The Cedars (Baildon) Limited

The Cedars

Inspection report

23-25 Threshfield
Baildon
Shipley
West Yorkshire
BD17 6QA

Date of inspection visit:
27 January 2016

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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

The Cedars is a two storey building with twelve beds. It is situated in Baildon, with good transport links to Bradford and Shipley areas. The Cedars is a care home without nursing which provides personal care and accommodation. On the day of inspection, 11 people were living in the home who were all female

The inspection was unannounced and took place on 27 January 2016.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives all told us that staff were kind and treated them with a high level of dignity and respect. We observed care and support and found this to be the case, with staff displaying a high level of warmth and friendliness towards people.

Staff had an in depth knowledge of the people they were caring for, which meant they were able to provide a highly personalised care. Staff understood people's individual likes, dislikes and preferences.

People told us they felt safe in the home. Staff had a good understanding of how to control risks to people's health, safety and welfare.

The building was warm and homely and kept well maintained. The atmosphere within the home was very pleasant with staff constantly engaging with people and any visitors to the home.

Medicines were safely managed and people received their medicines at the times they needed them.

There were enough staff to ensure people received a high level of care, support and companionship. Staff displayed a good knowledge of the people and subjects we asked them about.

People told us the food was good. We saw people were provided with a variety of food. Where people were at risk of malnutrition, appropriate steps were taken by the service to help control this risk.

People's healthcare needs were met. The service regularly liaised with external professionals where specialist advice was required.

The service was meeting the legal requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA).

A variety of activities were available to people. We observed staff interacted positively with people

throughout the inspection in order to keep them occupied. This was supplemented by games, puzzles and external visitors such as singers. People were encouraged to develop and maintain links with the local community.

People told us they had no cause to complain and were highly satisfied with the service.

People, relatives and staff told us the service was well managed. They all said the service provided high quality care which met individual needs.

Improvements were required to documentation relating to people's care and support assessments and plans and documentation relating to the management of the service such as training records and polices. The service did not have a robust system in place to assess, monitor and improve its quality, although we did see this was done informally by the registered manager by ensuring a high level of presence within the home, and retaining a high level of understanding of people and their individual requirements.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulations. You can see what action we asked the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood of how identify and manage risks to people's health and safety and people told us they felt safe in the home.

There were sufficient staff to ensure people received a high level of personalised care and support.

Medicines were safely managed by the service. People got their medicines at the times they needed them.

Is the service effective?

Good

The service was effective.

People's healthcare needs were met by the service. There was regular liaison with external health professionals where specialist advice was required.

People's nutritional needs were met by the service. Food looked appetising and people spoke positively about it.

Staff demonstrated a high level of knowledge and understanding about the people they were caring for.

Is the service caring?

Good

The service was caring.

People and relatives told us the staff and manager were very caring and treated everyone well.

Staff had developed strong relationships with people and took time to interact with them and provide companionship.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and met by the service.

People were provided with a range of social interaction by staff and external entertainers also regularly visited. People were assisted to maintain links with the local community.

People and relatives told us they were highly satisfied with the service and had no need to complain.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and their relatives told us the service was well managed. They all said they were highly satisfied with the way the service was run.

Improvements were needed to documentation relating to people's care and support, and those relating to the management of the service such as training and the organisation of safety records. Systems to assess the quality of the service were not sufficiently robust.

The Cedars

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 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 27 January 2015 and was unannounced. The inspection team consisted of two inspectors.

We used a number of different methods to help us understand the experiences of people who used the service. We observed care and support within the communal areas of the home. We spoke with five people who used the service, three relatives, the registered manager, one of the owners, three care staff and the visiting hairdresser. We also spoke with two health and social care professionals who regularly worked with the service and the pharmacist who provided prescriptions for the home.

We looked at three people's care records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and requesting information from the local authority. On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe in the home. One person said, "I feel safe here, it's fine." Another person told us, "Yes I do feel safe actually, you are not ignored and there is always someone there." A third person said, "Feel safe? Oh yes, nothing is too much trouble." One relative said, "I am confident in the care and feel (name) is safe at The Cedars." Another relative told us, ""Mum is really settled here and I know she is safe." We observed care and support and saw people appeared relaxed and comfortable in the company of staff.

We spoke with two members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both members of staff told us if they had any concerns they would report these to the manager.

