

Cedar Grange Ltd

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cedar Grange is a residential care home providing personal and nursing care to people aged 65 and over. At the time of the inspection 29 people were living at the home.

Cedar Grange accommodates 36 people in one adapted building.

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

The management team and staff were exceptional in placing people at the heart of their service and home.

The provider offered people a home for life. Cedar Grange was an accredited Gold Standard Framework care home. They provided outstanding care and attention for people at the end of their lives to ensure their wishes were fulfilled. End of life care plans were in place, which helped to provide information to staff about how they wanted to be cared for. The home provided facilities to enable relatives to stay overnight with their family member. Family members were highly complementary about the care their relatives received and how staff paid particular attention to people's appearance. Support and facilities were provided for relatives, to enable them to stay with their loved one for as long as they wanted to.

The provider had invested in delivering exceptional care and recently developed part of the home into social areas, such as a pub and boutique. Activities took place throughout each day and included activities in the home and trips out into the local community. Staff were proactive in considering ways of reducing people's anxieties. For example, pet therapy animals regularly visited the home and spent time with people which promoted calmness. Staff encouraged and supported people to take part in fun and creative sessions as a group and in individual one-to-one sessions to enhance their wellbeing. Family members described the positive effects all range of activities had on their family member, reducing people's anxieties, brought them a sense of calm and happiness and provided physical and cognitive activity and encouraged social interaction.

The registered manager and the staff team showed a desire to improve on the service provided and in turn the quality of life experiences for the people living at Cedar Grange. The leadership of the service promoted a positive culture that was person-centred and inclusive. We received positive feedback about the quality of care and support people received.

Staff were committed to delivering outstanding care in a person-centred way based on people's preferences and wishes. There was a stable staff team who were knowledgeable about the people living at the service and had built trusting and meaningful relationships with them.

Staff treated people with kindness and compassion. There was a very caring and friendly atmosphere in the home between staff and people using the service. People's comments about the staff included, "The staff are lovely here", "You can't fault the staff" and "The way they listen and interact with everyone along with

humour is a credit to them all".

Staff knew how to keep people safe from harm. Staff were recruited safely, and sufficient numbers were employed to ensure people's care and social needs were met.

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 were supported to eat a varied and nutritious diet based on their individual preferences.

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 21 February 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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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 team consisted of two inspectors.

Service and service type

Cedar Grange 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 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 two people who used the service and two relatives about their experience of the care provided. We spoke with members of staff including the registered manager, home manager care manager,

two carer workers and the cook. The majority of people using the service were not able to comment because of their health conditions. 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 seven people's care records and medication records. We looked at 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 spoke with four relatives by telephone.

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

- Staff continued to receive safeguarding training and had access to relevant information and guidance about how to protect people from harm.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed; risk assessments provided detailed information around people's individual risks and included guidance for staff to keep them safe.
- People at Cedar Grange were encouraged to remain as mobile as possible around the home.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs.
- Our observations showed staff were vigilant and attended to people's needs straightaway.
- Staff continued to be recruited safely.

Using medicines safely

- People continued to receive their medicines safely and on time. Staff received training in medicines management and had regular competency checks to ensure ongoing safe practice.
- Some protocols for administering medicines as required (PRN) could have been written in more detail to offer staff guidance. We brought this to the attention of the registered manager during the inspection.
- The managers completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

Preventing and controlling infection

- Arrangements were in place for making sure that premises were kept clean and hygienic so that people were protected from infections.
- Staff used personal protective equipment (PPE) such as disposable aprons and gloves.
- We found the home to be clean and tidy throughout.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed, so any trends or patterns could be highlighted.
- Action was taken to minimise risk, such as checking people's footwear was suitable.

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 individual needs were assessed before they moved into Cedar Grange; this helped to ensure their needs were understood and could be met.
- Assessments of people's care and support needs were completed in detail and provided guidance for staff to support people based on their needs and choices.
- Staff knew people well and how to best meet their needs.

Staff support: induction, training, skills and experience

- Staff continued to receive a good range of support including regular training. Training records showed staff training was kept up-to-date.
- Staff received regular supervision and appraisal to support their developmental needs.
- Staff told us they felt supported by the registered manager, home manager and their colleagues.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- People were offered drinks and snacks throughout the day. There was a kitchen area where drinks and snacks were available.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. Where required people's weight was monitored.
- Our observations showed a person needed continuous support from staff to enable them to eat all their meal, rather than the occasional support they received. We informed the registered manager who told us after the inspection that this person now had continuous support throughout their meals.
- Our observations at lunch time showed some people needed additional help, such as seeing the meals themselves or a photograph, to make their choice. The registered manager sent us evidence after the inspection that this practice had been implemented.
- A visitor told us, "[Relative] used to have trouble eating, but she's got a bit better since they've been here."

