United Care limited

Cedar Lodge Nursing Home

Inspection report

58-62
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 30 January and 5 February 2015 and was unannounced. We last inspected the service on 4 July 2014. At the last inspection the provider was meeting all the regulations inspected.

The home provides nursing and residential care for up to 36 older people, including people who have dementia. There were 25 people living there at the time of our visit

All staff spoken with knew how to keep people safe from abuse and harm because knew the signs to look out for. Where incidents had occurred the provider took action to help in reducing re occurrences.

People were protected from unnecessary harm because risk assessments had been completed and staff knew how to minimise them.

Staff supported people with their nutrition and health care needs and referrals were made in consultation with people who used the service if there were concern.

People were support with their medication and staff had been trained so people received their medication as prescribed.

Summary of findings

Staff respected people's privacy and dignity and ensured that they were given choices about their care.

There were sufficient numbers of suitably recruited staff available to support people. Staff had received training that ensured they had the skills and knowledge to care for people.

People's care and health needs were planned and met in a personalised way. Action was taken to involve other healthcare professionals where required to keep people healthy.

Staff felt supported by the manager, and had regular training opportunities so they had the skills to meet people's care needs

Systems were in place to monitor and check the quality of care being provided. The provider continually looked at how it could provide a better service for people and used feedback form people to improve the service.

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Summary of findings

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.

Procedures were in place to keep people safe and staff knew how to protect people from abuse and harm.

Risks to people were assessed and managed appropriately and there were sufficient staff that were safely recruited to provide care and support to people.

People received their medication safely

Good

Is the service effective?
The service was not always effective.

People received care and support because staff were trained and supported to ensure they had the skills and knowledge to support them.

People were encouraged to make decisions about their care and support and in most instances people dignity was maintained.

People were supported to eat and drink well, but improvement to ensure people had the appropriate aids to support them to be as independent as possible needs to be addressed.

People's health care needs were met and referrals made when required.

Requires improvement

Is the service caring?
The service was caring.

People said they had good relationships with the staff that supported them.

People were supported to make decisions about their daily lives and maintaining contact with friends and relatives.

Good

Is the service responsive?
The service was responsive.

People said they were involved in all decisions about their care and that the care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the service, and procedures were in place to ensure that the service learnt from people's experiences.

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Good

Is the service well-led?
The service was well led.

Good

Summary of findings

The provider analysed how the service was provided to people by seeking their views.

The service was monitored to ensure it was managed well. The management of the service was stable open and receptive to continual improvement.

Cedar Lodge Nursing Home

Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection took place on 30 January 2015 and 5 February 2015 was unannounced on the first day of our visit but the manager knew we were going to visit on 5 February 2015 to complete our inspection. The inspection was carried out by one inspector.

Before our inspection we reviewed all the information we hold about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority and reviewed the inspection history of the service.

During our visit we spoke with six people who used the service, five staff, three relatives, the manager and a visiting professional. We observed how people were being cared for by using a 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 looked at two people's care records, one staff file and records in relation to how the provider monitored the quality of the service provided.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe with the staff that supported them. One person told us," I feel safe here and staff help me to stay safe by getting me up and getting me my walking frame so I don't fall, they are nice staff, very helpful.'' Another person told us, "What a silly question of course I feel safe, they look after me well.''

People were protected from the risk of abuse because staff had been trained so that they were able to identify the possibility of abuse and take the appropriate actions to escalate concerns in the event of, or suspicion of abuse occurring. All staff spoken with told us they had never witnessed any ill treatment of people in the home. They told us that they would report any concerns if they witnessed something that might cause harm to people living there. Staff were aware of the whistle blowing policy and knew how to report issues of poor practice. Whistle blowing means that staff can report issues of concern and their identity is protected. Records we hold and those seen during our visit showed that the provider had told us about any safeguarding incidents and had taken the appropriate action to ensure people were kept safe.

People that lived at the home and their relatives felt that any risks related to people's care was identified and managed appropriately. One person told us, "I don't like wearing shoes or slippers, staff have told me I might hurt my feet but I am careful." Records seen showed that this had been discussed with the individual and the person had chosen to take this risk.

During our observations we saw that people's walking aids were in reach and staff supported people to get up from chairs so as to minimise any risks of people falling. We saw in care records that a risk assessment had been completed to minimise risks when bedrail's were used as part of the person's care. Staff spoken with told us that risk assessments were in people's care records so that they were aware of the risks and how to minimise them.

Everyone spoken with told us they felt there was enough staff to meet their needs. One person told us, "There is always a carer in here (the lounge) there must be enough staff to do that, and I never wait for help.'' During our observations we saw that a staff member was present throughout our visit in the lounge area. Staff told us that a staff member was allocated to supervise people in the lounge so people could be monitored and assistance given when needed. We saw that there was a diverse staff group so people's different cultural needs could be met. One person told us, "I can have Jamaica food if I like.''

