

MGL Healthcare Limited

# Cedardale Residential Home

## Inspection report

Queens Road  
Maidstone  
Kent  
ME16 0HX

Tel: 01622755338

Date of inspection visit:  
28 November 2019

Date of publication:  
20 December 2019

## 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

### About the service

Cedardale Residential Home provides care and accommodation for up to 29 people some who have physical needs and some people who are living with dementia. On the day of our inspection 27 people were receiving care and support at Cedardale Residential Home.

### People's experience of using this service and what we found

During the inspection we were made aware of a specific incident. Following which a person using the service sustained a serious injury. This incident is subject to an investigation by the Safeguarding authority. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of ensuring the safety of people that are being cared for in their room. This inspection examined those risks and were satisfied that the provider had taken appropriate actions to reduce any further risks to people

People and relatives were very complimentary about the caring nature of the staff and management team at the service. Our observations confirmed this. There were sufficient staff at the service to support people with the needs. Staff were aware of the risks associated with people's care and ensured that people were provided the most appropriate care.

People received their medicines when needed. People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Appropriate training was provided to staff in relation to their role and were encouraged to progress. Staff were valued and had opportunities to win employee of the month to celebrate their good work.

People were supported and encouraged to remain as independent as possible and were involved in decisions around their care. There were times where people felt that staff went above and beyond what was expected of them and were appreciative of this.

The management were looking to improve activities however people did enjoy the ones that took place. People who were cared for in their rooms had one to one activities provided and were protected from the risk of social isolation. Care plans were planned around people's health care needs. There was a robust system in place to assess the quality of care provided.

People and relatives knew how to complain and were confident that complaints would be listened to and addressed. People, relatives and staff thought the leadership of the service was effective. The management team were open in relation to feedback and made improvements soon after the inspection in relation to the

set up of the lounge.

#### Rating at last inspection

At the last inspection the service was rated Good (the report was published on the 25 May 2017).

#### Why we inspected

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

## 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

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Cedardale Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

Our inspection was completed by two inspectors.

#### Service and service type

Cedardale Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. 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 who was also the provider was present on the day of the inspection. A new manager had started at the service and had submitted their application to register.

#### Notice of inspection

Our inspection was unannounced. The inspection took place on the 28 November 2019.

#### What we did before the inspection

Our inspection was informed by information we already held about the service. We also checked for

feedback we received from members of the public and local authorities. We checked records held by Companies House. We reviewed the Provider Information. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection-

We spoke with two people that used the service and six relatives. We spoke with the registered manager, two managers and four members of staff. We observed interactions between staff and people. We reviewed five people's care records, training and supervisions for staff, audits and other records about the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff at the service. A relative told us, "We have peace of mind. She's safe and that's our main concern." Another said, "I don't worry about her. I trust the staff."
- Staff understood what they needed to do if they suspected abuse. One member of staff said, "I would go to (the managers) and if it's not sorted I would go to the safeguarding team or CQC."
- Staff received safeguarding training and there was a whistleblowing policy that staff could access.

Assessing risk, safety monitoring and management

- Assessments were undertaken to identify risks to people and protect them from harm. These included the risks related to skin integrity, mobility, nutrition, choking and fire safety.
- The risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. For example, in one person's moving and handling risk assessment it stated, "Reposition two-hourly. Set electric bed on lowest setting and bed rails in place with bumpers." We saw that all of this was in place.
- To reduce the risk of people entering other people's rooms, sensor mats were in place to alert staff when people had left their rooms.
- Staff were knowledgeable about reducing risks to people when giving care. One told us, "We check to see if anything changes. If someone has fallen then we look to see if they need a frame or a sensor mat in their room."

Staffing and recruitment

- People and relatives told us that there were enough staff. One person said, "I just ring the bell and they come." A relative said, "There is always someone around" and another said, "I have never turned up with anyone needing help. We never have to wait."
- During the inspection we saw that where people needed support this was provided by staff straight away. Staff said that they were enough staff to support people. One told us, "There are enough staff. Each staff member has a certain amount to do and it gets done."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- People told us they received their medicines when needed. One told us, "They tell me about my

medicines." One relative said, "Mum is on quite a lot of medicines and gets them all."

