

Cornwall Care Limited Cedar Grange

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 

Overall summary

The inspection took place on 6 and 15 May 2015 and was unannounced. Cedar Grange is a nursing home providing care and accommodation for up to 60 older people, some of whom are living with dementia and may have mental health needs. On the day of the inspection there were 59 people living at the home. Cedar Grange is part of Cornwall Care Limited. The service has four separate units to cater for people's needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission (CQC) 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.

We observed people and staff chatting and enjoying each other's company in a relaxed and calm atmosphere. Comments included; "I love it here." People told us they were happy living there.

Summary of findings

People and relatives were happy with the care and staff provided. Professionals and relatives said staff were competent and knowledgeable about the people they cared for.

People were supported and encouraged as much as possible to make everyday decisions and choices about their lives. Staff supported people with patience and understanding while protecting people's privacy and dignity.

People were protected by safe recruitment procedures. Staff received a full induction and were supported with ongoing training to develop and maintain their skills. Staff competency was assessed and monitored. Staff, relatives and people said they felt there were sufficient staff on duty. Staff confirmed they had sufficient time to support people and did not feel rushed. A relative said; "Couldn't wish for anything better."

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs, such as GPs and dementia liaison nurses. Staff followed guidance provided by professionals to help ensure people received the care they needed to remain safe. For example, some people received one to one staff support to help keep them safe.

People's medicines were managed safely. Medicines were managed, stored and disposed of safely. Nurses administered all medicines and had been appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

The registered manager had sought and acted on advice where they thought people's freedom was being restricted. This helped to protect people's rights. Applications were made and advice taken to help

safeguard people and respect their human rights. Staff had completed safeguarding training and showed they had a good knowledge on how to recognise and report concerns. Staff were able to describe the action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated. People told us they felt safe.

People were supported to maintain a healthy, balanced diet. People told us they enjoyed their meals. We observed interactions during mealtimes. People were assisted at their own pace and not rushed.

People's care records contained detailed information about how people wished to be supported. Records were regularly updated to reflect people's changing needs. People's communication methods and preferences were taken into account and respected by staff. People and their families were involved in the planning of their care.

People's risks were well-managed and regularly reviewed to help keep people safe. Where possible, people had choice and control over their lives and were supported to engage in activities within the home and outside.

People and staff described the management as supportive, approachable and involved in people's care. Staff talked positively about their jobs and took pride in their work. Visiting professionals and staff confirmed the management of the service were approachable and very good.

People's opinions were sought. Audits were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents and safeguarding concerns were investigated and, where there were areas for improvement, these were shared for learning.

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 were supported by skilled and experienced staff. There were sufficient numbers of staff to meet people's needs.

Staff were able to recognise the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

People's risks had been identified and managed appropriately.

People received their medicines as prescribed. People's medicines were administered and managed safely.

Good



Is the service effective?

The service was effective.

People received support and care to meet their needs.

The registered manager and some staff had completed training and understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People received care from staff who were trained to meet their individual needs. People were supported to have their choices and preferences met.

People were supported to maintain a healthy balanced and varied diet.

People could access appropriate health, social and medical support as needed.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect by caring and compassionate staff.

Staff supported people in a way that promoted and protected their privacy and dignity.

Staff were knowledgeable about the care people required and the things that were important to them.

People's wishes for end of life support were well documented and followed.

Good



Is the service responsive?

The service was responsive.

Care records were personalised, individual and met people's needs.

Staff responded appropriately and rapidly to people's needs.

People were supported to participate in a choice of activities.

People and their families knew how to raise a concern or make a complaint if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was an experienced registered manager who was approachable.

Staff were well supported by the management team. There was open communication within the service and staff felt comfortable discussing any concerns with them.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Good



Cedar Grange

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 checked 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 was undertaken by two inspectors on 6 and 15 May 2015 and was unannounced.

Prior to the inspection we reviewed information we held about the service, such as previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with 28 people, the registered manager and 17 members of staff. We spoke with 10 relatives and two health and social care professionals who had supported people within the service. We also spoke with one senior manager of Cornwall Care Ltd who visited during our inspection.

