

Four Seasons (Evedale) Limited

The Cedars and Larches

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 30 and 31 March 2015 and was unannounced.

The Cedars and Larches is registered to provide accommodation, personal care and nursing care for up to 69 older people within two units. There were 48 people using the service 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 who used the service told us they felt safe living at The Cedars and Larches and felt safe with the support workers who looked after them. Their relatives and friends agreed.

Staff had received training on how to keep people safe and they knew the actions to take if a safeguarding incident occurred.

Summary of findings

Risks associated with people's care had been assessed so as to provide the safest possible support. Where risks had been identified these had, where ever possible, been minimised to better protect their health and welfare.

Appropriate recruitment checks, including the collecting of references had been carried out when new staff had been employed. This was to check that they were suitable to work at the service. Staff had received training relevant to their role within the service and ongoing support was being provided.

People received their medicines as prescribed by their doctor. Their medicines were being managed in line with national guidance and the required records were being kept.

People told us there were not always enough staff around to meet people's needs and staff members agreed. The management team acknowledged these concerns and told us they would increase the staffing numbers in the morning by one. This was observed in The Larches on the second day of our visit.

We have made a recommendation about staffing levels at the service.

People's needs had been assessed before they moved to the service and plans of care had been developed from the assessments. The staff team were aware of the individual needs of those in their care and they supported them well.

People's consent to the care and support they were to receive had been obtained when they first moved into the service and staff involved them in making decisions on a daily basis. For people unable to give consent, decisions had been made in their best interests by someone who knew them well.

People told us the meals served at The Cedars and Larches were good. People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was being provided. For people assessed to be at risk of not getting the food and fluids they needed to keep them well, accurate records had been kept showing their food and fluid intake.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Throughout our visit we observed staff treating people with kindness and they supported them in a caring and considerate way. They involved people in making choices about their care and support and when choices were made, these were respected by staff.

Systems were in place to audit the service being provided and these were carried out on a regular basis.

People told us the service was well managed and the management team were available to talk with when required. Staff felt supported by the management team and told us they felt able to approach them at any time.

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 not consistently safe.

People told us they felt safe living at The Cedars and Larches. Risks associated with people's care and support had been assessed and an effective staff recruitment process was in place. There were not always enough staff on duty to effectively meet the needs of the people who used the service.

Requires improvement



Is the service effective?

The service was effective.

Staff had the skills and knowledge they needed to meet the needs of those in their care. People's consent to their care and treatment was always sought and access to all the necessary healthcare professionals was provided. People were provided with a balanced diet that catered for their individual needs.

Good



Is the service caring?

The service was caring.

People told us the staff were kind and we observed the staff treating people in a caring manner. People were supported and encouraged to make choices about their care and support on a daily basis. People's privacy and dignity were, on the whole maintained.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed before they moved in to the service and they had been involved in deciding what care and support they needed. They were supported to maintain relationships with those important to them and were encouraged to follow their favourite pastimes and interests. People were confident that any concerns raised would be dealt with.

Good



Is the service well-led?

The service was well led.

Staff were aware of the aims and objectives of the service. They felt supported by the management team and felt they could talk to them should they have a concern of any kind. Auditing systems were in place to monitor the quality of the service being provided.

Good



The Cedars and Larches

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.

Before our inspection, we reviewed information we held about the service. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people that used the service. We also contacted other health professionals involved in the service to gather their views.

We visited the service on 30 and 31 March 2015. The inspection was unannounced.

We spoke with 13 people living at The Cedars and Larches and eight visitors. We were also able to speak with 10 members of the staff team, the registered manager and regional manager. Two visiting professionals were also spoken with.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who accompanied us on our visit was experienced in dementia care.

We observed care and support being provided in the communal areas of the home. This was so that we could understand people's experiences.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care, staff training records, people's medication records and the quality assurance audits that the registered manager completed.

Is the service safe?

Our findings

People told us they felt safe living at The Cedars and Larches. One person told us, “Oh yes, if you need anybody they are always there.” Another person explained, “I am ok here and yes, I do feel safe because if I need anything someone is always there to help.”

Visiting relatives told us they felt their relatives were safe. One told us “She’s safe, yes.” Another stated, “[Relative] has been here a long time, I visit regularly and I can be sure and don’t have to worry, that [relative] is always safe.”

The management team were aware of their responsibilities for keeping people safe. They knew the procedures to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities. Care workers had received appropriate training and they told us what they would do to keep people safe. One care worker told us, “I would report any concern straight the way.” Another explained, “Anything I didn’t feel comfortable with I would report it straight the way. I was sent a copy of the whistle blowing policy with my offer [of employment] letter.” This meant staff knew what procedures to follow if they had a concern and this included contacting other agencies such as the local authority or CQC.

