

The Cedars (Baildon) Limited

The Cedars

Inspection report

23-25 Threshfield
Baildon
Shipley
West Yorkshire
BD17 6QA

Date of inspection visit:
06 February 2019

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27 March 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Cedars is a small residential care home located in Baildon, near Bradford. It provides accommodation and personal care to up to 12 people aged 65 and over. At the time of the inspection 9 people were living in the service.

People's experience of using this service:

People, relatives and health professionals provided very positive feedback about the service and the level of care provided to people. Staff were dedicated in providing people with a highly personalised and companionate service. There was a lovely atmosphere within the home and the staff and management team all knew people extremely well. The service was homely, decorated to a very high standard and kept very clean.

Medicines were not always managed in a safe or proper way. Overall, risks to people's health and safety were appropriately assessed, although improvements were needed to the pre-assessment process for new residents.

There were enough staff deployed to ensure people received prompt care and support. Recruitment practices were not consistently operated in a safe way. Formal systems of staff supervision and appraisal needed to be put in place.

People received a good and varied diet and the management team went out of their way to provide people with food in line with their individual choices and preferences. People were treated equally and fairly and their human rights upheld.

People's needs were assessed and people received care and support in line with their choices and preferences. The service worked effectively with health professionals to help meet people's needs. There was an excellent range of activities and social opportunities for people.

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

Systems to assess, monitor and improve the service needed improving. The registered manager was very 'hands on' and this was sometimes at the detriment to ensuring robust systems and documentation were in place. The service needed to assess and monitor its activity on a regular basis to ensure it was meeting the requirements of our regulations and standards.

Rating at last inspection: At the last inspection in January 2018 the service was rated as Requires Improvement overall.

Why we inspected: We inspected the service to follow up on the warning notice we issued the provider at

the last inspection in January 2018.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will meet with the provider to discuss our concerns and monitor their governance arrangements on an ongoing basis.

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 not consistently well led.

Details are in our Well Led findings below.

Requires Improvement ●

The Cedars

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.

The inspection took place after we had received notification of an incident following which a person using the service sustained a serious injury. This incident is subject to review and as a result this inspection did not examine the circumstances of the incident. However, the information shared with the Care Quality Commission (CQC) about the incident indicated potential concerns about the management of risk of falls from height. This inspection examined those risks. The inspection was carried out by two adult social care inspectors.

Service and service type:

The Cedars is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced, meaning the staff and management did not know that the inspection was going to take place.

What we did:

Before the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We spoke with the local authority commissioning and safeguarding teams to gain their views on the service.

We spoke with seven people using the service to gather their views and experiences and one visiting relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two staff members, the registered manager and the owner. We looked at documentation relating to three people who were using the service, three staff files and information relating to the management of the service.

After the inspection we received feedback from a health professional who works with the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

During this inspection we followed up the concerns found during our previous inspection on 30 January 2018. At the last inspection care and support was not always underpinned by relevant and up-to-date risk assessments and documentation did not demonstrate that safe recruitment practices had been consistently followed. At this inspection some improvements had been made to risk assessment processes, however further improvements were still required to recruitment practices.

We also identified some concerns relating to medicine management.

Using medicines safely

- Medicines were not consistently managed in a safe or proper way.
- People said they received their medicines as prescribed. Medicine Administration Records(MAR) were fully completed and all medicines could be accounted for.
- Medicines were stored securely. However, we found two instances of people's medicines being removed from their original packaging and placed in a secondary container for storage. Medicines must be stored in the original packaging as provided by the pharmacy to ensure they are clearly identifiable.
- Some people were prescribed medicines, which had to be taken at a particular time in relation to food. The registered manager and the senior care staff explained the arrangements in place to make this happen. However, we observed these medicines not given at the correct time on the day of the inspection.
- One member of staff was responsible for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. However, they signed for the medicines before they were administered which is not safe practice.
- As required protocols were not in place setting out when these medicines were to be offered and there were a lack of medicine care plans . However, staff knew people extremely well and their individual needs.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2016.