From speaking with staff, people who used the service and reviewing records we found no safeguarding incidents had occurred within the service since the last inspection. However, the registered manager assured us that they knew the correct processes to follow should they need to raise a safeguarding alert. We saw where more minor incidents of distress had occurred, staff had taken appropriate action and followed up with relevant health professionals to support positive outcomes for those involved.

Risks to people's health and safety were well understood and appropriately controlled by the service. Where staff had identified any risks to individuals they had taken action to mitigate those risks. For example, when we looked around the building we saw some people had pressure mats in their bedrooms. These mats were connected to the emergency call system and were placed at the side of people's beds at night; giving staff early warning if the individual is getting out of bed. We asked staff why these were in place and they told us if people were at risk of falling these mats were used to try and reduce that risk. We also saw people using pressure relieving cushions and mattresses for people who had been identified as being at risk of developing pressure damage to their skin. The management of people's skin integrity was good as no one within the home had any pressure damage. As care was provided to only 11 people by a stable staff team, staff knew people well, and how to reduce any risks to their health and safety. We did find risk assessment documentation could have been clearly and more consistently completed, however, we found this did not impact on people due to staff having an in-depth knowledge of how to care for individuals safely.

Medicines were safely managed. We saw staff gave medicines in a kind and patient manner, offering gentle encouragement and drinks to help people take their medicines where appropriate. We looked at the systems in place for the receipt, storage and administration of medicines in the home. We saw that medicines were supplied to the home in either a monitored dose system (MDS) or where that was not appropriate, in bottles and boxes. We saw that each person had a medication file which included a photograph of the person and information about any allergies to medicines the person may have. The files also contained records of all medicines received into the home, how they were received and the signature of the member of staff recording the receipt of the medicine. Medication administration record sheets (MARs) were also included in the file. We checked a sample of people's medicines to see if the amounts available tallied with the amounts recorded as received and administered. All were correct.

The home had recently changed the pharmacy it used. We spoke with the pharmacist who told us they were working with the home to provide additional auditing, monitoring and training services.

There were sufficient staff available to ensure people were provided with a high level of care and support. Staff, people and their relatives we spoke with told us there were enough staff at all times. The registered manager told us they had not had to use agency staff in years, which meant that staff providing care and support were familiar with people's needs. Normal staffing levels were two care workers during the day, supported by the registered manager and the owner. A cook and cleaner were also employed. At night there was one care worker on duty and another who slept in the building on standby. Documentation confirmed these staffing levels were maintained. These staffing levels were sufficient for the needs of the people living in the building. Staff were attentive to people's needs and able to spend time engaging in conversation, playing games and ensuring people were kept hydrated with frequent drinks.

Safe recruitment procedures were in place. These included ensuring people completed an application form detailing their previous employment and qualifications. Candidates were required to attend an interview. Sufficient checks on people's backgrounds took place including ensuring a Disclosure and Baring Service (DBS) check and references were undertaken. Staff we spoke with confirmed that when they were recruited the required checks had been undertaken. However, documentation demonstrating safe recruitment was chaotic and required better organisation.

The premises were safely managed. We looked around the building and found it was decorated to a very high standard. The registered manager told us it was very important to them to ensure the building had the feel of a person's home, rather than an institution. We found the registered manager had been effective in achieving this, through the use of pleasant and warm décor, encouraging personal possessions to be on display and through the provision of attractive furniture. The home was well maintained and sufficiently warm. Regular checks on systems such as gas, fire and electrical installations took place.

The building was kept clean and hygienic and there were no offensive odours. The service had recently achieved a five star food hygiene rating from the local authority. The local authority infection control team last visited the service in 2014 and the service scored a high score of 98%.

Good

Is the service effective?

Our findings

The service ensured people received adequate nutrition and hydration in a pleasant atmosphere. People we spoke with told us meals at the home were good. One person said, "The food is beautiful." Another person told us, "The food is very good and plenty of it." The hairdresser told us, "The food is wonderful especially the puddings!"

The menu had been developed in close consultation with the 11 people who lived in the home. The main meal was provided at lunchtime and menu's showed there was a variety of different foods served in any given week. In the evening people had a range of choices including salads, pork pies, sandwiches and pasta. The registered manager told us how they often trialled new foods on the menu in the evening as additional choices, and if they were well received they were incorporated into future menus. Staff told us they were aware of people's dietary preferences and if there was something on the menu they did not like an alternative would be provided.