Staff spoken with said there were enough staff to meet people's care needs and if additional staff was required then the manager would address this promptly. The manager told us that all the required checks were completed before people started working there. Staff spoken with confirmed this. One recruitment record looked at confirmed that the appropriate checks were completed to ensure people were suitable to work in the home.

All the people we spoke with told us that they were supported to take their medication and we observed that people were given their medication as prescribed. Medication administration records showed that regular checks were completed to monitor that people had received their medication as prescribed by their doctor. Staff told us that only staff who had received training in the safe handling of medicines was allowed to give out medication.

Requires improvement

Is the service effective?

Our findings

People spoken with told us that they felt staff were trained. One person told us, "I think staff do their job well, I think they have had training." Another person told us, "They (staff) know what they are doing." We saw when staff assisted people with moving from chair to chair using a hoist, this was completed smoothly and fully involved the individual. Following the transfer we spoke with the individual who told us, "Never have any problems, they (staff) don't hurt me and I know what they are doing, they have had training in how to do it."

All staff spoken with told us they received the necessary training, supervision and appraisal, to support them to do their job. Records showed that the provider had a planned approach to staff training, supervision and appraisal and this was monitored to ensure these processes were effective. Staff said and training records showed that training included specific training based on the needs of people that lived at the home.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. The manager told us and we saw that where required best interest assessments had been completed and applications had been made in relation to Deprivation of Liberty Safeguards (DoLS) for some people who lived there. Staff spoken with had an understanding about people who were subjected to DoLS and what this meant to the individual in relation to DoLs.

We observed people being supported during lunchtime. We saw that staff had not provided people with the equipment to eat independently. Although this equipment was available. For example we saw that four people were struggling to eat their meals as there were no plate guards in use so the food was slipping of their plates. One person told us, "I normally have a plate guard but staff have forgotten today." This was provided when the person asked. This demonstrated a shortfall in the support people received at meal times to maintain their dignity and independence. The manager told us that she had to remind staff to do this and would speak to staff again about ensuring people had the equipment at all times.

We saw that people who required a soft diet or pureed meals were supported to have these. When the food left the kitchen this was all separated so it was more appealing. However when staff assisted people they proceeded to mash the food together. This meant that people were not able to choose to leave individual items of the meal if they wanted.

We saw that people were given a choice of what they would like to eat and different drinks with their meals. People told us they could have what they wanted and we saw one person offered an alternative to what was presented. Staff and records confirmed where needed referrals were made to a dietician if there were concerns that people were losing weight or not eating. We saw people's specific diets had been identified. For example weight reducing diets, diabetic meals, small portions or no meat for cultural reasons.

People told us and records confirmed that people were supported to see their GP, attend hospital appointments, or other healthcare professionals such as the dentist or chiropody. A relative told us that staff always let them know if they had any concerns about their family member and felt that the staff were very prompt in making referrals if needed.

Good

Is the service caring?

Our findings

People spoken with said they were involved in making decisions about their care. Staff told us that one person liked to get up late and we saw that they had the freedom to do this.

People told us that staff listened to them. One person told us, “They (staff) listen to what I want not what they think I need.’’ We looked at the care records of two people. We saw that care records contained information about people's care and support needs. We saw that people had been involved in their review so they could give their view of the care provided.One person told us, "I love my room; I've got everything I need.'' A relative told us, "I feel Involved with my family member's care. Staff are always chatty and polite when you come, I am always made to feel welcome''.

During our observation we saw that staff showed kindness and respect to people. Staff were friendly and we saw that they laughed and joked with people. One person told us, “Staff are always very kind.’’ Another person told us “There a lovely bunch (staff).” Some people at the home were living with dementia and could not tell us about their experience. We observed how two people were supported. Whilst we only saw staff interacting with one of these people during our short observation we saw that staff showed kindness and both people responded well. We saw that staff waited and listened to people and involved them in tasks, repeating instructions where people had not fully understood what staff wanted them to do.

We saw that people were dressed in individual styles of clothing some people had been supported to have their nails painted. One person told us, “I have always had my nails done.’’ So staff supported people to continue to look their best. We saw that people’s dignity was promoted. For example, we saw that staff sat beside people to speak with them face to face.

People told us staff made sure that they had the things they needed and spoke with them respectfully. We saw that staff addressed people by their preferred names and people told us they felt comfortable with staff. Staff told us all personal care was done in a way that maintained people’s dignity. For example in private, been discreet when assisting them. We saw that when a staff member asked a person if they wanted to go to the bathroom they approached the person so no one else could hear what was said so people’s privacy was respected.