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use. Signage on the doors identified these facilities, to enable people to find them without assistance.
- Many people had identifying information on their bedroom doors to assist their orientation.

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

- Staff had good relationships with health and social care professionals who had contact with the service.
- People were supported to see their GP, district nurses and were referred to other healthcare professionals, such as, Optician, Speech and Language team and Dietician in a timely way, when required.
- Staff worked proactively with local hospital discharge teams to facilitate a speedy return to the home, once people were fit for discharge.
- A visitor told us, "[Relative] used to have trouble eating, but she's got a bit better since they've been here."

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.

- The registered manager had a clear understanding of the MCA and knew what actions to take to ensure that people's rights were upheld under the Act.
- Applications for DoLS authorisations had been made when needed.
- Mental capacity assessments had been completed to identify if a person had capacity to make a specific decision.

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's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff.
- There was a very caring and friendly atmosphere in the home between staff and people using the service.
- We observed examples throughout the inspection of staff comforting people who became anxious or upset, and another when staff brought a blanket for someone who said they felt cold.
- Staff clearly knew people very well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people, and we observed them chatting, which increased people's sense of well-being.
- People and visitors spoke positively about staff; comments included, "The staff are lovely here", "You can't fault the staff", "They give [name] the gift of time", "Staff are really kind; they go out of their way for [name]" and "The way they listen and interact with everyone along with humour is a credit to them all".
- Thank-you cards sent included comments such as, "I would like to thank you all for the care you gave [name]. I admire the kind, thoughtful and professional way in which you cared for them especially in their vulnerable state" and "Thanks to everyone who made [name] smile and for the care you gave them".

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

- People and their family members were encouraged to share their views about the care provided.
- The activity coordinator spent time with people individually or in small groups to gather their views and wishes. Information was passed onto the registered manager which resulted in changes to activities.
- Some people chose to join in the activities provided; others spent time in the garden with family members or friends. Several people enjoyed time in the bedrooms, reading or watching television.
- People's care planning documents gave the opportunity to record specific needs and wishes in relation to their chosen lifestyle, hobbies and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and promoted people's privacy and dignity when support with personal care was needed. Staff spoke in hushed tones to keep conversations private.
- Staff paid close attention to people's appearance and cleanliness. People were supported to change into clean clothes, for example, after eating a meal.
- People were encouraged to be independent in aspect of their daily care. Care records detailed what people were able to do without staff support.

- Staff ensured people who needed them wore spectacles and hearing aids.
- A passenger lift to the first floor and handrails throughout the building helped to promote people's independence.

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 now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The provider had created an outstanding activities programme and developed experiences for people to enjoy and reminisce.
- We saw from our observations of three activities during the inspection there was plenty of laughing and banter, to indicate people's enjoyment.
- The dedicated activities coordinator planned different activities and experiences for people in groups or on an individual basis. Many activities were based on people's hobbies or previous employment experiences. Activities included, exercises, moving to music, quizzes, and dancing. Physical and cognitive activity and encouraged social interaction. Recent trips people had enjoyed included, shopping, trip to the library, afternoon tea. The provider had a 'Tovertafel' which projected images/games onto table to stimulate both physical and cognitive activity and encouraged social interaction.
- The provider recognised the importance of people having time in the fresh air and opportunities for daily exercise, to improve their health and feelings of wellbeing. The secure gardens had raised beds for planting, colourful and fragrant plants and flowers, and outside meeting areas.
- The provider was proactive in considering ways of reducing people's anxieties. For example, pet therapy dogs regularly visited the home and spent time with people who enjoyed dogs which promoted calmness. One person had their relatives bring their pet to the home on a regular basis.
- A relative told us of the 'virtual reality headsets' people could wear to believe they were at a place they enjoyed and brought them a sense of calm and happiness. They said, "The headsets are brilliant. [Name] tells us they have been to a specific place and what they saw and how it was a great."
- Relatives we spoke with told of the extremely positive impact the different activities had had on their family member. A relative told us their family member had become less anxious and upset and no longer tried to leave the building. Activities in place had settled them; for example, the creation of a bus stop helped the person to think they were still going to work. They told us, "The anxiety has gone."
- The provider had created different rooms for people to enjoy their time; such as a pub and boutique. Both were decorated to resemble the 1960's, decorated with memorabilia from the era. We observed people and staff using the pub for a social event, including singing and dancing. The boutique contained many items of jewellery, clothing and accessories, which people called into to see. A relative told us, "This is amazing for them. [Name] gets involved in everything. It has really helped as they were angry and resentful when first admitted."
- The provider recognised some people did not thrive in large social groups, and so had created 'mini' lounge areas and quiet spaces. These were designed to reduce levels of anxiety experienced by people. These smaller areas encouraged people to go outside their room and engage socially reducing people's

social isolation, which dementia studies show improved people's lives.

