishes. Some people had specific end of life care plans. Any Do Not Attempt Resuscitation (DNAR) agreements were easily accessible. This ensured people's last wishes were respected.

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 good. At this inspection this key question has remained the same. 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

- Staff told us they felt well supported by the manager. One staff member said, "The manager is the reason I am here, she is really caring and there is nothing they would not do for people."
- The service kept a file of feedback they had received from families and professionals. Many positive comments were seen including, one from a senior social worker who had recently placed someone in the service. They described the home as having a 'warm atmosphere and an air of friendliness'.
- Relatives told us they were made to feel welcome and the staff had a positive impact on their loved one. One relative said "It's an open house, you can walk in at any time with no restriction. I never feel uncomfortable here. The manager is very approachable and easy to talk with."

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 service understood and acted upon its duty of candour. One relative told us, "My [relative] had banged their head and hurt themselves. The staff dealt with the situation very well. They called the ambulance and they immediately contacted the family. The one thing we like here, is there is sufficient communication between the home and the family."

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

- The registered manager had a range of systems and processes in place to enable them to monitor performance within the service.
- Regular audits, meetings and checks were carried out to ensure the service was being delivered in line with the regulations. The checks included reviewing care plans, call bell times, water temperatures and any incidents. The registered manager reviewed all the information gathered in the service and produced a clear set of actions that were completed in a timely manner.
- An annual development plan was in place which outlined the refurbishment work being planned but also included new activities people wanted to try.
- Whenever staff performance had been highlighted as an issue, we saw that additional support was given and if necessary, the disciplinary process was followed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged with the service as far as reasonably possible.
- Newsletters were produced on a frequent basis to keep people updated with information about the service and any future events.
- Meetings were held where people could discuss any issues, concerns or idea's, and quality assurance questionnaires were distributed during the year.

Continuous learning and improving care

- The service had many examples of where it had reviewed past events or incidents to ensure all learning opportunities were achieved.
- Best practice had been adopted including the use of the National Early Warning Score. This was a tool aimed at supporting nurses identify people whose health was deteriorating due to conditions such as, sepsis.

Working in partnership with others

- The service worked in partnership with others. The service had built up relationships with neighbouring care homes and they supported one another.
- The registered manager had developed a network of health and social care professionals, as well as community groups who supported people living at the service.