We looked around the premises and observed and heard how staff interacted with people. We looked at eight records which related to people's individual care needs. We looked at eight records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People and relatives confirmed there were sufficient staff to help keep people safe. Rotas evidenced and staff confirmed the home had enough staff on duty. Staff supported people appropriately at all times. For example, at mealtimes and during several activities taking place during our visits. The registered manager confirmed staffing numbers were regularly reviewed and increased to help ensure sufficient staff were available to meet people's care needs and keep people safe. For example, several people who lived with dementia required one to one staffing to help keep them safe when moving around the service. Staff confirmed the one to one staffing provided was additional to regular staffing numbers. Relatives agreed they had no problems locating staff when they needed to. Visiting professionals felt the home had sufficient staff and were impressed by the number of staff in the home when they visited.

People were safe because the registered manager had arrangements in place to make sure people were protected from abuse and avoidable harm. People told us they felt safe. One person responded when asked if they felt safe by saying; "Crikey-not half!" Relatives said; "My dad has been very safe here." Another when asked if they felt there relative was safe said; "Oh yes-definitely."

Staff had completed safeguarding training which was regularly updated, and had access to policies and procedures on safeguarding and whistleblowing. Staff demonstrated they could identify abuse and confirmed they would have no hesitation in reporting abuse. Staff were confident the registered manager would act on any issues or concerns raised. Staff said they would take things further. For example, contact the local safeguarding team if they felt their concerns were not being taken seriously. Referrals had been made to the local safeguarding team and this showed any concerns were reported to the local safeguarding team if needed.

People lived in a safe, secure clean environment that was regularly upgraded. Regular fire audits and evacuation drills were carried out to help ensure staff knew what to do in the event of a fire. Regular testing on the smoke alarms and emergency lighting were completed. People had individual emergency evacuation plans in place. Individual care records and risk assessments recorded how staff

needed to support people in the event of a fire to help keep people safe. The environmental health agency had carried out an inspection and rated the home as level five, which is the highest rating that could be achieved.

People had up to date risk assessments in place and people were involved in their risk assessments if possible. People had risk assessments in place to highlight areas of risk. For example, if people were at risk of developing pressure ulcers, falling, malnutrition and how staff could support people to move safely. People also had individual risk assessments in place. For example, where people may place themselves and others at risk due to living with dementia or mental health needs. There were clear protocols in place for managing these risks. Staff were provided with advice and guidance to support people safely. Staff showed they were knowledgeable about the care needs of people, including any risks and when people required extra support. For example, if people needed staff to support them when they moved around the service. This helped to ensure people were moved safely.

People were protected by safe staff recruitment practices. Recruitment files included relevant checks to confirm the staff member's suitability to work with vulnerable adults. For example, disclosure and barring service checks. The staff employed had completed a thorough induction process to ensure they had the skills and knowledge required to provide the care and support to meet people's needs. One nurse who had recently been employed confirmed, they were currently shadowing experienced nurses and being supervised until all relevant qualification checks had been made. This helped to ensure suitable trained staff had the appropriate competencies and qualification to work with vulnerable adults. Staff confirmed they had completed a basic English and maths assessment to help ensure they were safe to record and understand information in people's records.

Accidents and incidences were documented, recorded and analysed to help identify what had happened, and any further action staff could take to reduce the risk of reoccurrence. For example, if people were unsafe moving around the service, additional staff had been provided to help protect people. Any themes were noted and learning from accidents or incidents were shared with the staff team and appropriate changes were made. This helped to minimise the possibility of repeated incidents.

Is the service safe?

People's medicines were managed and given to people as prescribed. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this.

People had a detailed plan of their prescribed medicines and how they preferred these to be administered. A designated nurse had the responsibility of overseeing medicines and undertook regular audits and staff

competency checks. Medicines administration records (MAR) were all in place and had been correctly completed. Controlled drugs were appropriately stored. Staff had been appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines.

Is the service effective?

Our findings

People received effective care and support from staff who were supported and well trained. Staff demonstrated they had the skills and knowledge to carry out their roles and responsibilities effectively. Staff knew the people they supported well, and this helped to ensure people's needs were met. One person said of the staff; "The staff are the best in Cornwall!"

Staff completed the "Skills for Care" induction programme. This is a nationally recognised programme for health and social care staff. Staff confirmed they had a four day induction programme at the start of their employment. This included in-house inductions overseen by either the registered manager or one of the senior nurses. Staff completed fire safety procedures and how to use lifting equipment during this induction. This helped to ensure staff had completed appropriate training and had the right skills and knowledge to effectively meet people's needs. Staff confirmed they had shadowed experienced staff members and agreed the induction was thorough and identified what additional training or support they would need to carry out their role effectively. The company, Cornwall Care, checked nurse's registration status and checked with the registering body to ensure nurses renewed their registration.

