

Nigel Hooper

# Cedar Gardens

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 7 April 2016 and was unannounced.

Cedar Gardens is registered to provide accommodation and personal care for a maximum of six people with learning disabilities or autistic spectrum disorder. There were five people living at the home on the day of our visit. At the time of our inspection, there was a registered manager in post. 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 told us they felt safe and supported by the care staff. Care staff knew and understood how to reduced people's risk of harm or abuse. All staff told us they would protect people from harm and were confident in recognising the potential signs of abuse.

Care staff were available when people needed them had care staff that were available and there were sufficient numbers of staff to provide care to all people living at the home. Where people had risks identified as part of their daily living, care staff provided support to reduce those risks. People told us they received their medicines as prescribed and at the correct time.

Care staff told us their training reflected the needs of people who lived at the home. Where people had not been able to consent to certain aspects or decisions about their care, records of decisions had been completed.

People had access to drinks and food throughout the day and night. Where people required support to prepare their meals care staff helped them. People had accessed other healthcare professionals to support them.

People told us they liked the care staff and had developed positive and respectful relationships. People told us the care staff were very kind and caring in their approach. People's privacy and dignity were respected. People felt supported and empowered to be independent in all aspects of their lives.

People were involved in the planning of their care and told us they were regularly involved in updating these. People's care plans recorded their care needs in an individual way that reflected their preferences and life histories.

People were happy to raise any concerns or worries directly with the care staff. People felt the staff were able to provide solutions or answers at that time. The registered manager was keen to answer people's concerns and we saw this happening when people raised concerns with them.

People were seen to approach and make requests through the day with all staff, including the registered manager. The registered manager told us it that being approachable and visible within the home helped them maintain a homely environment which people liked.

## 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.

People felt safe and looked after by care staff. People's risk had been considered and they had received their medicines where needed. People were supported by sufficient numbers of staff to meet their care and welfare needs in a timely way.

### Is the service effective?

Good ●

The service was effective.

People's consent and right to freedom had been obtained and recorded. People had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

### Is the service caring?

Good ●

The service was caring.

People received care that met their needs by care staff who respected their privacy and dignity. People had their individual preferences met.

### Is the service responsive?

Good ●

The service was responsive.

People had been supported to make everyday choices and were engaged in their personal interest and hobbies. People were supported by care staff to raise any comments or concerns.

### Is the service well-led?

Good ●

The service was well-led.

People were happy about the overall service and had their views listened to. The provider had monitored the quality of care provided and kept their knowledge up to date.

# Cedar Gardens

## **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 7 April 2016. The inspection was completed by one inspector. We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with six people. We spoke with three staff, the registered manager and the owner. We spent our time with people and care staff in the communal areas of the home.

We looked at one record about a person's care, three sets of medicine records, medicine audit, care plan audits, falls and incidents reports and checks completed by the provider and registered manager.

# Is the service safe?

## Our findings

People we spoke with told us they were comfortable in their home and felt that care staff helped them to keep them safe and free from the risk of abuse. One person we spoke with said that care staff accompanied them when they went out, which made them feel safe.

Two care staff we spoke with told us they always ensured people were safe and would ensure the person was safe and where possible remove them from an unsafe situation. Any concerns would be reported for investigating and further referral if needed. For example, reporting to the local authority safeguarding team. All care staff told us they had been trained in the awareness of the potential types of abuse.

Care staff ensured people did as much as they were able on their own whilst minimising the risk of injury. Two people we spoke with knew what they could do on their own and when they needed additional support or input from care staff. Plans were in place to prevent or minimise any identified risks for people and provided care staff with information about what they could do. Staff told they would look at these if they needed to, amend them and update as required or on monthly basis.

Where people had accidents or incidents staff had recorded the event which was reviewed by the registered manager. If any immediate action to prevent a reoccurrence was needed this was done. For example, the registered manager had identified an anxiety pattern for one person at certain times of the year.

Two people told us about the staff who supported them and that they knew who would be in the home during the day and night. People told us that the care staff helped them when they were inside or out of the home. The registered manager was able to provide care staff flexibly in line with people's care needs and daily activities. All care staff we spoke with felt they had time to support people with care and their chosen activities. They felt the staffing team were consistent, which included a team of bank care staff when needed.