People’s plans of care showed us the risks associated with the care and support they received had been assessed. We saw risk assessments in place in the records we looked at and these were relevant to the individual. Each person had a risk assessment relating to nutrition and monitoring charts for food and fluid intake and people’s weight were completed. People were monitored closely to reduce risks. All risk assessments had been reviewed monthly. This meant the risks to the people who used the service were identified and, where ever possible minimised to better protect their health and welfare.

Checks had been carried out on both the environment and on the equipment used to maintain people’s safety. Audits, both local and regional had also been carried out. This enabled the management team to identify, act on and monitor any incidents and accidents that occurred at the service.

People told us that in their opinion there were not always enough staff on duty to meet their needs, particularly in the mornings. The staff we spoke with agreed. One person told

us, “Evidence is that sometimes they are short!.” They added, “Nobody seems to check that you are alright. You would think that the nurses would check from time to time, again it’s probably down to the shortage of staff.” Another person explained, “How quickly the staff come varies a lot, sometimes up to an hour, other times five minutes’. When we asked if it was at any particular time of day when they had to wait longer they told us, “When they are [the staff] normally busy like breakfast, meal times really, which is understandable but not good from a patients point of view!” A third person told us, “There is too much for staff to do. There are sometimes delays when you use the call system.”

Staff spoken with told us they felt there were not always enough staff on duty. One explained, “Sometimes there is enough, other times not. We could do with an extra person particularly in the mornings particularly as a lot [people who use the service] need two carers.” Another told us, “We could do with another one [care staff] in the morning, we meet their needs but if we weren’t so rushed it would be 100% better.” Another told us, “There is not enough staff at breakfast, There are three of us to get people up and one does breakfast. We really struggle.”

We observed people in the dining room and lounge areas throughout both mornings of our visit, both at The Cedars and The Larches. It was evident there was little staff presence in either, due to care staff assisting people with their care and support needs. We discussed this with the management team and they told us this would be looked into. By the second day of our visit they had arranged extra support for the morning shift at The Larches.

We recommend that the provider reviews the way they ensure that there are always enough competent, skilled and experienced staff deployed in order to meet the needs of the people who use the service and keep them safe.

Appropriate recruitment procedures had been followed. The registered manager had also checked to make sure the nurses who worked at the service had an up to date registration with the NMC (Nursing and Midwifery Council). Nurses can only practice as nurses if they are registered with the NMC. This showed us the registered manager took the safety of the people who used the service seriously, when employing new members of staff.

Is the service safe?

We looked at medication management to see if people received their medicines as prescribed. We saw that they had.

The medication trolleys were safely stored and secured when not in use. The temperature of the treatment rooms and temperatures of the fridges used for storing medication were recorded daily and were within required limits.

We looked at a sample of MAR (Medication Administration Records) charts and checked medicines in stock with the records we saw. The amounts matched. In relation to boxed (non-blistered) medicines there was a reducing count of stock recorded on MAR charts after each had been given. We looked at controlled drugs that were separately stored and signed by 2 staff when given. The amounts in stock for three medicines matched that in the CD register. There was a signed record of CD stock at each nurse hand-over.

Protocols were in place for medicines prescribed PRN (as and when required). This included pain killers for when a person was in pain. These protocols informed the reader what these medicines were for and how often they should be offered. We spoke to a person who needed pain relief, who said, "If I am in pain I am quite able to say so. If I ask for pain relief it is given to me."

Daily checks of the medicines kept at the service took place to monitor accuracy. The registered manager as part of a 'daily walk-round' checked one person's medication thoroughly with the system and monthly audits of all medication held were also carried out.

Staff (nurses, seniors and carers) had recently completed their annual pharmacy training course and competency tests for nurses were carried out by the registered manager annually. This meant that measures were in place to protect people from the potential risks involved with medicines.

Is the service effective?

Our findings

People who used the service told us the staff who looked after them knew them well and felt they had the skills needed to look after them properly. One person told us, “Couldn’t be better treatment anywhere. The girls here look after me so well. I am happy with the treatment I have been given here.” Another explained, “They [care workers] know what they are doing and they are trained to help us.”

Visiting relatives and friends told us the staff working at the service had the skills and experience they needed to meet the needs of those they were supporting. One relative told us, “They appear to be well trained, they have nursed her [their relative] really well since she’s been here.”

We observed the care workers supporting the people who used the service. They showed us they had the skills and knowledge to meet people’s individual needs. Care workers communicated effectively with people who used the service and their relatives and friends and carried out their daily duties effectively.

Staff told us they had received a period of induction when they first started working at the service and appropriate training courses had also been provided. One care worker told us, “I had to come in for so many days, one of the days was for moving and handling training. They also gave me copies of policies, it was really good it helped me a lot and improved my work.”