Staff completed training to meet the needs of people currently living in the service. For example, comprehensive dementia and mental health training. Training records showed the staffs completion of additional training. For example, manual handling. Further training had been planned to ensure staff had regular updates and supported staff to have continued learning.

Staff said they felt listened to and could talk to the registered manager and the senior nurses. Supervision and appraisals were provided and staff said this gave them an opportunity to discuss good practice as well as any issues or concerns. Staff meetings provided the staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal

framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and if needed other professionals. A visiting professional confirmed they were at the service to chair a best interests meeting and a DoLS application had been made for one of the people they oversee the care for. Another person had a best interests meeting to determine if they required two to one staffing to help keep them safe. The outcome of best interests meetings were documented in individual files. One professional commented that the registered manager and deputy were very knowledgeable about the MCA and DoLS process.

Staff demonstrated they had some understanding and knowledge of the MCA and DoLS. Staff had completed training in the MCA and DoLS. The registered manager confirmed people who required them had a DoLS authorisation in place. For example, people restricted from leaving the home to keep them safe. Authorisations were held on people's files. The correct authorisation had been sought and review dates were also recorded. Applications recorded if the person had been involved in the decision making and when additional people, for example, dementia liaison nurses, had been involved. Staff were aware of people's legal status. This showed us the staff understood when a professional body would need to be consulted. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

People's records showed they were involved as much as possible in their care. People had the support of an Independent Mental Capacity Advocate (IMCA) to help them make decisions about their care and welfare when needed. The service recognised the need to support and encourage people who lacked capacity to make decisions and everyday choices whenever possible. For example, if people wished to partake in activities offered.

Staff asked people for consent to the care provided and supported people as much as possible to make every day decisions about the care provided. For example, staff asked people and waited for a response before assisting them using lifting equipment.

People had their individual nutritional and hydration needs met and staff supported people to maintain a balanced diet. Care plans held information on people's likes and dislikes and listed what each person required in order to

Is the service effective?

maintain a healthy balanced diet. The malnutrition universal screening tool (MUST) was used when needed, to identify if a person was at risk of malnutrition. People identified at risk of malnutrition had their weight monitored and food and fluid charts were completed. Kitchen staff had information on each person's dietary requirements. For example, if people required a puree diet. The service offered people choice and meet their needs effectively. Guidance and information was provided for staff on how to meet individual needs. For example, if people required a diabetic diet. We observed people received the specialist diet they required and staff were fully aware of people's nutritional needs.

We observed several mealtimes on each of the units and found them to be unrushed and people were assisted at their own pace. People and visitors made positive comments on the food provided. Comments about the food included; "Fish and chips today-great!" and "always a choice on what to have." Visitors confirmed they often ate with their relatives and good food was always offered.

A tour of the service showed upgrades had been carried out including a new "bar area" where people were able to

enjoy a drink, game of darts and listen to some music. The registered manager talked through future planned upgrades. There were rooms suitable to accommodate wheelchairs and lifting equipment to meet people's needs. Each of the four units were decorated and furnished individually, so people and staff could gain a sense of ownership for their area. Thought had gone into this decoration. For example, in one area we saw a display of handbags, and in another we saw items for touching and feeling. Sensory items had been bought and were around the units to help stimulate people.

People's health needs were met. People had access to local health and social care services. For example, GPs and dementia liaison nurses. Staff made referrals to health and social care professionals for advice and when people's needs changed. Health and social care professionals confirmed the service contacted them for advice and worked with them to look at causes of people's distress, and responded appropriately. Health and social care professionals confirmed they visited the service regularly, and were kept up to date on people's needs.

Is the service caring?

Our findings

People were cared for and supported by kind and caring staff. The atmosphere in the home was warm and welcoming. Interactions between people and staff were positive. People told us, they were well cared for and spoke well of the staff and the high quality of the care they received. Comments included; “I’m a fuss pot-I like everything as I like it, and they make sure it is!” Health and social care professionals said the staff were caring and knew the people they cared for.