Staffing and recruitment

- In most cases safe recruitment procedures were followed to ensure only staff suitable to work in the caring profession were employed. However, we saw one member of staff had started shadowing shifts before their Disclosure and Baring Service (DBS) check had been returned. This demonstrated unsafe practice and had the potential to put people at risk of harm.
- The registered manager was very selective when it came to offering staff positions within the home. Staff had to demonstrate extremely kind and caring values.
- There were enough staff to support people safely and to ensure people's needs could be met, including

enough staff to provide people with stimulation and social opportunities. At the time of the inspection there were nine people living in the home, with six members of staff and management assisting people. This meant each person received a high level of care and interaction from staff with any needs addressed in a prompt manner.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse and improper treatment. People who used the service told us, "It feels nice and safe here" and "I feel very safe here, it's so friendly, it's a lovely place." A relative told us, "I feel my [relative] is very safe, [relative] likes to go out, they always know where [relative] is. Definitely very safe."
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- Overall risks were appropriately monitored and managed.
- The premises was managed safely and was suitable for its intended purpose. Checks took place on the building and equipment to help ensure it remained in good condition. Improvements had been made to the premises following a recent safety incident. However, the service needed to ensure a premises risk assessment was in place formalising how risks associated with the premises were managed, such as staircases.
- Risks to people's health and safety were assessed with risk assessment documentation subject to regular reviews. However more detail needed to be recorded at the pre-assessment stage to demonstrate a complete assessment of the risks associated with each person had been undertaken, prior to moving into the home. The registered manager demonstrated to us they were developing new paperwork to use on any new admissions.
- People were supported to take positive risks to maintain their independence and freedom. For example, in accessing the community.
- The service worked with health professionals to source appropriate equipment for people to reduce the risk of harm. Equipment such as pressure mats had been sourced to reduce the risk and impact of falls. A health professional told us, "The home is always welcoming and provides a safe environment for the residents."

Preventing and controlling infection

- The home was kept in an immaculate condition. The registered manager and staff had very high standards and ensured all equipment and furnishings were maintained in a clean and hygienic way.
- The service had received a five star food hygiene rating from the Foods Standards Agency. This is the highest award that can be received and meant food was prepared and stored appropriately.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. We saw action had been taken to learn from adverse incidents.
- Incidents were discussed with staff during handovers to ensure staff were kept up-to-date of any events occurring within the home.

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

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the last inspection in January 2018 we found there was a lack of oversight of staff training. At this inspection improvements had been made in this area, although the registered manager needed to ensure staff training was consistently kept up-to-date and staff received formal supervision and appraisal.

Staff support: induction, training, skills and experience

- Staff knew people well and their individual needs. They were able to answer the questions we asked them about people as well as topics such as safeguarding in a confident manner.
- Since the last inspection the registered manager had put in place a training matrix to provide oversight of staff training activity. Whilst most training was up-to-date, we identified one staff member had not completed any recent training. Action was taken by the registered manager to address this immediately after the inspection.
- The registered manager did not complete formal supervisions or appraisals with their staff. However, they worked alongside staff daily so were able to monitor and address any concern at the time. The staff we spoke with confirmed this, said their developmental needs were met by the management team and that they felt very well supported. However we spoke with the manager about the need to implement a more formal system which they confirmed they would action.

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

- People and relatives said that good health outcomes were experienced in the home. People were happy with their plans of care and with the staff who supported them.
- People had care plans in place which demonstrated their needs had been assessed. The service used recognised best practice tools such as nutritional and pressure area risk screening tools to inform care and support decisions.

Supporting people to eat and drink enough with choice in a balanced diet

- People spoke positively about the food in the home. One person said, "Can't fault the food here, you would have to be extra fussy not to like food here."
- A varied menu was in place. If people didn't like what was on the menu, alternatives would be provided. Breakfast was made to order for each individual when they got up in the morning showing a person centred approach. The owner regularly went to the shop to buy extra items following people's requests.
- We spoke with the cook and they had a good understanding of people's dietary needs and took pride in ensuring people received a varied and well-balanced diet. They told us they were kept up to date with any changes in people's dietary needs.
- Where people had lost weight appropriate action was taken. For example, we saw one person's weight had

stabilised after a new management plan was put in place. Staff were dedicated in encouraging people to eat and drink and try alternatives when they declined what was provided.

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

- The building was adapted to the needs of the people currently living in the home. The home was tastefully decorated and people had been involved in making decisions relating to the decoration of the home.
- Several people showed us their bedrooms, they were well decorated and personalised with photos and other items. After complementing one person on their beautiful room, they replied, "No I don't just have a beautiful room, I have a beautiful home."
- The home had a garden area that people could access safely. This meant the service had incorporated the needs of people who enjoyed spending time outside whilst maintaining a safe environment for them. One person told us, "I like spending my time outside, I like feeding the birds." Another person told us, "I used to visit gardens as my holidays, I like it in the summer when we sit outside in the garden."

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.
- The service was acting within the legal framework of the MCA and DoLS. There was one DoLS in place with another two awaiting assessment by the supervisory body. We found these applications were appropriate and demonstrated good understanding of the process to follow.
- We saw evidence people were involved in decision making to the maximum extent possible, and best interest decisions were made where people lacked capacity. In some instances, these decisions needed recording in a clearer way.

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

- People's healthcare needs were supported by the service. The service worked with a range of health professionals including district nurses to meet people's needs. People said the owner or manager took them to health appointments, and that they did this free of charge.
- We saw appropriate liaison had taken place with health professionals to meet people's needs. The service worked with district nurses to reduce the risk of pressure sores ensuring equipment was in place and being used correctly.
- A health professional provided us with excellent feedback about the quality of care within the home.

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.

Good: 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

- Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care in a homely environment. Staff and the management were constantly engaging and asking people if they needed anything. One person was given a cup of tea which they did not like. The owner immediately offered to make them a cup of coffee which they accepted.
- One person told us, "Staff are lovely they are so caring. I feel very safe here, it's a lovely place." Another person told us, "Staff are good, no faults with them. If I'm not happy I can just open my mouth and tell them." A relative told us, "Staff are lovely, absolutely lovely, they are first rate. We were so lucky to get [relative] in."
- People looked comfortable and relaxed in the presence of staff. We observed one person sat at the table, when the registered manager walked in the room the person's face lit up and she got up to hug the registered manager.
- Staff we spoke with were positive about their role. They told us they enjoyed working with the people living at The Cedars. One staff member said, "This is the best place I have worked, I love it here."
- People were treated equality and fairly. Adjustments were made to meet any specific requirements people had. For example, diabetic desserts were made for some people.

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

- People said they were very involved in the home. People knew what was going on and about upcoming events within the home. People had a say about topics such as activities, food and the decoration of the home.
- People and/or relatives were involved in annual reviews of their care.

Respecting and promoting people's privacy, dignity and independence

Staff treated people with dignity and respect. People had choice and control over their daily routine. We saw a number of people having their breakfast in their nightwear with staff assisting them to get dressed after breakfast. This was in line with their preferences and as they had previously liked to do this when living at home.

- People looked extremely well cared for. They were dressed in nicely laundered clothing and their hair had been brushed or combed.
- People told us staff helped them to remain as independent as possible. This included encouraging people to maintain their freedom and access the community on their own. A relative said, "[Relative] is kept independent. [Relative] is free to come and go, the staff don't mind."
- People were encouraged to keep in contact with their loved ones. Visitors were welcome at any time and

could join their relatives at mealtimes. People and their visitors were given privacy when required.

Is the service responsive?

Our findings

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

Good: 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

- People and health professionals said the home provided a very high quality of care. One person said, "Fantastic here, they [staff] will do anything you want for you." People said they were in control of their care and support and could ask for assistance with tasks such as showering as frequently as they wanted.
- People's care needs were assessed and a range of care plans were put in place. These were generally appropriate, although some care records needed more detail about people's individual needs. However, staff knew people extremely well and the care that was required.
- There was a very pleasant atmosphere within the home. People socialised well with each other and staff and there was laughter, conversation and games played throughout the day. People had access to a good range of activities. This included entertainers and an arts class which was held in the home. The owner also took people out on a regular basis into the local community and some people attended church and a local community centre. A health professional said, "They are actively encouraged to take part in daily living tasks as well as simple tasks around the home. This helps keep their sense of worth and identity and stimulates their minds."
- We observed people were occupied throughout the day. Staff had time to sit and chat with people and meet their social needs. People were playing dominos, sat chatting with each other. Staff were reading magazines with people and discussing various topics. One person told us, "There is always something to do, we are kept busy."
- People were involved in day to day life in the home. People knew what was happening in the home and the registered manager and staff talked to them regularly to keep them up-to-date.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain, but that they were very satisfied with the service. A relative told us, "I would go to the manager, I imagine it would be dealt with. I really can't imagine ever wanting to complain though."
- A system was in place to log, investigate and respond to formal complaints. Compliments were also recorded so the service knew the areas where it exceeded some people's expectations. The service was not currently recording low level concerns or complaints, we discussed with the registered manager about the need to do this to help monitor trends over a period of time.

End of life care and support

- The registered manager and staff provided dedicated and compassionate end of life care to people. If people were approaching the end of their lives, we were told arrangements would be put in place to provide extra staff so people were not alone, if they did not want to be.
- The service worked with professionals to ensure end of life needs were met. A professional told us, "The

owner and staff are very kind and caring and go the extra mile especially with the palliative patients."

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

During this inspection we followed up the concerns found during our previous inspection on 30 January 2018. At the last inspection systems to assess, monitor and improve the service were not always in place and the required documentation was not always maintained. At this inspection whilst we found some of these concerns had been addressed there was still a lack of robust systems in place to assess and monitor the service and ensure compliance with our regulations. This was the third inspection in a row that the service had been in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014 Regulations).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was 'very hands on', this was at the detriment of the maintenance of some documentation and formal systems to assess and monitor the quality of the service. This had also been a concern at the last two inspections. Whilst we found the level of care and support to people was very high, the registered manager needed to ensure more time was spent ensuring systems to support consistently safe practice were in place.
- Whilst we found improvements had been made in some areas, for example care plans were improving and a training matrix was now in place, further improvements were still needed. For example, there was a lack of system to assess and monitor the quality of care plans and a lack of clear pre-assessment paperwork in place. We found some inconsistencies in the quality and detail of care plans that should have been identified through audits and checks. Safe recruitment practices had not always been followed and staff training had not all been up-to-date. There were no formal systems of supervision and appraisal in place. Systems should have been operated to ensure consistent good practice in these areas. Although key safety checks were undertaken, there was no comprehensive audit of the home's environment to look for hazards on a regular basis. We found one wardrobe which was not attached to the wall, this should have been identified through checks.
- The registered manager needed to improve systems to ensure they were meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities 2014 Regulations).

This was a breach of regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations.

- There was a registered manager in post who provided leadership and support. They were supported by senior care staff. People who used the service and relatives told us the management team were well thought

of and said they were approachable and empathetic. Staff we spoke with were positive about their role and the management team.

- Staff morale was good, and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first.

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

- People, relatives and health professionals provided excellent feedback about the home. One health professional said, "The highest accolade I can give is if my mum were alive and needed care The Cedars would be top of my list to let her go into a care home."
- We found the management team open and committed to making a genuine difference to the lives of people living at the service. We saw there was a clear vision around delivering person centred care in line with people's likes and preferences. There was a lovely atmosphere within the home, with all groups of staff spending time with people, chatting and laughing.
- The registered manager knew people using the service and their relatives very well. We saw them to be kind, caring and very knowledgeable about people's lives. They enjoyed spending time with people and helping to meet their social needs.

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

- People who used the service were involved in day to day decisions about a whole manner of things. This included what they wanted to eat and what social activities they wanted to take part in.
- The registered manager made themselves easily available to people using the service, relatives and staff. People were able to provide feedback to the manager on a regular basis through informal means or through more formal care plan review.
- People were treated equally and fairly and their voices and opinions respected.

Working in partnership with others

- We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The registered manager informed us they work in partnership with Bradford local authority contracts team and networked with other registered managers. The registered manager and staff worked in partnership with other agencies such as district nurses, GP's and social workers to ensure the best outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1) (2g) Safe care and treatment was not always provided as medicines were not always managed in a safe or proper way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1) (2a) Systems were not in place to ensure compliance with the regulations. Systems to assess, monitor and improve the service were not sufficiently robust.