A training programme was in place for all staff. We looked at the training records and found staff had received training relevant to their role within the service. Staff felt supported by the management team. Regular supervision sessions were offered and team meetings were also held. This provided staff with the opportunity to discuss and share any further training needs or best practice ideas to improve the care and support they provided.

Training records showed us staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom protected to keep them safe. Staff spoken with understood their responsibilities under MCA and DoLS.

We saw assessments of capacity in the records we looked at. In records of a person assessed as not having capacity to make decisions the record showed, “Is able to express simple decisions related to daily care”. We did not see signatures in care records indicating consent to care and treatment. Where people did not have capacity to make more complex decisions, these had been made in the person’s best interests.

We saw that where there were restrictions relating to people’s liberty, an application had been made to the regulatory body (the Local Authority) for an authorisation under DoLS. A seven day urgent application had been made by the service together with a request for a standard authorisation. This demonstrated that the provider followed the legal processes relating to DoLS. Authorisations seen during our visit included for one person the use of bed rails and the use of a recliner chair.

People told us they had been involved in making day to day decisions about their care and support and staff gave examples of how they obtained people’s consent. One person told us, “They always ask me if it’s alright for them to help me.” A care worker told us, “We always give them choices, what to wear what to eat, it’s important that they make choices about their care.”

People told us the meals served were good. They told us they liked the food and were happy with the choice, quality, content and presentation of the food. One person told us there was a choice of cooked breakfast and we saw people having variations of that at breakfast time. They told us, “There is no rush to get up. I have had a cup of tea in room. I am going to have my bath soon and go downstairs for breakfast.” We saw them choosing/having breakfast later in the dining room. Another person told us, “I enjoyed my pork dinner yesterday and nice sandwiches at tea time, I’ve never come away from the table hungry.”

Observations during our visit showed a very relaxed atmosphere in the dining room at both breakfast and lunch time. Some people had a short wait to be served but people talked and were relaxed with background music playing. People told us they enjoyed mealtimes. One person told us, “Couldn’t get better food. They are good wholesome meals. I used to have a small cranberry juice for breakfast at home. Now I can have a large one at any time.”

Is the service effective?

A nutritional assessment had been completed when people had first moved into the service and from this a 'Mealtime information sheet' had been developed. This provided staff with information about people's individual requirements such as any special diets, what they liked to drink, the equipment they used (cutlery etc) and the level of assistance they needed. When we discussed this with staff they were aware of each individual's preferences.

For people assessed as at risk of dehydration or malnutrition, monitoring charts were being used to monitor their food and fluid intake. The records we looked at had been completed appropriately with detailed information. People's weights were monitored closely.

Some people were weighed weekly, whilst others were weighed monthly. We saw many examples of weight gain when people had needed to gain weight and referrals to the dietician and SALT (Speech and language therapy) team, where there had been concerns.

People had access to all the necessary healthcare professionals including doctors, community nurses and opticians. A nurse practitioner also visited the service every week to provide further healthcare support.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

People who used the service told us the staff who looked after them were kind and caring and our observations confirmed this. One person told us, “The carers are lovely! They do look after you and they care, it’s not just a job, they care’ Another explained, “I find them caring, yes, I can’t find any fault with any of them.”

Visitors to the service told us that on the whole, the staff were kind and caring though one visitor did share their feelings by saying, “ She [their relative] talks to some more than others [care staff] in fact some don’t stop to talk at all. A five minute chat would be nice.’ and when she has a drink placing it where she can reach it would help.” One relative told us, “The staff are really kind to [their relative] and they are friendly too.” Another explained, “They are caring, they look after her [their relative] very well.”

We observed support being provided throughout our visit. We saw that positive caring relationships had been developed and we observed good interactions between staff and the people who used the service. People were treated with kindness and compassion, though we did observe one incident where a care worker moved a person in a wheelchair without first talking with them and explaining what they were doing. On another occasion a care worker referred to people who needed assistance with their meals as ‘feeders’. We discussed this with the registered manager who acknowledged that this was not treating people with dignity and respect and assured us that this would be addressed.

We observed staff reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way. One person became very emotional whilst talking to us. A carer went to them and reassured them by stroking their hand and talking to them in a supportive manner and they were able to continue their conversation with us. This was a positive response of action taken to relieve a person’s distress.

We observed care workers assisting people to move around the service. Sometimes with the use of a hoist and

sometimes just with verbal encouragement to help the person to get out of their chair. On each occasion care workers explained what they were doing and assisted at a pace that suited the person. This provided reassurance to the person and put them at ease.

