

Croftwood Care UK Limited

The Cedars Residential Care Home

Inspection report

Brookfield Drive
Holmes Chapel
Crewe
Cheshire
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Tel: 01477532857

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Cedars Residential Care Home ("The Cedars") provides personal care for up to 27 people of different ages with a variety of health and care needs, including those living with dementia. At the time of inspection 24 people were living at this two-storey, purpose-built and accessible service in a residential area of Holmes Chapel.

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

People felt safe living at The Cedars and their experience of using the service was overall positive. One person said, "We are well looked after here. Where I was before, they did not know how to care for people. Here, they are smashing". A family member told us, "I could not be happier with how things have gone for [relative]. It was a massive change and has given them a new life, living here."

There was some slightly mixed feedback from people and relatives about ongoing improvements and the reliability of communication within the service. We considered that the frequency of meetings for people, relatives and staff could be increased to support this. We found that improvements were required to some aspects of service management. This included ensuring at times more robust improvement actions, to rectify issues identified by managers, people or relatives. We also highlighted a few areas of record-keeping to be improved.

People and relatives told us the service had much improved in different areas and staffing in particular had become more reliable. The use of agency staff had greatly reduced, which promoted consistency in people's care. The registered manager was developing evening and night staffing further, to help ensure appropriate support.

This change to staffing was to also ensure consistent medication procedures, as the service had identified that during busy evening times staff giving medicines might get distracted. Medication administration had been a focus for managers and this had led to improvements. However, we highlighted the need for at times more robust approaches to ensuring staff's medication competency. The registered manager was addressing this, and we made a recommendation.

The positive culture of the service was led by a dedicated registered manager who knew the service very well. In addition, a newly appointed, experienced deputy brought a further objective viewpoint of improvements required and actions to achieve this. People, relative and staff were involved in the service through newsletters and satisfaction questionnaires. Relatives had also left positive comments for the service on a national review website.

People were treated with kindness and respect by staff that knew them well. This was supported by person-centred care plans the registered manager had particularly focused on developing. The service worked with a variety of health and social care professionals to help people achieve good outcomes and promote their

wellbeing. There was a variety of activities on offer and an additional activities person had been employed. People were engaged in activities but felt there was room for further development. The registered manager was continuously exploring positive ways for the service to connect with the local community.

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.

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 improvement (published 1 August 2018). Since this rating was awarded the provider has altered its legal entity.

Why we inspected

This was a planned visit as per our inspection programme.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Cedars Residential Care 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 and one assistant inspector.

Service and service type

The Cedars Residential Care Home 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 the 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 all of this information to plan our inspection. 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.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, as well as care and activities staff. 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 reviewed a range of records. This included people's care and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including safety and quality checks, were reviewed.

Following the inspection

The registered manager sent us additional information, which we reviewed. This included information about staff training, compliments and a record of a recent compliance visit by the local authority.

Is the service safe?

Our findings

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

This is the first inspection for this service under its new registration. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Learning lessons when things go wrong; Staffing and recruitment;

- Managers had improved the safety of supporting people with their medicines. This had led to a clear reduction in errors. However, the service needed to ensure staff's medication competencies were completed regularly and when needed.
- Managers had had discussions with staff to identify causes for medication errors and the registered manager was updating all staff competencies. However, we considered this at times needed to be reviewed more promptly when possible competency issues had been identified.

We recommend the service continues to review staff's safe medication practice and ensures that relevant performance checks are carried out by appropriate, competent persons.

- The registered manager had analysed accidents, incidents and events, to identify actions to take to prevent reoccurrence. Managers had for example identified the need for additional evening and night-time staff, to help keep people safe and meet their needs, while ensuring staff giving medicines were less likely to be distracted.
- The registered manager had effectively re-staffed the service. People told us there were generally enough staff to meet their needs without having to wait. The use of agency staff had greatly reduced. A relative praised, "There is better continuity with staff. Last year was awful. There was always different staff, leaving and starting and the consistency was not there."
- Recruitment was ongoing, to ensure the additional evening shift and night shift could be covered consistently. New staff had been recruited following appropriate checks.
- To help people to be as independent with their medicines as possible, individualised 'self-medication risk assessments' had been completed. Medication care plans specified how people preferred to take their medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at The Cedars. One person said, "We are well looked after here. Where I was before, they did not know how to care for people. Here, they are smashing."
- Staff were aware of safeguarding responsibilities and had confidence in managers to address concerns.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed on an individual basis and reviewed regularly. As there were different assessments linked together, we highlighted as part of record-keeping improvements a couple of areas to review for consistency.