- There were appropriate systems in place to ensure the safe storage and administration of medicines.
- People's medicines were recorded in all the MARs and were easy to read. The MAR chart had a picture of the person and details of allergies, and other appropriate information. There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use.
- Staff undertook training around medicines and that their competency was observed and assessed before they were signed off. A member of staff said, "We do competency assessments every four to five months and we go over what we do."

#### Preventing and controlling infection

- When we arrived at the service we noted that the carpets in the hallway smelled of urine. However, the registered manager advised us that new carpets had been ordered and were due to be replaced. They told us, "We thought it was in the chairs which we got rid of. We have the cleaners deep clean the carpet. We are having the carpet replaced in two or three weeks' time."
- We also identified that the laundry room had no facility for staff to wash their hands. We were told by the registered manager there were plans to move the laundry to another area where there would be a sink for staff to use.
- People and relatives told us the service was clean. One relative said, "The bathrooms are spotless. Mums room is always clean."
- Other areas of the service were clean and well maintained. Throughout the day we saw staff cleaning bedrooms and communal areas.
- Staff understood what they needed to do to ensure that people were protected from the risk of infection spreading. One member of staff said, "We monitor that staff are wearing PPE (Personal protective equipment such as gloves and aprons)."

#### Learning lessons when things go wrong

- Where accidents and incidents occurred, staff responded appropriately to reduce further risks. This included where people had behaviours that challenged or where people had fallen. One relative said, "Mum had a fall and chipped her hip and since then she's had a (sensor) mat put in place by her bed."
- All accidents and incidents were reviewed by the manager to look for trends. Actions were then taken to reduce the risk of incidents occurring. For example, where one person had fallen a sensor mat had been put into place, so staff were alerted when they left their room and could offer support.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information about people's needs had been assessed before they moved in. This was to ensure they knew the service could meet their needs. One relative said, "They assessed (their family member) in hospital. I appreciated that." Another said, "She has settled in so well as they had everything in place." The manager told us, "We want to make that transition the best that we can."
- Assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. Information from the pre-assessment was then used to develop care plans for people. A relative said, "It was hard moving her in here, but the staff were so supportive, and she's settled."

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff were competent in their role. One relative said "Staff understand dementia. I went away for a week. They reassured (their loved one) and were open and transparent with her. They understood how to manage her dementia."
- Staff completed an induction before they started caring for people. Staff also undertook the care certificate (a set of nationally agreed standards staff should demonstrate in their daily working lives). Staff were provided with training that was specific to their role and received regular refreshers to ensure they were up to date with the most recent guidance. One member of staff said, "We do all the training including dementia which is so important."
- Senior staff and the managers undertook regular supervisions with staff to assess their performance and to provide support. One member of staff said, "We do supervisions to discuss any concerns and issues. Its handy to give your feedback and know if you're doing things right."

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with nutritious food and drink that met their needs. One person said, "The food is excellent." One relative said, "They get plenty of food. Mums gets alternatives. She lost loads of weight but put it all on again." Another said, "She's getting enough food and they keep an eye on what she drinks."
- Throughout the day people were offered snacks and drinks. Staff actively encouraged people to eat and drink. One member of staff was heard saying to a person that initially refused their meal, "Alright (person) you coming for lunch darling?" The person was then seen to move to the dining room to eat their lunch.
- During lunch the tables were laid nicely, and people were asked what drinks they wanted. There were choices of meals and if a person did not like what was on the menu an alternative was offered. The chef had accurate information on the needs of people and whether they were on a restricted diet. One relative told

us, "Since mum has come out of hospital she is now on a pureed diet." We saw that their family member was offered a pureed meal.

- Where people were at risk of dehydration or malnutrition there were plans in place to address this. One member of staff said, "We encourage people to eat and drink. We want reduce the risk of UTIs or chest infections."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well as a team to provide effective care to people. There was a handover at the end of each shift where staff shared information to ensure changes in people's needs were highlighted, or to confirm care had been given as required. One member of staff said, "We are a good team that work well together."

- People told us they were able to access health care services when needed. One relative said, "They always call the doctor if needed." Another said, "She kept having chest infections and urine infections and they called the paramedic who got the ambulance and she went to hospital. She's only just come back (yesterday) and already they've got her mobilising. She's doing really well."

- Staff worked alongside healthcare professionals and other organisations to meet people's needs. One member of staff said, "We have an inhouse optician, dentist and visits from the GP and district nurses."