- People were supported to take an active interest in the life of the home. There were chickens and vegetable gardens, and people assisted staff to take care of them. Relatives told us this had helped their family member settle into the home.
- The registered manager increased the home's ties to local community groups to enhance people's everyday lives. For example, an arrangement with a local nursery meant children visited the home and enjoyed singing, playing games, arts and crafts and baking. A staff member told us, "To see the residents interacting with the children is fantastic. They (the children) refer to the visits here as "Going to see Nana and Grandad".

End of life care and support

- The provider offered people a home for life. People and their relatives were supported to make decisions and plans about their preferences for end of life care. Advance planning took account of people's wishes to remain at the service, in familiar surroundings and supported by staff who knew them well.
- Cedar Grange had achieved Gold Standard Framework (GSF) accreditation in end of life care. GSF accreditation means that staff have received training to provide end of life care, to ensure better lives for people and recognised standards of care.
- The registered manager and their staff were passionate about people spending the last days back at their home, at Cedar Grange. The home had appointed one of the staff as a GSF coordinator, who was responsible for liaising with the hospital to ensure the person spent as least time as possible in the hospital.
- The registered manager worked in collaboration with healthcare professionals, to ensure people were supported to have a pain free and comfortable end, surrounded by their friends and family. A relative confirmed the good liaison between staff and district nurses.
- Staff were extremely reassuring and very supportive. Facilities were provided to enable relatives to stay overnight at the home to support their relatives, so people and their families could be supported at this difficult time. The home provided a supply of essential items, including toiletries, slippers, with access to a kitchen to make drinks and have meals.
- Relatives spoke very highly of the care their family member received at the end of their life. One person said, "Perfect care. I had peace of mind when I wasn't there." Another person told us, "I had no hesitation about [name] being at Cedar Grange at the end of their life. The care [name] received from staff was genuine and received wonderful attention. It was a natural thing for staff."
- Staff paid particular attention to people's appearance at the end of their life. A relative said, "Staff used to put [name] makeup, nail varnish and hers and my favourite perfume that I'd bought her and do her hair and teeth, before I came to visit. So when I arrived [name] was just as I remembered her. She was all ready for me." Other feedback said, "My relative was made exceptionally comfortable. Comfy bed, regular washing and makeup applied. It was a big comfort knowing [name] passed away with dignity."
- A Garden of Remembrance had been created, with each person who had passed away remembered with an angel. A seating area had been created by the garden for relatives to enjoy.
- Each year a service of memorial was held to remember those who had passed away. Relatives were invited, and a balloon set free to remember each person. A relative said, "This was a nice touch, a lovely service."
- The provider provided an independent bereavement counselling service for relatives and staff if they needed it.

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

- There was an exceptionally strong and visible person-centred culture with staff going out of their way to ensure that people were respected as individuals.

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 records clearly recorded people's preferred method of communication and any impairments to their hearing or eye sight that could affect effective communication with others.

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; 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 registered manager, home manager and staff promoted a culture of person-centred care by having a clear vision and values, engaging with everyone using the service and family members and supporting people to live fulfilled lives.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The service continued to be well led by a registered manager and a home manager who was responsible for the day to day running of the home; they were supported by care managers and senior staff. They understood their role and what was required to ensure the service provided good care to people.
- The home manager was very involved in the day to day running of the service including working hands on, alongside the care manager.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Employee reward and recognition schemes were in place which included financial incentives and a welfare assistance programme.

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

- People living at the service and relatives met with staff regularly to discuss their care.
- Formal feedback in the form of questionnaires was sought from people living at Cedar Grange, relatives and staff each year. Results and comments were analysed; we saw action had already been taken by the registered manager to implement changes.
- Staff ensured people who needed them wore spectacles and hearing aids.

Continuous learning and improving care

- Quality assurance systems were in place and continued to be used effectively to monitor key aspects of

the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement.

- The electronic care planning system used provided accurate data reports which the home manager used to analyse issues, trends and themes and improve the care provided.
- Staff meetings were opportunities to discuss any incidents or ways to improve the care people received.

Working in partnership with others

- The registered manager and home manager had developed good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, to improve the quality and safety of care people received.
- The home manager was involved with external agencies, such as Environmental Health Infection team and the local Clinical Commissioning team to improve the care provided in residential care homes.