Two people we spoke with were aware of their medicines and we saw that one person asked care staff for assistance with their tablets. One person told us they were pleased that care staff and their doctor were helping them to review their medicines to ensure they were the best for them. People we spoke with received their medicines when needed, for instance when getting up in the morning as part of their personal care routine. People also told us they would ask care staff if they needed any medicines occasionally, for example any pain relief.

Care staff told us they had been trained and their competency checked through observations of their practice. Records we saw provided evidence of their practice and observations by the registered manager.. People's medicines were recorded and weekly checks were completed by the registered manager to reduce the chance of errors or missed medicines.

# Is the service effective?

## Our findings

People told us care staff understood them and knew how to provide their care and support. One person said care staff really knew what to do if they felt unwell as part of their diabetic care needs. Care staff told us that they knew how to support people as individuals and recognised their specific needs. We saw that this information was recorded in detail within the persons care plan so that all care staff had access to the information about each person's individual support.

Care staff felt confident in providing the correct care to people and the provider ensured training courses were available to maintain and increase their skills. One care staff member said they were supported in their role. Training had been arranged for all care staff on one particular area of health care so they were able to fully support one person at the home. The registered manager had sought professional advice and guidance to support staff until the training had been completed.

All staff we spoke with told us about the support they had from regular team and individual meetings with the registered manager. They used these meetings discuss people's care practices and one care staff member told us they were able to discuss different ideas if they were unsure about any work based issues.

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.

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 were being met. The registered manager understood the legal requirements they had to work within to do this. People at the home had been supported to make decisions by staff having the skills and understanding of when to involve others, we found that these decisions had been recorded.

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 (DoLS). The provider had followed the requirements in the DoLS and two people had a DoL application submitted to the local authority for assessment and review.

Two people we spoke with told us they enjoyed the food and were involved with making their own meals when they wanted. One person said their favourite meals were fish and chips and cottage pie which they ate regularly. People decided on the weekly meals and went with care staff to get the ingredients. We heard people chatting to care staff about the meal choices for the week and where they enjoyed a particular meal. Care staff told us about the food people liked and disliked and confirmed who received any specialised diets. For example where they supported a person with their healthy eating plan. Three people also told us they enjoyed going out for meals or the local public house for drinks and snacks.

Two people we spoke told us about the support they had to maintain a healthy lifestyle. This included attending hospital appointments, regular doctor appointment and the dentists. One person told they attended appointments on their own while another person told us they preferred staff to go with them. Staff helped people with reminders, encouragement and transport to attend any appointments with health professionals as required. Staff told us that they recoded concerns about people's health and would make suggestions for people on what to do. For example, contacting the doctor for an appointment. Where changes were made to people's care and support needs by other health professionals we saw their care records had been updated to reflect this.



# Is the service caring?

## Our findings

All people living at the home told us they liked the care staff and each other's company and had known each other a long time. People told us that care staffs time was spent chatting with them about their day or what they may like to do. People confidently spoke to care staff in their home and approached them when needed. People were understood by the care staff who used a variety of ways to make their wishes known. Staff also looked for visual and emotional signs to understand a person's needs.

People confidently joked and laughed in a relaxed way with care staff, the registered manger and the owner. One person said, "We have some fun". People told care staff if they wanted to be involved in their daily tasks or let them do it. Care staff listened to people's choices and decisions and offered encouragement for the person to be involved. For example, in cooking, cleaning their room or doing their laundry. Care staff told us they aimed to promote and encouraged independence so people were able to learn tasks or continue to be self-caring.

Our conversations with all care staff and the registered manager showed they had a detailed and personal understanding of each person. Care staff respected that it was a home and were attentive to people's individual choice about where they spent their time. One person said, "They respect me". When we were speaking with care staff they were respectful about people who lived at the home and showed a genuine interest and compassion about their lives. People's individual emotional needs were respected and people chose to spend time privately in their bedrooms or in the lounge with staff.

Care staff felt it was easy to get to know the people they cared for as they spent lots of times with them. Some care staff had also known people for many years and had worked together in other settings. Care staff also referred to care plans if they needed information about the person.

People had the opportunity to review the care they received daily and at monthly reviews. The registered manager also reviewed people's daily diary's which they used when looking at what had worked well and what may need changing. Two people also told us about how a particular member of care staff assisted them with the review and helped with personal shopping. Where people expressed choices about their care the information had been detailed in their care records.