People told us they were able to make decisions about their care and support and relatives told us they were actively involved in making decisions with, or on their relatives’ behalf. One person told us, “I like to choose what I do during the day.” A relative told us, “They encourage [their relative] to decide what she wants for herself and they discuss things with us so that she gets the care she needs.”

Throughout our visit we observed staff involving people in making choices about their care and support. This included what time they wanted to get up, what they wanted to wear, what they wanted at meal times and where they wanted to spend their time. The choices that people made were respected by the staff working at the service. One care worker explained, “It’s important that you give people choices, it is their home and they need to be able to live the way they want and not the way we want.”

We saw that people’s privacy and dignity were preserved at all times during our inspection. We observed care workers knocking on people’s doors and closing doors when personal care was being provided. One relative told us, “Staff always respect her [their relative] privacy and dignity. I like that.”

Care workers gave us examples of how they ensured people’s privacy and dignity were respected. One care worker explained, “I always close the door and curtains and when I am giving them a full body wash [the people who use the service], I cover them with a towel or sheet.”

Relatives and friends were encouraged to visit and they told us they could visit at any time unless there was an emergency. One relative told us, “We can come any time, they [the staff] always make you welcome and they always make a point of talking to you.” Another explained, “The family can visit anytime.”

Is the service responsive?

Our findings

Relatives told us they and their family member had been involved in deciding what care and support they needed. One relative told us, "There is a care plan, we went through what help she [their relative] needed at the start so they knew what to do." Another told us, "They [a member of the management team] met with us. We discussed what help was needed and one of us always attends the reviews."

People's care and support needs had been assessed before they moved into the service to establish whether or not their needs could be properly met by the staff working there. From the assessment of need, a plan of care had been developed. Each plan of care included a document entitled, 'What's important now' which included information about how best to support each individual. It informed staff of how to provide care and support in a personalised way and included each person's personal choices and preferences for daily living. This meant the staff working at the service had the information they needed in order to provide individual, personalised care. When we asked care workers to tell us about people's routines, what they told us matched what we had seen in the documentation checked.

People's plans of care had been reviewed each month or sooner if changes to their health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person, contacting the GP and for another, the local speech and language team. This meant that there were arrangements in place to regularly assess and review people's care.

Relatives and friends were encouraged to visit and they told us that they were made welcome at all times. One relative told us, "We can come any time, we can't fault it, the staff are really friendly."

People were supported to follow their interests and take part in a range of activities. Activity leaders offered one to one and group activities according to what people were interested in doing. A monthly church service was organised and outings and entertainers had also been arranged.

People told us that they knew what to do if they had a concern or complaint to make about the service they received. One person told us, "I would speak to the person in charge and if we had no joy, I would speak with the manager." There was a formal complaints process in place and a copy of the complaints procedure was displayed. Concerns raised were taken seriously by the management team and were used as a learning tool to improve the service provided. An example of this was following the receipt of one complaint staff were enrolled on a dignity training course.

People who used the service, their relatives and their friends were all encouraged to share their thoughts of the service provided. Meetings had been held and a new electronic feedback system had recently been installed. This provided people with the opportunity to feedback any concerns or compliments on a daily basis.

Is the service well-led?

Our findings

People told us they felt the service was well managed and the management team were open and approachable. One person told us, “I see her now and again [the registered manager]. She is in the office upstairs but when she comes past [their bedroom] she comes and has a word. She is approachable and listens to what you say.”

People had been given the opportunity to share their views and be involved in the service in some way. Meetings had been held and people were able to speak with the staff and the management team on a daily basis. For people who were unable to share their views, their relatives and friends were able to speak up on their behalf. Care workers also shared how they helped people get their views across. One care worker explained, “People can’t always speak for themselves so the families will speak for them or we will because we know them.”

Staff told us they felt supported by both the registered manager and the deputy manager and they felt able to speak to them if they had any concerns or suggestions of any kind. One staff member explained, “I do feel supported, they are good [The registered manager and deputy manager] and you can go to them for anything.” Another staff member told us, “I feel very much supported by management.”

Staff were aware of the aims and objectives of the service and a copy of these were displayed in the reception area for people to view. One staff member told us, “Our aim is to make sure people feel safe, secure and comfortable.” Another explained, “We make sure that everyone is looked after with dignity, we protect their rights and choices, it is there home.”

Regular audits had been carried out to check the quality of the service being provided. Both local and corporate audits had been completed. This was to make sure that people were provided with a safe and suitable service.

Audits had been carried out on the paperwork held including care plans, medication records and incidents and accident records. This was to check people were receiving the care and support they required.

Regular checks had been carried out on the environment and on the equipment used to maintain people’s safety. We found audits had been carried out and up to date records had been maintained. This showed us people who used the service were protected by an environment that was well maintained. The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. There was a procedure for reporting and investigating incidents and accidents and staff were aware of and followed these.