- However, measures had been put into place to protect people and staff were aware of these. People also explained to us how things helped to keep them safe. For example, one said, "This mat is here so if I do step on it, staff come straight away and make sure I do not fall."
- Regular health and safety checks of the premises and environment were completed. Some relatives felt equipment needed to be updated. They explained they were discussing this with the registered manager and were hoping to get it resolved.

Preventing and controlling infection

- The service appeared clean and hygienic throughout. Personal protective equipment, such as gloves or aprons, were available.

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.

This is the first inspection for this service under its new registration. This key question has been rated good. 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;
Supporting people to live healthier lives, access healthcare services and support

- The service worked with people, relatives and professionals to achieve good outcomes. For example, one family member told us, "We were really worried that [relative] would not cope but it was like a new chapter for them and they looked excited to start this new chapter in their life. This is a massive change and has given her another life living here. It has changed their life."
- Initial assessments were completed for people prior to moving into the service. These provided the basis for more in-depth plans, for example if people's short-term stays turned into long-term placements.
- Staff completed regular assessments of people's oral health. We highlighted to the registered manager relevant best practice guidance and staff training, to support knowledge of this further. However, there was also a positive example of staff working in partnership with a person, to provide confidence and effective support when going to see a dentist.

Staff support: induction, training, skills and experience

- Staff were well supported and guided to be competent in their role through induction, regular supervisions and a variety of training.
- We highlighted a few areas to review when documenting supervisions as part of improving robust record-keeping.

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

- When people were at risk of malnutrition, the service monitored them and ensured appropriate referrals to relevant professional. There were examples of people being supported to regain weight and people told us about the food, "It is good! You tend to put weight on."
- Relatives described the recent improvement in quality of people's food. Relatives told us, "[Name] used to complain about the food but now is satisfied with it" and "The food has improved recently, they give a choice of two things. Simple meals, fairly satisfactory. If people want something different, they will do something simple."
- Menus and food choices were discussed in 'residents' meetings' to obtain people's views. People's food preferences and dietary needs were recorded in their care plans.

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

- The service worked with a variety of professionals to promote or maintain people's health and wellbeing. We spoke with a visiting professional and they had no concerns about the service.
- People told us staff ensured they saw a doctor or other health professional when they needed one.

- The service worked with people, relatives and other professionals to reassess people if their needs changed, to help them explore more suitable types of care.

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

- The registered manager had made progress regarding creating a more dementia-friendly environment. This included the use of some contrasting colours, handrails and signage to help people to orientate themselves. They were looking to develop this further.
- People felt although they could use parts of the garden, accessibility of this could be improved. The registered manager was obtaining quotes to develop this.

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 found that they were.

- Staff sought people's consent before providing care.
- Deprivation of liberty checklists had been completed for each person. These led to mental capacity assessments and best interest meetings where needed, as well appropriate applications to the local authority.

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.

This is the first inspection for this service under its new registration. This key question has been rated good. 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 treated people with dignity and kindness. We observed warm person-centred interactions between people and staff, which showed they knew each other well. Staff spoke respectfully with people, sitting next to them at eye level and treating them as adults.
- All of the people we spoke with told us they felt well looked after and that the care they received was good. People's comments included, "The staff are good. You get a shower or bath when you need it, they make sure all well-presented, too" and "In the mornings they come in and help you to get up, they do it with good humour."
- The service provided a pleasant experience for people and staff endeavoured to create a homely, family-like feeling. At lunchtime, people at tables had conversations with each other and were encouraged eat at their own pace, with staff support on offer when needed. When people needed medication at lunchtime, this was given in a thoughtful and caring manner.
- The service had received many thank you cards from family members, that praised staff for their kindness. Relatives' compliments included, "Thank you for making us feel so welcome for the care you have provided for [name], they always enjoyed the friendly happy atmosphere at The Cedars" and "[Relative] received lots of TLC at The Cedars. The staff are warm, caring, cheerful and professional."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives were involved in the planning of and decisions over care. We saw examples of people's consent to their care plans being sought and appropriately recorded.
- A 'service user guide' signposted people to independent advocacy services, should they require someone to speak up on their behalf.
- People's care plans encouraged respect for their strengths, abilities and independence. Plans described what people were able to do for themselves and how they would like to remain independent, while also noting what they would like help with.
- A relative praised staff for their support to their family member's independence. They said, "[Name] has the independence to do things they want. The small kitchen where they can make drinks is brilliant for [name] and they use it all the time. We are so proud of them and the staff have been brilliant."
- People's confidential records were stored securely, to protect their private information.

