Care Quality Commission

Old Village Care Home Limited

Cedar Lodge Care Home

Inspection report

Main Street
Offenham
Evesham
WR11 8RL
Tel: 01386446871
Website: info@cedarlodgecarehome.com

Date of inspection visit: 27 January 2015
Date of publication: 26/06/2015

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

Overall summary

This was an unannounced inspection, which took place on 27 and 28 January 2015.

Cedar Lodge is registered to provide accommodation and personal care for a maximum of 19 people. There were 14 people living at the home at the time of our inspection.

There was a registered manager in post at the time of the inspection. 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. The registered manager had been absent for a period of three months, we had been notified of their absence and suitable support had been arranged. At the time of our visit the registered manager was on a phased return to work.

At our last inspection in April 2014 the provider was not meeting the essential standards of care and welfare, and the assessing and monitoring of the quality of service

Summary of findings

provision. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we found the provider had made some improvements.

People and their relatives said they felt safe and staff treated them well. Relatives told us staff were kind and caring and thoughtful towards people. Staff we spoke with understood that they had responsibility to take action to protect people from harm. They demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were supported by staff with up to date knowledge about providing effective care. We saw that staff treated people with dignity and respect whilst supporting their needs. People's preferences were taken into account and respected.

We found the provider had consistently followed the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards when assessing people's ability to make specific decisions. Two applications had been submitted to the supervisory body so the decision to restrict somebody's liberty was only made by people who had suitable authority to do so.

People had sufficient food and drink to maintain a healthy diet. People were supported to eat and drink well and had access to health professionals in a timely manner. Risks to people's health and wellbeing were well managed.

Relatives knew how to raise complaints and the provider had arrangements in place so that people were listened to and action taken to make any necessary improvements.

The systems were in place to monitor and improve the quality of the service further improvements were needed to ensure the delivery of a quality service.

The registered manager promoted a positive approach to including people's views. People and staff were encouraged to be involved in regular meetings to share their thoughts and concerns about the quality of the service.

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.

People told us that they felt safe and staff were able to tell us what actions they would take if they had any concerns about the people they supported. We saw people had their needs assessed and risks to their health and wellbeing had been carried out. Staff were aware of how to support and protect people where risks had been identified.

People received their medicines on time and as prescribed. People and relatives told us they felt there were enough staff on duty to meet their care and social needs.

Good

Is the service effective?
The service was effective.

People's needs and preferences were supported by trained staff. Staff told us and we saw that the information in the care records were consistently followed. The Mental Capacity Act (2005) code of practice was being met. At the time of the inspection two applications for Deprivation of Liberty Safeguards (DoLS) had been submitted.

People told us that they enjoyed their meals and had a choice about what they ate to meet specific dietary needs. Staff had contacted other health professionals when required to meet people's health needs.

Good

Is the service caring?
The service was caring.

People who lived at the home and relatives thought staff were caring. Staff treated people with kindness and people's independence was respected.

Staff understood how to provide care in a dignified manner and respected people's right to make their own decisions where possible.

Good

Is the service responsive?
The service was responsive

People were supported by staff or relatives to raise any comments or concerns with staff and these were responded to appropriately. We saw people were able to make everyday choices, and people engaged in leisure pursuits.

Good

Is the service well-led?
The service was not well led.

Requires Improvement

Summary of findings

Further improvements to the arrangements in place to check people received high quality care were needed to ensure quality care was consistently delivered. People who lived at the home and relatives said the manager and staff were approachable and open. Staff felt well supported.

Cedar Lodge Care 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.

This inspection took place on 27 and 28 January 2015 and was unannounced. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications the provider had sent us. Statutory notifications are reports the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

We spoke with six people who lived at the home, and two relatives. We observed how staff supported people throughout the day. As part of our observations 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 spoke with the registered manager and the manager from one of the providers other homes. We spoke with three staff. We also spoke to a community nurse and a mental health consultant.

We looked at four records about people's care, staff rosters, complaint files, meeting minutes for meetings with staff and people that lived at the home. Quality audits that the registered manager and provider had competed.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe whilst living at the home. One person said, "I feel perfectly safe, always plenty of people about." Another said, "I feel safe and comfortable here."

A relative told us, "I feel my [family member] is safe, it gives me peace of mind, knowing they are here." A member of staff told us, "It feels safe." A community nurse told us people were safe, and their team had no concerns about people living at the home.

Staff told us how they would respond to allegations or incidents of abuse, and also knew who to report any concerns to in the home. One staff member said, "If I was worried about anything, I would follow the safeguarding procedures and tell the manager". Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. They showed they had an awareness of the different types of abuse and had received training.

We saw staff were able to monitor people and assist people with tasks and social interactions. One person said, "People look after you, I never feel a nuisance or that I am asking too much." One relative said, "[Family member] is well supported, always staff about." We saw people were supported by staff that had time to respond to their individual needs and care for them. For example, call bells were answered promptly by staff. The care staff were supported by the registered manager, deputy manager, catering and housekeeping staff. We saw the registered manager had systems in place to ensure there were sufficient staff available to provide people with the support they needed. They told us staffing levels were determined by the needs and dependency levels of the people who lived at the home. The registered manager had assessed how many staff were needed to meet the needs of people who lived at the home.