During the inspection, we observed mealtimes. At breakfast time we saw as people came into the dining room they were offered grapefruit, cereals, porridge and toast. Everything was made to order. Sugar bowls and milk were on the tables and tea was freshly brewed in tea pots. Everyone had a cold dink available to them wherever they were sitting and mid-morning hot drinks and biscuits were served.

At lunchtime table were set with cloths, placemats, serviettes, cutlery, condiments and glasses. The main meal was fish in sauce, mashed potatoes peas and carrots followed by rhubarb crumble with ice cream or custard. Once everyone had been served one of the care staff, asked permission, and sat and ate the same meal with people at one table. The mealtime was a social and relaxed experience and people clearly enjoyed the food.

Mid-afternoon tea and biscuits were served and staff were taking people's orders for the tea time meal.

We concluded people's nutritional needs were being met by the service. We spoke with staff about one person who had been seen by the dietician. They explained this person was being given dietary supplements and we saw, from the medication administration records, these were being given as prescribed. They also explained food was being fortified with extra cream and butter wherever possible. When we looked at the weight records we saw this person was steadily putting on weight. Arrangements were in place to provide food that met people's individual needs, for example, one person who was diabetic.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoIS). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty.

We concluded that the service was working within the legal framework of the Mental Capacity Act and where people lacked capacity decisions were made in their best interest. Through conversations with the registered manager and observations of care and support we concluded the service was providing care and support in the least restrictive way possible. People were encouraged to maintain levels of independence and maintain links with the local community.

The manager and a senior care worker had been on detailed DoLS training provided by the Local Authority. The registered manager had put DoLS applications in for two people who lived at the home. Scrutiny of people's care records demonstrated that all relevant documentation had been completed. One application had been approved, whilst for the other person, the service was waiting for assessment by the local authority. The registered manager had a system in place to track when DoLS would expire to ensure they were reapplied for, if assessment indicating they were still required. We examined the approved authorisation and saw the provider was complying with the attached conditions.

People and relatives we spoke with praised staff and said they had the correct skills to care for them. Staff demonstrated an excellent knowledge of the people they were caring about. Staff were able to develop a high level of knowledge about the people they were caring for due to a stable staff team combined with the small group of people they were caring for.

Staff received a range of training. New staff received a local induction to the services ways of working and policies and procedures. Staff were provided with face to face induction training which met Skills for Care Standards. The service provided periodic updates in mandatory training subjects such as manual handling, safeguarding and first aid. The service had liaised with external health professionals in the delivery of specialist training. For example, staff had recently received training in Dementia and Delirium and pressure area care. We spoke with a health professional who had provided some of this additional training who said staff had been very receptive to the training and advice given.

People and relatives spoke positively about the action of staff in meeting their healthcare needs. We asked people what happened if they felt unwell. One person told us, "They (staff) get the doctor to come and see us." One relative told us, "(Name) had episodes of being unwell before they moved here and would need to spend time in bed. Staff at The Cedars felt this was due to their medication. When this medication was subsequently reduced (name's) health improved."

We spoke with staff about people's healthcare needs. One care worker told us recently they had noticed one person becoming more confused, had called the GP and antibiotics had been prescribed for a chest infection. They told us staff were quick to pick up on any changes in people's health and involved the GP or district nurse as appropriate. We saw two district nurses visiting during our visit. One person had their ears 'syringed' and immediately remarked on the improvement in their hearing.

During our inspection one person became unwell. The paramedics were called and the person needed to go to hospital. A member of staff was asked to accompany them and another member of staff was contacted to come in to cover. This was all dealt with in a very caring, calm and efficient manner. We looked at the records and saw people had been seen by GP's, district nurses, chiropodists and dieticians. We spoke with two health professionals about the service. They were complimentary and said the service appropriately

contacted them and listened to and acted on their advice on healthcare matters. We concluded people's healthcare needs were being met.

The service was signed up to the Telemedicine scheme run by Airedale NHS Foundation Trust. Telemedicine provides remote video consultations between healthcare professionals and people, within the care home environment. It aims to reduce patients' lengths of stay in hospital and also supports care outside hospital, or in avoiding unnecessary visits and admissions to hospital. The registered manager told us this scheme was working well. We saw evidence in records it had been used to obtain prompt healthcare advice as part of a system to meet people's healthcare needs.

Good

Is the service caring?

