MGL Healthcare Limited

Cedardale Residential Home

Inspection report

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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

About the service
Cedardale is a care home providing personal care and accommodation for up to 29 people, on the day of inspection there was 25 people living at the service. The service supports older people and people living with dementia.

People's experience of using this service and what we found
The administering of medicines had not always been in line with people's care and support plans. Audits for medicines had not been completed recently which would have highlighted recording and reporting errors identified on inspection. After inspection the home manager immediately took action to rectify the errors found and make improvements.

People and their relatives told us they felt safe living at the service. Risk assessments were in place for people and guidance for staff to follow. The service was working within the current infection control guidance.

People were supported by staff who were adequately trained to meet their needs. The service assessed people's needs before admitting them into the service.
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.

People and their relatives told us the support they received was caring , kind and compassionate. Staff encouraged people to be as independent as possible. One relative told us, "There is always laughter when you visit".

People were receiving person-centred care and their communication needs were met. The registered manager supported a positive and person-centred approach to care.

The home manager worked well with other agencies to ensure joined up care was provided for people. Staff and relatives spoke positively about the management team.

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 20 December 2019)

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. We looked at infection prevention and control measures

under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedardale Residential Home on our website at www.cqc.org.uk.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
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 not always well-led. Details are in our well-Led findings below.	**Good**

Cedardale Residential 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of one inspector, one Expert by Experience and one special advisor of medicines and dementia. 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
Cedardale is a 'care home'. 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 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. The registered manager was overseeing another home manager within the service. The home manager was responsible for the day to day running of the service but also worked alongside the registered manager to ensure the service was managed effectively. The home manager intends on becoming the registered manager in the near future.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the home manager, duty manager, senior care workers, care workers, kitchen assistant and activities coordinator.

We reviewed a range of records. This included three 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.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and staff rotas.

Requires Improvement

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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● We were not assured people's medicines were managed safely. Staff are required to sign people's medicine administration records to indicate that the medicine has been given. On the day of inspection, we found missed signatures on people's medicine administration records. However, a count of stock medicines indicated the person had received it. The home manager had not recently completed a medicines audit which would have highlighted these shortfalls.

● One person was given an incorrect dose of their medicine which was not picked up until inspection. The manager immediately acted upon the error and sought health care advice retrospectively to ensure there had been no impact. The person had no health implications from this error.

● Immediately after inspection the home manager formed an action plan to address and correct any errors we had highlighted.

● Guidance was in place for 'as required' medicine to inform staff what the medicine was and when it should be required.

● Medicines were stored safely. Temperature checks were carried out daily to ensure the medicines were being stored at the correct temperature in line with recommended guidance.

Systems and processes to safeguard people from the risk of abuse

● People and their relatives told us they felt safe. One person told us, "I am as happy as I can be without being in my own home". Relative comments also included, "They are lovely, we have become friends" and, "I always thank the carers, they do a wonderful job".

● Staff received training in the safeguarding of vulnerable adults. Staff we spoke to understood how to identify and report safeguarding concerns. One staff member told us, "I would go straight to management or my senior if I had any safeguarding concerns".

● People were protected from the risk of abuse and harm. The home manager had a safeguarding policy in place. They understood their role, and the process of reporting safeguarding concerns.

Assessing risk, safety monitoring and management

● People's risks were well managed and individualised care plans included risk assessments specific to each person. For example, one person was at risk of falls. A falls risk assessment outlined ways to help prevent falls, such as adequate footwear and a sensor alert mat in their room.

● The risk assessments provided guidance to staff about the risk and action to take to minimise the risk. For example, one person's care plan stated they needed to be repositioned every 2 hours to reduce pressure areas. The daily notes confirmed that staff were doing this.

● The home manager had completed environmental risk assessments and checks to ensure the premises was safe. This included assessments for fire, animals living in the home, window restrictors and water safety.

● Staff had guidance to support people in the event of a fire. Staff had fire safety awareness training and people's personal emergency evacuation plans (PEEPS) were by the main exit. PEEPs outline the safest and quickest way to evacuate someone in the event of a fire, according to their personal needs. For example, one person needed assistance of two care staff and the use of a slide sheet.

Staffing and recruitment
● There were enough staff to meet people's care needs. One staff member said, "We have good levels at the moment considering the pandemic situation". Also, a person told us, "There is always someone around if anyone needs help".
● During the inspection we observed people being supported straight away by staff. One person told us, "You do not have to wait long if you need them when you are in bed". Another person told us, "I am quite independent so don't use the call bell, but they always pop their head in to see if I need anything".
● Safe recruitment processes were followed. The provider ensured pre-employment checks were complete before staff began working at the service. These checks included a current Disclosure and Barring Service criminal records check (DBS). DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong
● Staff recorded accidents and incidents where appropriate. Actions had been put in place to reduce further risk. For example, one person had a fall and they were referred to the falls team and an alert mat put in place so staff could offer their support.
● The home manager had carried out an analysis of the incidents and made changes where needed. For example, following an incident, the manager purchased a 'manager' which safely supports people into a sitting position when they have had a fall. The piece of equipment was used successfully when someone had a fall and the person made a full recovery.