We looked at the system the provider had in place for recruiting new workers. We saw and staff told us they only commenced working in the home after comprehensive checks had been completed. All new staff had a Disclosure and Barring Service (DBS), references and records of employment history. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

We saw staff supported people with their mobility with the use of equipment such as walking frames and wheelchairs. We saw people had their needs assessed and risks to their health and wellbeing had been carried out whenever a risk had been identified. This included risks associated with people's mobility, nutrition and risk of developing pressure sores. One person said, "Staff always remind me to use my frame so I don't fall." We saw plans in place for staff to follow. Staff we spoke with understood how to support and protect people where risks had been identified. Staff understood their responsibilities in relation to concerns they had about people's safety and to report these to the manager. This showed people had the appropriate support to reduce the risk of them falling and promote their safety.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. One person told us, "I am happy to know the staff do my meds, they make no mistakes." Another said, "Happy to have staff give meds as I forget sometimes." The quality of record keeping for medicines held in blister packs was good and all medicines we checked showed people received their medicines as prescribed by their doctor. We observed staff supported people to take their medicines and found people received their medicines safely as prescribed to meet their needs.

Good

Is the service effective?

Our findings

People told us they liked the staff and received the care they needed. One person told us, "Carers are good, they do what I need." Relatives told us they were confident that their relative's needs were met. One relative said, "I can see if [family member] is happy or frustrated, I can tell by their body language, they are happy here."

We spoke with three staff and they told us that they felt supported in their role and had regular one to one meetings with the registered manager. A staff member said, "I feel supported and fully trained to meet everyone's needs." Staff told us they received training that reflected the needs of the people they cared for.

During our last inspection in April 2014 we found people were cared for by staff who were not fully supported and trained to deliver care and treatment safely and to an appropriate standard. Regulation 23 (1). We found during this inspection improvements had been made and actions relating to training were completed. We saw staff had been trained and future training courses had been booked. The subjects included food hygiene, moving and handling and safe guarding of vulnerable adults. Staff told us and the registered manager showed us they kept staff knowledge up to date with regular training.

We looked at how the Mental Capacity Act (2005) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We saw the registered manager had completed this process when it was needed. All staff we spoke with told us they were aware of a person's right to choose or refuse care. They told us they would refer any issues about people's choice or restrictions to the registered manager.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The registered manager and provider had asked the local authority for further advice, and submitted two applications, one had been agreed and the other was still going through the process. This showed people who lived at the home were supported by staff who knew when an application should be made.

People we spoke with said they enjoyed the food and were offered a choice at meal times. One person said, "The food is quite good, they take care when cooking it." Another told us they needed a specific diet, "I've never been given the wrong food, I can have a picnic lunch anytime I want." Another person told us, "I can make suggestions (about food choices) at meetings." We saw in records that meal options were discussed at residents meetings, and the person told us their suggestion was now included in the menu. Relatives told us they were happy with the food provided. One relative said, "The food is really good, smells and looks lovely."

We saw that people received drinks and meals throughout the day in line with their care plans. For example, people received a specific diet or were supported with the use of aids to promote their independence when eating their meals if needed. We observed how people were supported over the lunch time period. We saw that people had been given a choice of food and drinks. Where people required a specialist diet or required there fluid intake to be monitored, this information was recorded by staff.

People told us they received support with their health care when they needed it. One person said, "My [family member] will take me to the doctors, or they will come here if I need one." Another said, "My [family member] takes me to the dentist and opticians when I need it." We saw each person had their health care needs documented, and staff told us how they met those needs, for example when district nurses were due to change dressings for people. There were links with outside agencies such as community health teams; they were involved with additional support when needed for people living at the home. We spoke with a visiting mental health consultant who said, "I would put my dad here." This consultant visited people that lived at the home regularly and had no concerns about the care provided.

Good

Is the service caring?

Our findings

We saw people looked comfortable and relaxed in their home. One person said, "If I wake up at night they (the staff) will reassure me, I feel better then, they are so kind." Another said, "Can't fault it, everybody is so caring," and another, "Very caring they always try and help." A community nurse told us staff were very friendly and they saw staff supported people in a kind way.

We saw people were treated in a kind and caring way. The staff were friendly, patient and discreet when providing support for people. We saw that staff took time to talk with people as they supported them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. People's wellbeing was supported by positive interactions with staff. For example we saw staff provided reassurance to a person. Staff sat with this person and held their hand until they were smiling; we could see that this had improved the person's wellbeing.

People we spoke with said they were involved in their care planning. One person told us, "Staff listen to me, I have no problems," another said, "I can go to bed when I want, and have breakfast in bed if I want to." People said staff knew the support they needed and their preferences about their care. One relative told us, "I always meet with staff and the manager every time I visit to discuss my [family member's] care." Relatives we spoke with said they always speak to the staff if they have any concerns.