Our findings

People and their relatives all said staff were kind and caring and treated them well. One person told us, "They (staff) are so kind. If you want anything they (staff) will get it for you, they (staff) are marvellous." Another person told us, "Staff are very kind and would do anything you ask of them." A third person said, "I have been here for a few months and it was a good decision, everyone is so kind." One relative said, "The staff are very good and all help in creating a positive atmosphere in the home." Another told us, "The staff are very helpful and kind. It is very 'homely' here." The hairdresser told us, "It's lovely here, nice atmosphere and staff."

We observed care and support. People were treated well with dignity and respect. There was a very pleasant atmosphere within the home, with staff and people who used the service getting on well. The lounge and interconnecting lounge dining areas on the ground floor were very homely. Seating was arranged to encourage people to socialise and magazines and books were on the occasional tables.

Staff were genuinely interested in people and providing them with a high level of social companionship. During the inspection, the television was not relied on for entertainment with staff promoting interaction. This made for a homely feel and a very pleasant atmosphere. People were invited to have a glass of sherry in the afternoon. Staff sat with people around tables whilst they enjoyed this and played board games. Staff also ate the lunchtime meal around the tables with people and chatted with them throughout. Staff had a high regard for people's privacy, for example, always knocking on doors before entering people's bedrooms.

Dignity and respect and staff attitude was monitored informally through the managers monitoring of staff interactions. People and relatives were also asked formally for their thoughts on staff through periodic satisfaction surveys

We saw people looked well cared for, everyone was wearing clean and matching clothing and their hair had been brushed or combed. People's spectacles were clean and those who required hearing aids had them in place. We also noted people wearing jewellery and wrist watches. This showed us staff had taken time to support people with their appearance.

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We saw "Getting to know you" documents in people's care files. These contained information about people's personal preferences and interests. When we spoke with staff they were able to give us detailed information about the people in their care. This showed us staff understood how each individual liked to be cared for and about their preferences and interests. For example, in one of the "Getting to know you" documents we saw the person had wanted to start knitting again and wanted to watch a particular TV programme on a Sunday. We saw their knitting and in the records saw staff had made sure the TV programme had been put on for them. The owner who was serving breakfast knew exactly how each person wanted their breakfast down to the fine details such as how cooked they preferred their toast. Through speaking with staff and observations of care it was clear that staff had developed strong and personalised relationships with the people they were caring for. This demonstrated people were receiving very person centred care and support.

People told us they were very happy with the appearance of the building and the care staff took to keep it pleasant. One person told us, "I sleep in a lovely clean bed." Another person told us, "My bedroom is always kept clean and tidy." We saw that people's bedrooms were neat and tidy and that personal effects such as photographs and ornaments were on display and had been looked after. This showed us staff respected people's belongings.

We saw people were given choices and listened to as to what they wanted to do, eat and drink.

We spoke with three relatives who all told us they were made to feel welcome when they visited. We saw visitors were offered a drink as soon as they came through the door and staff greeted them by name. We heard staff chatting to visitors and they clearly knew them well. One visitor was offered lunch but declined; they were offered something else which they then accepted. This showed us staff made an effort to engage with and involve visitors.

Good

Is the service responsive?

Our findings

People and their relatives all said that care met people's individual needs at The Cedars. We asked people what they liked about living at The Cedars. One person told us, "I'm a fuss pot and things are right, I wouldn't stop if I didn't like it. I am happy here and don't want to go anywhere else, they would have to throw me out." Another person said, "I wouldn't want to be anywhere else."

We looked at the daily needs care plans for two people. These documents went through people's personal care needs, for example, support with personal hygiene, and incorporated the information from the "Getting to Know You" document. For example, "Likes to have hair set every week, remind to put on lipstick and offer perfume." This meant people were being supported in a personalised way with their care. We saw staff were attentive and responded to people's requests and emergency call bells were answered quickly.

Staff we spoke with demonstrated a good understanding of people's individual needs and how to meet them. Where people's needs changed, for example, their behaviour, action had been taken to liaise with external health and social care professionals to achieve a care outcome that meet their individual needs. We spoke with a health professional who told us the home contacted them appropriately regarding one person's change in behaviour and had managed the situation well.

We asked people how they kept themselves occupied. One person told us, "Two of us go out twice a week to socialise and have lunch. (Name of staff) takes us. We used to go out on a Friday night to a club, but it got flooded so we haven't been able to go recently." Another person said, "They get people in to entertain us and we chat to each other." People also told us they got involved in folding laundry and setting the tables which they enjoyed. A relative told us, "They have entertainers; exercise sessions and there is always a bit of banter going on between people in the lounge."