- Information recorded in care plans showed that people had access to all healthcare professionals. Including the GP, dentist, opticians and hospital appointments. We saw that staff were following any guidance provided by health care professionals. There were hospital passports in people's care plans with information related to the person's medical background and care needs.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- During the inspection we saw staff asked people for consent before they delivered any care.
- Staff were aware of the principles of MCA. One member of staff told us, "Everyone has the right to make an unwise decision."
- Where people's capacity was in doubt MCA capacity assessments were completed and these were specific to the particular decisions that needed to be made. For example, in relation to receiving care, having a belt when sat in their wheelchair and having bedrails. However, some of the best interest decisions were not always present in the care plan. The manager acted on this straight away to do a review of all the care plans and to complete all necessary documentation. We also saw applications that had been submitted to the local authority where the registered manager believed that people's liberties may be restricted.

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet the needs of people. A relative said, "Her (their family member) room is

fine. That is no problem."

- The corridors and rooms were spacious to allow people to move freely. Each person's room was tastefully decorated with modern fixtures and fittings. We did feedback that the lounge furniture could be arranged in a in small sections to encourage socialisation. They acted on this straight away and sent photos to show how the lounge had been rearranged.
- The garden was well maintained and had a ramp for wheelchair users. We saw people accessing the garden when they wanted.
- There were signs on communal doors including the bathroom and toilets to help orientate people. There were also names and photos on people's bedroom doors.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This means that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were kind and caring. One person said, "I'm very happy here. Staff are very friendly." Relatives comments included, "They all love her. It means a lot to me", "Everyone is really lovely. We looked around two homes and came here. It felt so relaxed and it was a nice atmosphere" and "General day to day caring. Mum likes to hug, and the staff are very good about that. They have a good understanding of her needs and adapt."
- We observed examples of staff being kind and attentive to people throughout the day. For example, one person went into the garden room and started to get upset. A member of staff put their arm around them asking what was wrong and used endearments with them. At lunch time, staff chatted to the person they were supporting to eat and included other people in the conversations.
- There were times where relatives told us staff went above and beyond in their delivery of care. One relative said, "During my time away they took her into town on her (the member of staff) day off. Made me feel that they really do care."
- There were religious services planned for people of various dominations. This included services at the home and people attending services in the community.
- Relatives and friends were encouraged to visit and maintain relationships with people. One relative said, "I always feel welcome."

Supporting people to express their views and be involved in making decisions about their care

- People told us that they felt involved in their care planning and were able to make choices about when to get up in the morning, what to wear and activities they would like to participate in.
- There were people that chose to stay in their rooms and staff respected this decision.
- People rooms were personalised with things that were important to them. People were able to walk around the service when they wanted. A relative told us, "The best thing is (family member) is able to walk around as much as she wants to without being stopped."

Respecting and promoting people's privacy, dignity and independence:

- People and relatives told us that staff were respectful. A person said, "What I like is that they don't intrude, but it's nice to know they're around and I'm being looked after." A relative said, "I think staff are brilliant, they have patience."
- When staff provided personal care to people this was provided behind closed doors to protect people's dignity. We observed staff to knock on people's doors before they entered. When staff spoke with people they did this in a polite and respectful manner.

- Staff encouraged people to do things rather than assume they could not do them. This was also translated into care plans. One care plan stated, ""(Person) can clean her own teeth if you give her the toothbrush with paste on." A relative told us, "Mum still likes to do things for herself. Sometimes she'll get herself dressed. It may not be in the right way, but staff will let her and then sort her out."
- People looked nicely dressed and their clothes were clean well presented. One relative said, "She always looks nice. (Member of staff) always brushes her hair."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There were detailed care records which outlined individual's care and support. For example, personal and oral hygiene, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information.
- Care was planned to ensure that care was provided specific to people's needs. In one person's care plan it stated person liked to walk around the home and may be anxious. The actions were for staff not to block the person in the corridor, offer a drink and ask if they have any pain. This was to reduce the person's anxiety. One relative told us, "Staff have built a profile for her and record her progress."
- Staff on the day were knowledgeable about people's care needs. Daily records were also completed to record each person's daily activities, personal care given, what went well, and any action taken. One member of staff said, "Care plans are a big thing. We prompt staff to read them."