Good

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 needs were fully assessed prior to moving into the service to ensure staff could meet people's needs safely. This was carried out in line with best practice guidance including protected characteristic under the Equalities Act 2010. This ensured people's protected characteristics such as disability or religion were positively promoted.
- People's care plans included different assessments around communication, mobility and social needs. People's needs were accessible to staff via the electronic care plans.
- Staff were able to tell us abouts people's needs. One staff member told us, "We have someone who is cared for in bed and is prone to pressure sores and skin tears. We have to apply creams and make sure the sheets are not wrinkled".

Staff support: induction, training, skills and experience

- Staff completed an induction before they started caring for people. One staff member told us, "I had a really good induction, I definitely felt confident to do my role". Another staff member explained to us although she began working nights, she also did induction days during the day to have an overall understanding of the 24 hour care the service provides.
- The home manager carried out regular supervisions for staff to provide support. One staff member told us, "We always have 1-1 supervisions and they are really useful".
- Staff had completed various training sessions to support people. Staff had also completed the Care Certificate. The Care Certificate is an agreed set of national standards that staff should demonstrate in their role.

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

- People's care plans outlined the support they from staff at mealtimes. One staff member told us, "We have some people who need thickener in their drinks and some people that have a modified or softer diet".
- People's individual dietary needs and preferences were met. Kitchen staff were able to tell us what dietary needs people had, "One person cannot have cheese because of her migraines and another person isn't able to have fish".
- People were supported to eat and drink a balanced diet. Staff were observed at lunch time offering people choice of drink and food. Staff also offered people drinks and snacks outside of mealtimes. One person told us, "The food is excellent and your never short of a cup of tea".

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

● People had access to health care services when they needed it. Staff told us the district nurse comes into to see people who need their support. For example, one person needed support to have a dressing changed and this visit had been documented.
● People's care plans documented information around their access to healthcare services. For example, consultations with GP, dentists, opticians and district nurses were all documented. Care plans also had a hospital passport with information relating to the person's medical background and care needs. A hospital passport allows staff to understand the needs of that person when being supported by a different health care service.
● Staff worked well as a team to provide effective care to people. There was a handover between each shift to ensure important information about people was passed over to the next shift.
● The home manager had a good working relationship with the GP. They told us they are able to contact the GP without issue which ensured people were able to get support straight away.

Adapting service, design, decoration to meet people's needs
● The service was adapted to meet the needs of people. There were pictorial signs around the home to help people's orientation. This included pictorial signs for the bathroom, garden, lounge, quite room and dining room. People's names and pictures were displayed on their bedroom doors.
● The home was undergoing refurbishments to improve the service. Residents told us they were happy with the recent refurbishments. One relative told us, "The home is a bit shabby, but they are trying to make improvements which is good".
● The garden was accessible for people living in the service. The garden was well maintained and had a ramp for easier access.

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.

● Staff had a good understanding of their responsibilities regarding DoLs and MCA. Staff had training in both these areas. Staff were able to tell us who were subject to a DoLs authorisation.
● Authorisations had been obtained when a person lacked capacity and needed a DoLs in place. The service knew how to manage conditions set by the DoLs team. Conditions are put in place to help ensure people's lives are restricted in least possible way. For example, supporting people to have regular access to the community.
●The home manager ensured people's mental capacity assessments involved relevant health care professionals. Relatives were also involved where appropriate.

Good

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 were treated and supported well. One person told us, "They are very kind and understanding". One relative also told us, "They are joyful and make you feel welcome".
- People's equality and diversity needs were supported. Pre-admissions assessments covered equality and diversity and fed through to the care plans. For example, people's religious beliefs were supported.
- We observed positive interactions between staff and people. One person told us, "I am a bit of a loner and prefer to stay in my room and they [staff] respect that".

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

- People were supported to have choice and freedom around their care. People told us they felt comfortable they were able to make their own decisions. One care plan stated that the person can decide themselves if they want to eat in the lounge or dining room.
- Staff told us how they supported people to make decisions. One staff member told us, "I always make sure I show them the plate of food or drink we have on offer".
- People were supported to express their religious beliefs. One person's care plan stated they were Catholic, and they like to attend the service in the home. The home has a wall of faith which reflects all religions and faiths.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent and encouraged to do things they liked. One person told us, "They help me going in the garden, it makes you feel better to get out".
- People's independence was encouraged by staff. Care plans detailed what areas of care they could do independently. One person's care plan stated they are independent with eating and drinking.
- People's privacy and dignity was supported. Staff were observed knocking on people's doors before entering their room. One staff member told us, "If we are delivering personal care, we make sure the door and curtains are shut to maintain their dignity".

Good

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 were receiving person centred care. Care plans identified individual needs and preferences. For example, oral hygiene, mobility, dietary needs, communication and emotional support. Staff had clear guidance to follow when supporting someone.