We saw, during the morning, people were occupied reading newspapers, books, magazines or chatting. One of the owners was in and out of the kitchen created some lively, good humoured, interactions with people. People were awake and interested in what was going on around them. The registered manager joined a group of people in the front lounge and they were discussing going to see "The Sound of Music" at the Alhambra Theatre in Bradford.

In the afternoon four people were playing dominoes and enjoying a glass of sherry. Another person was playing the keyboard. One member of staff was looking at photographs with someone else which generated conversation about the individual's in the photographs. We saw there was a high level of engagement and interaction between staff and people using the service and between people themselves. There was a lively atmosphere and people were enjoying themselves. This meant people were being kept occupied and active.

We looked at the activities record and saw three outside entertainers had visited the home since 1 January 2016. We also saw staff were organising a variety of activities in the mornings and afternoons. For example, Quizzes, bingo, card games and spelling test.

One staff member told us they made a 'big fuss' when it was someone's birthday and other special occasions. For example, at Christmas eight people had gone out to Millstones for a day out. A relative said, "They always make a big event of all celebrations."

People were asked if they had any religious or spiritual needs and arrangements were made by the service to meet these. For example, one person had periodic visits by a clergyman.

We asked people using the service what they would do if they had any concerns or complaints. One person said, "I have no complaints, but if I was unhappy about anything I would tell [registered manager]." A relative told us, "I have never had any issues, but if I did I would tell [registered manager]." Information on how to complain was brought to people's attention through the guide given to people when they started using the service. On speaking with people and relatives and reviewing quality questionnaires we concluded people were highly satisfied with the service and had no need to complain. We saw no complaints had been received by the service in recent years. Prior to the inspection we reviewed intelligence held on the provider. No complaints or concerns had been reported to the Commission in recent years and we received some very positive feedback from a relative in December 2015.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in place. We found the provider had submitted the required statutory notifications to the Commission such as notifications of deaths within the home. Staff we spoke with told us the home was well managed.

People and their relatives all told us they were highly satisfied with the service, and said it was well run and managed. They said they could go to the registered manager with any queries and they would sort them. People told us their feedback was regularly sought by the service and we saw, for example, people's views were used to inform the menu. Periodic questionnaires were sent to people and their relatives. We examined these from 2015 which were overwhelmingly positive, For example, comments included, "I cannot suggest any areas for improvement. I am confident my relative is receiving the best possible care."

The registered manager and the other owner were heavily involved in care and support. They periodically picked up care shifts and had a high level of presence within the home. This in combination with the small size of the home, allowed them to have an in depth knowledge about what went on within the service.

Although we recognised the home was small and there was a high level of management presence, documentation relating to people's care and support and the management of the service was not always present or sufficiently robust. We did not find this impacted on people in a negative way, but there was a risk it would should robust records and systems not be maintained in the future. The registered manager was open and honest with us and recognised improvements were needed to aspects of paperwork. They told us they would ensure sufficient time and resources were allocated to completing this.

Records relating to staff training and support were chaotic. There was no collation of the training staff had received, and at times it was difficult to establish when staff last had training updates in subjects. There was no defined policy or criteria for how often training updates were required in various subjects which had resulted in staff receiving updates at inconsistent intervals. Training was not underpinned by any training needs analysis or formal assessment of staff skill, although we did find this happened on an informal basis.

We were assured by speaking with people and staff that action was taken to keep people safe However accident forms or care plans did not clearly detail the preventative measures put in place to keep people safe. There was also a lack of systems in place to record and analyse incidents, although again we saw evidence in daily records that when they occurred they were dealt with appropriately by staff.

Whilst we appreciated that due to the size of the service and high level of management presence, detailed quality assurance systems were not required, we found there was a complete lack of formal systems. Medicine management audits were planned, but had not yet taken place, and there were no care plan audits or checklists, or checks on recruitment or training files. Some records relating to health and safety checks had been misplaced and the fire risk assessment was out of date.

Although we did not identify any impact on people there was a risk future issues would not be identified if

the service continued to lack a suitable quality assurance system

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A number of policies and procedures were also out of date or not present. The manager showed us how they were working with an external organisation to develop updated policies and procedures.

This was a breach of Regulation 17 (1) (2b) (2c) (2d) of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 2 (b) (c) (d) An accurate, complete and contemporaneous record in respect of each service user was not maintained. Records relating to the persons employed and the management of the regulated activity were not sufficiently maintained. Systems to assess, monitor and improve the quality of the service were not sufficiently robust.