Is the service responsive?

Our findings

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

This is the first inspection for this service under its new registration. This key question has been rated good. 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

- The registered manager had reviewed, updated and improved people's care plans, to provide more detailed person-centred information and guidance for staff on how to meet people's needs.
- People's care plans included a detailed life story that described their individual backgrounds and interests. Some people had pictures on their door of things important to them and this was being developed for everyone.
- Work to develop care plans was ongoing and we highlighted some areas to review for consistency. However, the significant efforts to make improvements to the quality and regular review of care plans were evident.

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

- There was a variety of activities for people to get involved in. Two activities coordinators were now in post, to help provide a more varied programme to engage and stimulate people. We observed people taking part in activities and joining in.
- People generally felt there was enough for them to do. However, there was some feedback that more opportunities were needed for people to get out and about, for example into the village. We considered with the additional activities staff member this could be developed.
- Activities staff completed individual social activities assessments for people, to capture their interest and preferred things to do. The registered manager and activities staff had developed connections with local schools, to arrange mutual visits and promote people's inclusion.

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.

- Information on how to best support people's communication and understanding was included in their care plans.
- We discussed with the registered manager how important information, such as the 'service user guide' could be made available in different formats when needed or on request.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and felt they were listened to. A relative stated, "They

do listen to us and whenever we have to make a point they will do something about it."

- A few complaints had been recorded in 2019 and these were noted as resolved.

End of life care and support

- End of life care plans gave basic information about whether or where people wished to receive treatment if their health deteriorated significantly.
- Plans also asked people about things they wished to achieve before the end of their life.

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.

This is the first inspection for this service under its new registration. This key question has been rated requires improvement. This meant leaders and the culture they created supported the delivery of person-centred care but some aspects of record-keeping and service management were inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- A variety of checks and audits were in place to help ensure the safety and quality of people's care. However, at times the service needed to be more effective and robust at making improvements following issues identified by checks or those raised by people and their families.
- Checks had for example effectively identified the need for medication competencies to be reviewed and updated but follow-up had needed to be more robust. The registered manager had an action plan for this and completed an outstanding competency check while we visited.
- Relatives felt that at times communication was not effective, for example if information from health professionals needed to be handed over between staff. Relatives also commented that equipment and furnishings of the service needed to be improved, to be appropriate and supportive of people's safety. However, positive comments also noted, "In terms of processes, they are improving. Discussions are ongoing, and we hope to have a resolution soon."
- Managers had introduced a different way of recording information from health professionals, so it would be more readily available for staff to be aware of.
- A few areas of record-keeping needed to be improved, to ensure some person-centred information was consistent and staff supervisions were completed and recorded appropriately. This had not impacted on the safety or quality of people's care.
- The Care Quality Commission (CQC) had been notified of specific events in line with legal obligations. We clarified with the registered manager a few additional notifications that needed to be sent, such as allegations of abuse referred to the local authority, even if not substantiated.
- The service had two managers registered with CQC, however only one was actively in post. This needed to be addressed, which the active registered manager had raised with the provider.

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

- Monthly newsletters had been produced to keep people, relatives and staff up to date. 'Resident meetings' and team meetings took place. We considered that to keep everyone involved, informed and listened to these could take place more frequently.
- Satisfaction questionnaires sought the opinions of people, relatives and staff about the service. These were overall positive.

- Relatives had also left very positive comments, which recommended the service, on a national review website.
- Staff enjoyed working at the service and told us, "We are all here for the people who live here", "It is very friendly and more like a home. The staff, nothing is too much trouble" and "It is quite a small home, it is like one big family. The staff morale is good."

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

- There was generally positive feedback about the registered manager and their leadership of the service. It was clear that they were dedicated to improving and developing people's care.
- The registered manager had worked at The Cedars for many years. They knew the service and those using it very well. They were supported by a newly appointed, experienced deputy manager who brought with them an additional, objective view of improvement needs.
- Staff acknowledge people's diverse needs, whether for example relating to faith or disability, and supported them in a way that respected the individual. The registered manager considered how diversity and inclusion training for staff could develop this further, to ensure the service felt welcoming and safe for everyone using or wishing to use it.

Working in partnership with others

- The registered manager and activities coordinator were continuously developing links with the community, to include the service in the local neighbourhood. This included connecting with schools as part of a "Bridge the Gap" project that brought children and older people together.
- Managers of the provider's different services provided peer support to each other, to help mutual development and sharing of best practice, to improve people's care.
- A recent compliance visit by the local authority had identified a few areas for action, which the service was addressing. The audit showed improvements across the service.