● Staff were knowledgeable about people's care. Daily records were completed by staff with each person's daily activities and the personal care delivered.

● People were able to maintain a routine that was personal to them. One person told us, "They don't make me get out of bed if I don't want to". A staff member told us, "I know their routines, one person always likes to get himself dressed and get his newspaper, then we help with breakfast".

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.

● Care plans had communication records in place to guide staff how best to communicate with people. This included whether they needed hearing aids or glasses for reading.

● The manager made sure documents were available in larger print for people that needed it. They also used flash cards when explaining to people the process for COVID-19 testing.

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 had been supported to keep in contact with relatives during COVID-19 pandemic. Staff told us they would use skype or they supported people to write letters to their family, if they didn't wish to use technology.

● People were supported to take part in activities. The service had an activities coordinator who managed activities. They knew what people liked and did not like doing. For example, they told us not many people liked arts and crafts but a lot of people liked participating in a singalong.

●The service had refurbished and outdoor shed into a 'pub'. This was a space people could freely access which provided a 'tuck shop' and different drinks. Staff told us people enjoyed reminiscing in the 'pub'.

●The service had identified people's likes and dislikes. One person told us, "I love reading so they got me more books when I came here". One relative told us, "Her [relative] hair and nails are always done".

Improving care quality in response to complaints or concerns

● Complaints and concerns were taken seriously by the home manager. The home manager had a complaints policy in place, and it was used as an opportunity to improve the service. However, the home manager told us they have not had any official complaints.
● One relative told us, "I have never had cause to complain, however I did raise an issue when my [relatives] hair was cut too short". This was mentioned to the home manager and assured it wouldn't happen again.
● People we spoke to felt they were able to make a complaint if they needed to. One person told us, "I've never had to complain about anything, I would speak to the deputy manager if I needed to".

End of life care and support
● The service supported people who were end of life care. Staff demonstrated an understanding of what end of life care looks like. One staff member told us, "We give them the tender loving care they need, which could be assisting with mouth care or just holding their hand".
● People's care plans outlined their end of life wishes. For example, one person's care plan detailed they had a funeral plan in place, and they had no religious wishes. A copy of the funeral plan was included in their care plan.

Good

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

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

● A Medicine audit had not recently been completed to highlight errors in the recording and reporting of medicines. On inspection, gaps were found on medicine administrations records. Immediately after inspection the home manager created an action plan to address the concerns.

● The home manager had other quality assurance audits in place. This included health and safety, staff training and call bell audits. The staff training audit highlighted which training sessions were due for renewal. The home manager was able to organise the training session to ensure staff were up to date with training.

● The home manager ensured referrals were made to other health care professionals. This included the district nurse, speech and language therapist and mental health team.

● The home manager understood their legal requirement to notify the Care Quality Commission about events and incidents regarding the service. The home manager also had their ratings on display.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People and their relatives spoke positively about their care. One person told us, "It is very good here, the staff are wonderful, they are cracking people". One relative told us, "I would say the staff are caring and dedicated".

●The home manager encouraged staff to raise concerns or ideas. They held monthly team meetings. One staff member told us, "We have team meetings are they are really useful".

● The home manager had a whistle blowing policy in place. When staff started the service, they had to confirm they had read the policy. The home manager also told us their door is always open. One staff member told us, "We can go to [home manager] with any concerns at any time".

● Staff told us the home manager was visible during their shifts for any support they needed. One staff member told us, "It's a really nice atmosphere here, like a home from home". One relative told us, "[The home manager] is on the ball, anything you ask of her she gets sorted straight away".

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

● Relatives were asked to compete surveys for feedback. The most recent survey included comments such as, "They [relative] are safe and secure at Cedardale", "Security and peace of mind is what I have" and "I am very pleased with the way staff look after my [relative]".

● Staff told us they felt supported and were able to give feedback to the home manager. One staff member told us, "They [home manager] is very approachable and fair, I really enjoy working here".
● The home manager worked well with other agencies. They worked with organisations such as district nurses and the podiatrist. The podiatrist regularly visited the home to support people's foot care.
● The home manager worked with the community to support people's interests. The home manager had arranged a volunteer to come in each week and sing with people. Staff told us this was really successful and was an activity people most enjoyed.

Continuous learning and improving care
● The home manager had improvements plans in place to improve the home environment for people. This included updating people's bedrooms, expand the outdoor pub and continue to re decorate. Relatives told us the home had improved since the home manager had started.
● Staff and management were positive with the outcomes they had achieved throughout the COVID-19 pandemic. Staff told us although it had been difficult, they felt they had done a good job at keeping people safe.
● The home manager worked with external organisations to make improvements in care. For example, the service was working with a pharmacy who gave advice on medicines management.

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 law requires providers to follow a duty of candour. This means that any unexpected incident or accident occurred regarding a person using a care service, the registered person must provide and apology and explanation to their representative. The provider understood their responsibilities regarding this.
● Care plans detailed when relatives had been contacted if there was an incident or accident.