People were involved in their own household tasks and care staff encouraged them which promoted people's confidence and independence. People had also received support to manage and maintain their finances and were responsible for holidays and purchasing items. Staff told us they provided people with reasons for and against a purchase and guidance about the remainder of their finances. Although it was the person's choice staff felt this was important so people made decision with all the facts.

## Is the service responsive?

### Our findings

People had their needs and requests met by staff who responded with kindness and in a timely manner. People told us about many areas where they had improved their lives since living at Cedar Gardens. For example, maintaining a healthier diet and increasing their mobility through support and guidance by staff who had reassured them. Two people we spoke with told us their care was reviewed and they would be happy to discuss any changes with care staff.

People were supported by care staff to attend annual health checks or reviews with consultants. Care staff told us they were able to provide information at this appointment and follow up with any changes to a person's care plan. Care staff we spoke with knew the type and level of care and support people needed. They understood people's health condition and what this meant for them. For example, if a person had certain health conditions they knew how the person would respond if they became unwell. Care staff also felt they recognised any changes in people's day to day health needs and would spot any infections or illnesses quickly.

Information about changes to people's care or social needs were shared with care staff at the end of their shift to ensure staff starting their shift had up to date information. If the changes were significant or long term, people's care records were updated. The care staff told us they kept each other informed through the use of the communication book, memo book, handovers and the medical records.

People's records had been kept under review and updated regularly to reflect people's current care needs. These detailed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, a person's preferred daily routine and how care staff should assist them.

All people told us they made choices about how they spent their time and each week made a timetable. Each person had individual social lives, hobbies and interests. For example, staff supported people to go out for lunch, go to the shops or visits to the local areas of interest. People were involved in planning and booking trips or holidays they wished to go on. Staff told us people would choose what they did, if they stayed in or went out. Where people requested or needed support from staff to leave the home, this was provided. People also had the use of a house vehicle to provide transport.

Throughout the day people approached care staff and spent time with the registered manager to speak about their concerns, worries or social plans. People were listened to and provided with supportive advice and guidance. Care staff were patient to ensure the person was happy with the response. There was a complaint procedure in place and available in an easy read format, although no complaints had been received. Staff we spoke with told us they were happy to raise concerns on people's behalf and that the registered manager would listen.

## Is the service well-led?

### Our findings

People's views and opinions were valued and listened to by care staff and the registered manager.. People were also asked at a monthly meeting for feedback and views on their care, meals and activities on offer. Recent decoration of the communal areas had been completed and people told us they had chosen the colours and new sofa.

The registered manager was knowledgeable about how the home was run, the people who lived there and the provider's expectations and values. The registered manager told us they wanted people to enjoy living at Cedar Gardens and were involved and encouraged to share their views and ideas on how the service could be improved. The registered manager spent time with people and worked alongside care staff. For example, they supported two people in the home while care staff went out with other people.

All care staff we spoke with reflected it was a home run for the people that lived there. They also felt involved in people's lives and the registered manager was keen to listen and try their ideas in relation to people's care. Care staff told us they were a caring team and the management team recognised that their staff worked well together. One member of care staff said, "I feel it's a homely place with a fantastic atmosphere".

Monthly checks had been completed by the registered manager which had looked at the environment, medicines checks and reviewing people's care plan information. The provider had also employed a consultant to review all the monthly management audits and visited the home to speak with people to see how they felt about their care. These visits were recorded and any follow up action completed by the registered manager. For example, minor repairs that were needed. The owner also visited the home regularly to talk through any changes or improvements with the registered manager.

The registered manager had access to information and support. The registered manager and care staff sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and consultants to ensure people received the care and support that had been recommended. They felt this supported them to be aware of changes and were able to keep information was about people's health care needs up to date and relevant.

The registered manager said they were supported by their staffing team and felt they all worked well together to ensure people were treated as individuals living in their own homes. Staff told us the registered manager was visible in the home and that they "Just go and talk to him". The staff were clear about the standard of care they were expected to provide and one member of care staff said, "The place runs well and I am confident with the people I support and it's done right".

The registered manager spoke about how they worked to continually improve the home. They also worked closely with the registered manager of the providers other service and used this as an opportunity to reflect on best practice and sharing knowledge.