Staff told us that people were encouraged to be as independent as possible and we saw this during our visit. For example people were encouraged to get up from chairs with support and encouraged to tell staff what they wanted to do. One staff member told us, It’s all part of peoples care that they have some independence no matter how little this is.’’

Some people walked around the home independently. Staff told us and people spoken with confirmed they always had their walking aids close by to promote their independence. This showed that staff understood the importance of maintaining people’s independence.

People told us that they had visitors from families who were invited to events that were held in the home. This meant people maintained contact with people who were important to them. Relatives spoken with told us they could visit at any time and were always made to feel welcome.

Good

Is the service responsive?

Our findings

People spoken with told us that the staff always discussed their care with them and they were very much involved in how they wanted this done. We saw that staff continually asked people about their care and the support they wanted. People spoken with told us they were involved in planning and agreeing their care. One person told us, "As far as I am concerned they [staff] involve me in everything.'' People spoken with in relation to their care plan told us that they knew there were some records held about them and told us that this was where staff got the information about them. One person told us, "I don't know what it's called as long as they do what I want I don't really mind, and they do so there is no problem.''

We looked at the care records for the two people. We saw details about care needs, risk assessments and preferences. People's needs were assessed, with their involvement when they moved into the home, so that the provider would know whether or not they could meet people's needs. Where people were not able to be involved because they were living with dementia other health care professionals and family member had contributed to the planning of their care. We saw that peoples care needs had been identified from information gathered about them. We saw that consideration had been given about their past history, preference, and choices they would make if they were able to say how they wanted to be cared for. This showed that the assessment process ensured that peoples care needs could be met. Staff spoken with told us how different people we asked about were cared for which was recorded in their care plans and confirmed during our observation.

People were able to join in group activities that the home had organised and some people had individual hobbies that they liked to do, for example reading. Some external events had been arranged and people could join in if they wished. People went out with family and friends. One person told us they would join in sometimes, other times they would just watch. People told us that they enjoyed the activities that were arranged.

People told us they were given information about how to make a complaint. This information was also displayed in the entrance of the building and gave details about who to contact to make a complaint. One person told us, "If I wasn't happy I would tell the manager or staff because they do listen.'' Another person said, "I don't really have any complaint." We saw that clear processes were in place to investigate and respond to people's concerns and complaints. We looked at a sample of concerns/complaints that had been investigated by the manager and we saw that these were investigated and responded to appropriately. Records showed where issues had been raised with staff or the manager this information had been used to learn from and take action to ensure that further occurrences were minimised.

Good

Is the service well-led?

Our findings

All the people, relatives and staff spoken with told us, and we saw that the atmosphere in the home was open, friendly and welcoming. People told us and we saw that the manager and all staff were approachable. One person told us, "The manager is very nice she has a chat with us." Relatives spoken with told us that they were kept informed about things that went on in the home and that if there were any concerns with their relative they were contacted. One relative told us, "I think the people are looked after well, I have never seen any wrong doing when I have visited, and they seem to want to improve things."

There was a registered manager in post. All the staff spoken with said there was an open door policy and the manager listened to concerns or suggestions about improvements and addressed them. All the people spoken with told us there was a good atmosphere in the home and staff were respectful. We observed that staff seemed to work well together and the manager supported them at busy times. We observed that people were relaxed and had a good rapport with staff. The manager was visible throughout the day and one person said," The manager checks on us and the staff so we are looked after properly."

Records showed that safeguarding, complaints, and accidents records, were analysed so the provider had an overview of these events to identify any trends so action could be taken to minimise further occurrences. Records showed that the service worked in partnership with other healthcare professionals and the local authority to ensure people's care needs were met.

We saw that monthly reviews were undertaken by the manager to ensure that people were happy with the care provided and that staff were providing the care as required. People spoken with confirmed they felt confident about raising issues with the management and were asked their opinions about the care they received. Staff spoken with told us they were able to give their views about the service provided to people. We saw that regular staff meetings were held and staff spoken with told us that they had an opportunity to express their views in these meetings Issues were followed up to ensure what the provider had put in place had been successful. The provider had regular contact with the manager to monitor the manager's performance.

We saw that satisfaction surveys were given to people living there, relatives and external professionals for their views about the service provided. Where issues were identified as requiring improvements an action plan was completed so improvements could be made. The manager showed us the action that had already been taken in response to people's feedback. For example, the building had been decorated, three bedrooms had been refurbished and new lounges chairs had been purchased. Further development, including the provision of a wet room had been planned. We saw that audits were completed on care records, staff practise and an overall analysis on accident and complaints and the notification sent to us to identify trends so action could be taken to ensure the service provided met people needs.