People were involved as much as they were able to with the care and treatment they received. Staff treated people with kindness and compassion. Staff told people what they were going to do before they offered any support to ensure people were happy and comfortable with the support being offered. For example, staff informed people who required assistance moving around the building, what they were going to do throughout the process. The task was completed at the person’s own pace.

People’s personal care needs were responded to by staff in a discreet manner. For example, when a person required assistance, staff ensured this was carried out discreetly without drawing attention to people. This showed staff recognised people’s needs and responded to them in a caring manner. People who required one to one support due to living with dementia where offered support promptly by the designated person. For example, when a person became confused and distressed staff supported this person and explained where they were. We saw examples throughout our visit when staff responded to people positively and quickly. Relatives said they saw staff chatting and interacting with people whenever they visited.

People said their privacy and dignity were respected. Staff detailed how they maintained people’s privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering,

gaining consent before providing care, and ensuring curtains and doors were closed. Staff said they felt it was important people were supported to retain their dignity and independence. Relatives commented they had never seen staff being anything other than respectful towards the people they supported. One staff member told us they showed people respect by; “I always ask even if they don’t reply. When doing personal care I still tell them what I’m doing and reassure them.”

The staff knew people well and what was important to them such as how they liked to have their care needs met. People looked comfortable and their personal care needs were met. A relative said; “Couldn’t wish for better care for my relative.”

Staff showed concern for people’s wellbeing. For example, a person who was confined to their bed due to deteriorating health, was observed being provided support from staff with kindness and compassion, whilst they maintained their dignity. Records showed staff recorded regular personal care carried out including mouth care, nail and hair care. The relatives of this person spoke highly of the care provided to their relative throughout their time living in the service. A visitor whose relative had received end of life care said; “The experience of her death was eased by the care shown to them by the staff.”

People’s care files recorded information on people’s end of life plans. They evidenced where end of life care had been discussed with an individual and their relatives so that their wishes on their deteriorating health were known to the service. Where people had been assessed as lacking capacity records showed the involvement of family members and other professionals to ensure decisions were made in the person’s best interests. People who requested it had an “allow a natural death” documented. This discussed and recorded people’s preferred choice of their end of life care.

Is the service responsive?

Our findings

People were supported by staff who were responsive to their needs. Prior to admission people had a pre-admission assessment completed to enable the service to assess if they were able to meet and respond to people's needs. Pre-admission information included an "initial care plan" that held a discharge/transfer summary for people who had moved from another service. This provided staff with up to date information on people which was used to develop a full care plan. One professional confirmed the pre-admission assessment the service had completed was thorough and detailed. They went on to say that due to the details taken, the service had been able to respond very well to meet this person's needs and responded to their dementia care needs.

People were involved as much as possible with planning their care and records held information on how people chose to be supported. When people's needs changed care records were reviewed and altered to show this change. For example, one person's general health had deteriorated and staff responded by involving the person's GP to assist them and offer support and advice to ensure they remained comfortable.

People's records held detailed information about their care needs and recorded people's health and social care, physical and personal care needs. Other information recorded included people's faith, social and recreational needs and how staff supported and met these needs. Records had been regularly reviewed with people or, where appropriate, with family members. Relatives confirmed they had been involved.

People's care plans had been personalised and reflected people's wishes. Records showed they had been reviewed and updated to help ensure staff had the updated information to support people and know their current care needs. The registered manager ensured care records were maintained. Staff knew people well and what was important to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's care records included a full life history and a "My life story." This recorded people's medical history, professional involvement and lifetime history. Staff had access to people's life history therefore they could

understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

Care plans recorded people's physical needs, such as their mobility and personal care needs choices. For example, people who required a hoist to move around. We observed staff ensuring people, who required them, had pressure relieving cushions in place to protect their skin integrity. Additional information included how staff could respond to people's emotional needs and if a person had additional needs. For example, those people living with dementia and required the input from a dementia liaison nurse.

During a meal time we observed two people getting agitated with each other. Staff responded by going between them and suggested to one they moved to another table while at the same time calming the other. The situation was diffused with great skill and tact.

People had access to call bells wherever they were in the service, including the lounge and their own bedrooms and this enabled them to call for assistance at all times and for staff to respond to their needs. People who chose to stay in their bedrooms had their call bells next to them. Relatives said when they visited, staff would call in to check on people.