We saw people were treated with dignity and respect. For example we saw doors were closed whilst people received personal care. We saw support was offered discreetly and in a kind manner to maintain people's dignity. People were supported with their appearance and were dressed in clothes that reflected their personalities. One person said, "I am well looked after, everything is easy and comfortable."

We saw rooms were personalised with photographs and personal items. One person said, "I have my own furniture in my room, it makes me feel better." People told us they attended regular church services and one person said, "My [family member] is arranging my priest to visit."

People told us they could have visitors whenever they wanted, one person told us, "My [family member] can come whenever they like." Another told us, "I have a phone in my room so I can ring my [family member] every day." Another said, "I can have visitors any time, no set times." Relatives told us they felt welcome to visit the home at any time. One relative said, "I can visit anytime, I have a cup of tea and feel very welcome." This helped people to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

We observed people had their needs and requests met by staff who responded appropriately. For example, staff supported people with their mobility or responded to their requests for support. One person said, "Sometimes I go out with my family and take a picnic lunch, they make it here because of my special diet." We spoke with a visiting consultant and they told us about a person who lived at the home they were involved with. The consultant told us staff listened and actioned advice given. The outcome for the person was they were much improved and no longer needed the consultant's intervention.

People told us and we observed people did things they enjoyed which reflected their interests. People we spoke with remembered the different leisure activities they had done. For example, bowling, dominos and weekly exercise. There was a regular exchange to books so people that enjoyed reading always had new books to read. One person said, "Not many activities, although we had bowling here last night which was fun." Another said, "I'm not bored." A member of staff told us, "I like to sit and talk to people about the past, it's really interesting." There were suggestions for new activities and pastimes at the meeting in November 2014 such as aroma therapy and other complimentary therapies. People said they were looking forward to the extra interests which had not started at the time of our inspection. We spoke with the registered manager and they were hoping to start these as soon as possible.

During our observations staff demonstrated they were able to understand people's needs and responded accordingly. Staff were aware of people's individual behaviour and emotions when talking with them and were able to tell us about the person's life history. One relative said, "They know all about [family members] history from the beginning so they understand." People and their relatives told us they were involved in their support planning by regular conversations with staff and the registered manager.

People and staff told us about regular meetings for people living at the home. These meetings provided an opportunity for people to voice any concerns, catch up on new ideas, and make suggestions. For example, one person told us about a menu suggestion that had been put in place this was confirmed by staff and minutes from the meetings. This showed that the registered manager used the suggestions to improve the support planning for people who lived at the home.

We looked at four people's records which had been kept under review and updated regularly to reflect people's current care needs. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded.

People told us that they knew how to raise concerns or complaints. They also told us the registered manager and staff were approachable. One person said, "Would be happy to speak to the manager about any concerns, they will always sort things out." Another person said, "They (staff) are so good to me, I would talk to them if I had a problem." Throughout our inspection we saw relatives had been comfortable to approach the registered manager to talk about the care and treatment of their relative. A relative said, "I would always discuss any concerns straight away with staff." A relative told us about a concern they had raised, which had been resolved quickly by the registered manager.

Requires Improvement

Is the service well-led?

Our findings

During our last inspection in April 2014 we found the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others, regulation 10 (1) (a) (b). We found on this inspection some improvements had been made, however not all of the agreed actions had been completed.

The registered manager and deputy manager completed regular monitoring to ensure quality care was provided. Care plans had been reviewed and this was almost complete. We looked at four care plans and they all contained relevant up to date information. The registered manager said the review would be completed by the end of February 2015.

There were actions outstanding from the agreed improvements to the system for assessing and monitoring the quality of service provision. For example analysis was not completed on accidents and incidents, although incidents were documented and investigated. There may have been problems that could have been identified by this analysis, such as anomalies and patterns which would have impacted on the safety of people living in the home. The registered manager made assurances that these actions would be completed within the next three months.

People who lived at the home and relatives said the registered manager was very approachable and staff were open and friendly. One person said about the registered manager, “You can talk about problems, they will listen.” Another person said, “Always happy to speak to the manager.” One relative said, “I always speak to the manager, very approachable.” People were encouraged to attend regular meetings which gave them an opportunity to raise concerns or comments. For example, suggestions about new menu ideas and activities.

Staff said that the registered manager was approachable. One member of staff said,” A good manager, they really care.” Another said, “I can always phone someone at the weekend, they will come and help if I need them to.” Staff said they felt well supported by their manager and had regular one to one meetings. Staff told us there were regular staff meetings over the last six months which gave them the opportunity to raise concerns or comments with people’s care. For example, revisiting procedures and discussions around care planning for people.

A member of staff told us, “I had a letter from the family thanking me when someone passed away, it was very sad but the manager thanked me too,” the staff member said they felt supported and appreciated.

The register manager told us they sought advice from other professionals to ensure they provided good quality care. They had followed advice from district nurses and the local authority to ensure that people received the care and support that reflected professional standards. For example, the provider was making improvements to the activities and pastimes provided at the home and working with the local authority for staff to receive training in meaningful activities. This training supports staff to provide a wider, more individualised range of activities to improve people’s wellbeing whilst living at the home.