End of life care and support

- End of life care was planned around people's wishes. However, we have fed back that more information was required in the care plans around what people wanted at the end of their life. The manager told us that they would address this.
- Relatives were complimentary to the staff at the service about the care their loved ones received at the end of their lives. One relative fed back, "Thank you for all the love and care you have given (their loved one)." Another said, "Thank you for the care you showed to my mother."
- The manager told us, "We had a lady here who had no one else in the world. We organised a small service for her (on her death) and we brought her back here. So, she's out there (her ashes) as she had no one else." A member of staff said, "The main things is ensuring that people are given dignity and making them comfortable. We liaise fully with the families and ensure there is pain relief in place."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives were positive about the range of activities. They did raise that although there were activities in the afternoon they felt there could be more in the mornings. One relative said, "There are things going on. The other week I joined in on an activity and they'll do a quiz, even if it's not planned. On Remembrance Day they built a big poppy. However, they could do more activities. There are times you come in and they are just sitting in front of the television." Another told us, "There are activities in the summer and other times they look at pictures, listen to music, doing reminiscence." The manager told us they would review the activities and outings on offer to people.
- Where people were cared for their room staff visited them to undertake one to ones to reduce the risk of social isolation. In addition to activities, entertainers and visitors also came to the service.

### Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us that they knew how to complain. One relative said, "I raised an issue with the laundry. They were really good and its improved." Another told us that the manager, "Acts on things" when they are raised.
- Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. Staff supported people if they wanted to make a complaint. One told us, "I would ask if they wanted to go through the complaint and follow this up and try and resolve it for them. Otherwise I would take it to (the managers)."
- Compliments were also shared with the staff at the service. These included, "Mum has been in care with you for more than four years and has always been treated with respect, care and love. With her dignity being always preserved, these are the greatest strengths of the service you provide.' A second said, "We feel a real warmth when we visit our mum."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans had communication records in place to guide staff how best to communicate with people. This included whether they needed their hearing aids in or whether they required their glasses for reading.
- There were documents that could be provided to people in larger print and in picture format. One member of staff said, "When you talk to people, speak clearly and don't stand in people's faces. We can access Braille if needed."

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives were complimentary about the managers at the service. One relative said, "The managers are very approachable." Another said, "I like the manager. She is down to earth."
- Staff were positive about the management team. One told us, "The managers are good. They work well together. They are visible and helpful and very hands on."
- The management team clearly knew all the people at the service and their needs very well. They spoke highly of their staff team and valued them for the work they did supporting people. One member of staff said, "Sometimes it doesn't feel like work. It's nice to come to work and feel so supported."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were given opportunities to talk about things they would like at the service through regular meetings. One relative said, "We have meetings and its useful for information." Another said, "There was a meeting for family members and we brought it up (more outings)."
- People and relatives were asked to complete surveys to give feedback. An action plan was developed as a result of the feedback. Improvements were made as a result including refurbishment of the dining area and a dementia menu board had been introduced.
- Staff attended meetings and were invited to contribute to the running of the service. One member of staff said, "We have meetings and team building. It's good if we are frustrated to get it out."
- Staff told us that they felt supported and valued. One told us, "I feel valued. They always show their appreciation. We have employee of the month and it's good to know you are valued." Another told us, "I feel 100% supported. The managers are so helpful."

Continuous learning and improving care; Working in partnership with others

- The management team undertook audits to review the quality of care being provided. This included audits of the environment, care plans and health and safety. We saw that improvements had been made to the décor of the home as a result of the environment audit.
- Staff and the managers wanted to make improvements at the service and took on board where we highlighted improvements could be made. One manager told us, "We have just done the dining room and moving onto lounge, then we are going onto carpet in the corridor." They added, "We are really aiming towards that person-centred care."
- The management team worked with external organisations to drive improvements in care. The service

liaised with other organisations such as the local authority. As a result of our feedback the management team had also contacted another service to look at how the dementia care was being provided.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The managers had informed the CQC of significant events including significant incidents and safeguarding concerns.
- We saw from the records that relatives had been contacted where there had been an incident with their family member. Relatives confirmed with us that they were contacted where incidents had arisen. One relative said, "If she had a fall they would never keep it from me." The manager said, "We are transparent."