People were encouraged and supported to maintain links within the local area. For example, people had staff assist them to visit local shops and people also went out with family members.

Activities were provided regularly and people were offered to take part if they wished to do so. Staff said they encouraged people to join in. The staff understood people's individual needs and took this into account when arranging activities and ensured people had a variety to choose from. During our visit some people chose to watch a musical and sing along. People confirmed they were happy with the activities provided in the home. Two relatives said their relative preferred to stay in their own room and not take part, however staff offered and asked if they wish to partake.

People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint. People said they felt the registered manager, nurses or staff would take action to address any issues or

Is the service responsive?

concerns raised. Relatives said they would have no concern about approaching the staff. One person said they had raised a minor concern and were happy with the response they received and how it had been dealt with.

The company had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The

procedure was clearly displayed for people to access. The complaints file showed complaints had been thoroughly investigated in line with the service's own policy and appropriate action had been taken. The outcome had been clearly recorded and feedback had been given to the complainant and documented.

Is the service well-led?

Our findings

Cedar Grange is owned by Cornwall Care Limited. Cornwall Care Limited runs a number of services within the county of Cornwall. Cedar Grange was found to be well led and managed effectively. The company's values and visions are to offer people; "quality of care in a safe and welcoming place." Information provided to people when they moved into the service set out these values. Staff spoken with understood these values and visions. The registered manager took a very active role within the running of the home and had good knowledge of the staff and people. The registered manager confirmed they met and received regular support from the company's senior managers.

Staff spoke well of the support they received from the registered manager and nursing staff. A nurse recently employed, said the registered manager, nurses and staff regularly checked with them to ensure they were supported and were settling. Staff said they were able to approach the registered manager if they had any issues or concerns or were unsure about any aspect of their role. Staff described the staff team as very supportive. Relatives and health and social care professionals said the service was well led and the registered manager was approachable. Three visitors spoke highly of the registered manager and said they were always approachable. Comments included; "The management are good. They listen and they are approachable."

There was a clear management structure in the service. Staff were aware of the roles of the registered manager and the senior nurse. Staff said the registered manager was approachable and made themselves available to both people, relatives and staff. During our inspection we spoke with the registered manager and one senior manager from Cornwall Care company. All demonstrated they knew the details of the care provided to the people and this showed they had regular contact with the people who used the service and the staff.

People, relatives and staff spoke positively about the registered manager. Health and social care professionals said their visits to the service had been a positive experience.

People were involved as much as possible in the running of their home. Residents' meetings were not always held due to the current needs of people. However, the service

arranged relatives meetings and invited people living in the service to attend. The registered manager encouraged all staff to make time for people and talk and listen to people's concerns.

The registered manager sought verbal feedback from relatives, friends and health and social care professionals regularly to enhance their service. Visitors, including relatives, told us there were comment cards available to them to make any suggestions or raise concerns. The registered manager also said Cornwall Care Limited's website had quality assurance forms for people to access and this gave people an opportunity to make suggestions that could drive improvements.

The service had an effective quality assurance system in place to drive improvements. Audits were carried out in line with policies and procedures. For example, there was a programme of in-house audits including audits on medicines and people's care records. Surveys were sent to people who were able to complete them and people had access to advocacy services if needed to help them complete these. Relatives, staff and professionals received the results of regular audits so they could see what improvements had been made or were planned. These covered all aspects of the service provided.

The registered manager used an independent visitor to carry out a regular audit of the service. The last report showed this visitor had toured the service and spoke to people who lived in the service and some visitors. They recorded, of the leadership of the service (the registered manager); "The warm, open and enthusiastic style of the manager appears to have infected the home and the team working there."

The service held regular staff meetings to enable open and transparent discussions about the service and people's individual needs. Meetings updated the staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff told us they were encouraged and supported to raise issues to improve the service. Staff told us they could request staff meetings and could contribute to the agenda items; these could be done anonymously if they wished. Staff told us about improvements that had occurred after a staff meeting. For example, staff felt communication had improved. The home had a whistle-blowers policy which staff were aware of.

Is the service well-led?

Staff told us how learning from accidents and incidents had taken place. For example, discussions were held at a team meeting after one incident. As a result a physiotherapist was called to assess someone for suitable lifting equipment. Staff said they felt their concerns were listened to and acted upon.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations.