Making Space

Cedar House

Inspection report

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Date of inspection visit: 14 April 2015
Date of publication: 17/07/2015

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?	**Requires Improvement**

Overall summary

Cedar House provides short term residential respite care and day respite for adults with learning disabilities and complex physical disabilities, living with family carers. It is registered to provide care for 6 people. Cedar House has 6 single bedrooms, all with en-suite facilities.

This was an unannounced inspection on 14 April 2015, and at the time of our inspection there were two people on residential respite care and two people attending for day respite.

The service had 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.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make

Summary of findings

decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection no one was being deprived of their liberty.

Staff knew how to recognise and report any concerns so that people were kept safe from harm. People were supported to take reasonable risks while at the same time helping them to avoid coming to harm. People's medicines were safely managed. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had been supported to assist people in the right way including helping them to eat and drink enough to stay well. People had received all of the healthcare assistance they needed. People's rights were protected because the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People received all of the support they needed including people who needed special support to reduce the risk of them becoming distressed. People and their families were consulted about the support they needed and families were encouraged to be involved in people's care and spend time in the service. There was a system for handling and resolving complaints.

People had been consulted about the development of the service and some quality checks had been completed. However, further audits were required on new initiatives to ascertain if they were being embedded in practice. Staff received appropriate training. However, we could not be assured that there were systems in place which ensured staff training and reviews of their performance were planned in advance and that all staff training was up to date in line with the provider's policies.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff knew how to recognise and report any concerns in order to keep people safe from harm. People had been helped to stay safe by avoiding accidents.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff had been supported to care for people in the right way. People were helped to eat and drink enough to stay well.

People could see, when required, health and social care professionals to make sure they received appropriate care and treatment.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good

Is the service caring?
The service was caring.

Relatives said that staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

There was a welcoming atmosphere in the service and people could choose where they spent their time.

Good

Is the service responsive?
The service was responsive.

People and their families had been consulted about their needs and wishes.

Staff supported people to access local community resources and enjoy their hobbies and interests.

Relatives knew how to raise a concern or complaint if they needed to and the provider had arrangements in place to deal with them.

Good

Is the service well-led?
The service was not consistently well-led.

Requires Improvement

Summary of findings

There was a registered manager in post.

The registered manager had completed some quality checks to help ensure that people reliably received appropriate and safe care. However, further audits were required on new initiatives to ascertain if they were being embedded in practice. There was no overall plan in place which monitored when staff training, supervisions and appraisals of their performance were due.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Cedar House

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.

We visited the service on 14 April 2015 and the inspection was unannounced. The inspection team consisted of a single inspector.

During our inspection we spent time talking the registered manager, the deputy manager, and two care staff. We contacted two relatives following our inspection and asked them about the care their loved one received when they spent time at the service.

We observed care and support in communal areas and looked at the care plans of three people and at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, meeting minutes and arrangements for managing complaints. We also looked at the quality assurance audits that the registered manager and the provider completed which monitored and assessed the quality of the service provided.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We asked the local authority, who commissioned services from the provider for information in order to get their view on the quality of care provided by the service. In addition, we contacted three health and social care professionals and asked them to share feedback with us on the care that people received at the service.

Good

Is the service safe?

Our findings

Relatives we spoke with felt assured that they felt their loved one was safe and well cared for when they spent time at the service. One relative said, "Yes, I think it is a safe and secure place for [my relative] to be. We looked at others but we were happy with Cedar House."

Staff said that they had received training in how to maintain the safety of someone who used the service. They were clear about whom they would report their concerns to and were confident that any allegations would be fully investigated by the registered manager and the provider. They told us that where required they would also escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission.

To ensure people's safety was maintained a range of risks assessments were completed for every person and people had been supported to take risks. For example, risk assessments were in place so that people could safely access the communal kitchen, spend time in the garden and access the local community. There was also evidence that information gathered when a person started using the service was used to compile individualised risk assessments for people. For example, one person demonstrated some obsessive behaviour and actions were in place for staff to follow to ensure that this person was kept safe from harm. The provider with responsibility for the service had changed in December 2014 and the registered manager and the team were in the process of updating paperwork to reflect the new provider's templates and documentation. However, this had not impacted on the care people received.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about Cedar House showed that the registered manager had told us about any safeguarding incidents. Since our last inspection we found that an incident had occurred at the service and that the registered manager and the provider had taken the correct action and informed the local safeguarding authority and the police. They had undertaken an investigation and had taken action to minimise re-occurrence. This action had made sure that people who used the service were protected.

Relatives we spoke with told us that there were enough staff to meet the needs of their loved one. One said, "I can't think of an instance when I have been worried about staffing. [My relative] gets the support they need and that's what matters."

Staffing levels were kept under constant review by the registered manager and the deputy manager and were adjusted based upon the needs of people. Short term stays at the service were planned six months in advance and people and their families were contacted and asked to confirm their requests for planned respite care. The registered manager said, "Our occupancy is higher at the weekends, on bank holidays and during holiday periods, so our staffing levels are adjusted to reflect this. We also look at the compatibility of our clients." Records showed that the number of staff on duty during the month preceding our inspection matched the level of staff cover which the registered manager said was necessary. The provider had systems in place to respond quickly when there were any identified staff shortages. For example, we saw that agency staff were used in a consistent way so that they had a good understanding of the care and support that people required.

People were unable to look after and administer their own medicines therefore, all medicines were managed by staff. We looked at three people's medicine records and found that they had been completed consistently. We observed medicines being administered to two people at lunchtime and noted that appropriate checks were carried out and the administration records were completed. The service did not hold a stock of any medicines as people were required to bring their own medicines with them when they attended for their respite stay or their day care. Each person's bedroom had a medicines cabinet fixed to the wall and this contained all of their required medicines. During our inspection one person arrived with their family for their planned stay. Two members of staff checked their medicines in and signed the medicine chart and updated the stock balance.

Staff who administered medicines had received training and internal medicines audits were carried out on a weekly basis when people's medicine charts were checked. Any actions identified from the audits had been noted and

Good

Is the service safe?

action taken to address them. All of these checks ensured that people were kept safe and protected by the safe administration of medicines and that we could be assured that people received their medicines as prescribed.

A sample of staff personnel files were checked to ensure that recruitment procedures were safe. Appropriate checks had been completed. Written application forms, two written references and evidence of the person's identity were obtained. References were followed up to verify their authenticity. Disclosure and Barring Service (DBS) checks were carried out for all staff. These were police checks carried out to ensure that staff were not barred from working with vulnerable adults. These measures ensured that only suitable staff were employed by the service.

The provider had a business continuity plan in place. This included information about alternative accommodation and services in the event of an emergency such as severe weather conditions, staff shortages and loss of utility services. We saw that this plan had been tested when the service had suffered a breakdown of the heating system earlier in the year.

Good

Is the service effective?

Our findings

Relatives said that their loved ones were supported and cared for by staff who had the knowledge and skills to carry out their role. One relative said, "They have got to know [my relative] and are able to handle any problems. They let them have their space which helps."

Staff said that they undertook their annual refresher training and also additional training to support them in their roles. These were in areas which included supporting people who had epilepsy and required emergency medicines when they suffered a seizure and supporting people who required oxygen to aid their breathing. Staff also said that they held or were working towards a nationally recognised care qualification.

Staff said that they received regular supervision and appraisal sessions from the management team which monitored their performance and we saw evidence in staff files that these had been completed. These processes gave staff an opportunity to discuss their performance and helped staff to identify any further training they required.

Staff told us they had received training and had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

The registered manager demonstrated an understanding of issues relevant to all these areas and understood when an application should be made and how to submit one. People's care plans contained mental capacity assessments, details about how 'best interest' decisions had been made and who was involved in the process and where a power of attorney instruction was in place. A lasting power of attorney is someone registered with the Court of Protection to make decisions on behalf of a person who is unable to do so themselves.

People received a healthy and nutritious diet. One relative said, "[My relative] enjoys the food. I'm not sure what they have all the time they are there, but they are never hungry. They even have a second breakfast when they arrive."

We observed people having their lunch in the dining room and noted that the meal time was a relaxed, social event in the day. People sat together with staff and when necessary people received individual assistance from staff to eat their meal in comfort and we saw that their privacy and dignity was maintained. This included being assisted by staff to use adapted cutlery and having their food softened so it was easier to swallow. Staff assisted people at their own pace, and chatted generally with people and maintained good eye contact.

Assessments had been carried out and action taken when a person's needs changed. Staff kept a record of how much some people were eating and drinking to make sure that they had sufficient nutrition and hydration to support their good health. When assessments had highlighted that people required a specific diet for example, gluten or diary free food, action had been taken to ensure that this was reflected in the meals prepared for people.

We saw that when necessary staff had arranged for people to receive health care services, including seeing their doctor. Some people had complex needs and required support from specialist health services. Care records showed that people had received support from a range of specialist services such as dieticians, district nurses, occupational therapists and physiotherapists. One relative said, "[My relative] needs the support and as far as I can remember, staff have always acted when they needed to and got help."

Good

Is the service caring?

Our findings

Relatives were positive about the quality of care provided in the service and said that staff were caring in their approach. One said, "[My relative] is happy at Cedar House and likes to go there. The staff get on well with [my relative]. They let them do as they want but just make sure they are safe."

We saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. For example, one person spent time walking in and out of the main office, talking with staff and asking questions. Staff patiently reminded the person where they were and assisted them when they asked to put on their shoes and go out in the garden. Another person was assisted to their bedroom where they received personal care from staff. This was carried out in a discreet manner and the person's dignity was maintained.

We saw that staff took the time to speak with people as they supported them. We observed positive interactions and saw that these supported people's wellbeing. Staff were aware of the importance of verbal and non-verbal communication and how this determined whether a person was happy with the care they were receiving. For example, one staff member was holding hands with a person and maintained eye contact whilst talking with them. This made the person smile and laugh out loud. When people were supported by staff to have their lunch we observed that staff chatted with people and explained what was for lunch and asked if they were enjoying it. Staff allowed people to time to enjoy their food and went at the pace of the person they were supporting.

Staff were knowledgeable about the support people required, and assumed that people had the ability to make their own decisions and gave them choices in a way they could understand. For example, staff were able to tell us about people's preferences in relation to how they liked to be supported with their personal care. One person who visited the service did not like to sleep on the bed provided and pulled the mattress onto the floor or slept in the chair. Staff told us how they made sure this person was safe and comfortable, however, allowed them to make the choice of where they slept.

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People's care plans showed that people and their relatives had been involved and had agreed to the levels of care and support they required. Each care plan contained information in relation to the individual's background, needs, likes, dislikes and preferences. These records also contained people's personal goals and objectives and how they wanted to spend their time. All of the staff were able to demonstrate a good knowledge of people's individual choices. These care plans were in the process of being transferred to the new provider's paperwork and people and their families would be involved when they were reviewed.

We found that staff recognised the importance of not intruding into people's private space. People who used the service and had planned periods of respite care had their own bedrooms with access to an en-suite shower. Rooms had recently been re-decorated and were spacious and contained appropriate equipment to assist people safely. We observed that when people were supported with their personal care, staff discreetly took them to their room and assisted them.

People also had access to a dining and lounge areas which opened out onto a spacious enclosed patio and garden area. This area was secure for people to safely spend time in. One relative said, "It's nice that [my relative] can go out into the garden as its safe and secure." During our inspection we observed how the door was open and a person had chosen to spend time out side.

Good

Is the service responsive?

Our findings

Each person had a written care plan that described the support they needed and wanted to receive. We looked at three people's care plans and found they contained detailed information that enabled staff to meet people's needs. People's care records included an initial assessment of needs, completed prior to them spending time in the service. Due to an update in paperwork, reviews were currently underway and people were being invited to review their care plans with staff in line with the new documentation. People and their relatives were encouraged to come and look around the service prior to starting to use it. This allowed people and staff the time to see if the person's needs could be met. For example, one person had taken nearly a year before they stayed overnight in the service. They had visited with family, building up the time they spent at The Cedars. Their family had also spent time working alongside staff to ensure they knew how best to support the person and meet their needs.

People's care plans provided details about personal care needs, mobility, and support needed with eating and drinking and their night time requirements. Care plans contained personal preferences and focussed on individual needs, with appropriate risk assessments and detailed guidance for staff so people could be supported appropriately. For example, one care plan had a behavioural management plan in place for one person. It contained charts for staff to complete that identified potential triggers when certain behaviours were presented and what support could be offered to keep people safe. Staff spoken with told us they recognised certain signs when this person became agitated. Staff were confident they could manage this person by observing them closely until their anxieties reduced.

Relatives said how staff provided their loved one with practical everyday assistance they needed. This included support with washing and dressing, using the shower and bath and moving around safely within the service. One relative said, "They can support [my relative] as staff know them and can manage their behaviour."

People and their relatives were asked about food preferences and any specific dietary meals when they started to use the service. Meals were planned on a Friday for the following week, taking into account the preference and choices of people who were booked for planned respite and day care. One relative said," There is always plenty on offer." One person liked to go shopping with staff to buy their own food for the week and sometimes chose to visit for a local pub for a meal.

The service was located next to a local community day centre and a special education service for children and young people with learning disabilities. Links had been formed with both and people from these services used the facilities of Cedar House. This meant that there was a clear transition pathway for people between the services.

Staff had supported people to pursue their interests and hobbies. People had been supported to attend a Christmas party in the service and staff held arts and crafts and baking sessions and pamper days. One relative said how staff had recently supported their loved one to visit the local sports centre. Work had taken place in the garden to create raised flower and vegetable beds and people were encouraged to be involved in the up keep of these. Plans were in place to create collages of people who used the service to decorate the walls now that the re-decoration programme had been completed. Relatives we spoke with and staff raised their concerns with us that the service no longer had access to a mini bus. This vehicle had been used in the past to drive people to the local coastal regions and visit local places of interest. However, the service no longer had access to one. The registered manager said that following a meeting with relatives they were going to start fundraising to buy another one.

The service had a complaints procedure which was available in the main reception of the service and also in the information booklet given when people started to use the service. Relatives we spoke with told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. One relative said, "If I have a problem I know who to raise it with. They are all approachable."

We looked at a written complaint which had been made to the service and found that this was being investigated and responded to in line with the provider's policy. We saw that where concerns has been raised informally, the registered manager had taken steps to address the concerns raised and action had been taken to minimise a re-occurrence of the concern.

Requires Improvement

Is the service well-led?

Our findings

There were some systems in place to monitor the quality of the service. These checks included making sure that people's medicines were safely managed and that the accommodation remained in a good condition. These audits identified areas for improvements and action had been taken. The last provider visit in April 2015 had noted that paperwork was in a period of transition and that this needed to be actioned as soon as possible. We also noted that there were no audits in place to monitor the effectiveness of new documentation which had been introduced. This new observation tool had been implemented following an incident in the service in December 2015. However, further audits were required to ascertain if it was now embedded in every day practice

We asked the registered manager if there was an overall plan in place which outlined when staff refresher training, staff appraisals and supervisions were due and what training had been undertaken. However, there was no overall written plan in place available for us to review. We reviewed five staff files and found that training certificates were filed and recent. Staff we spoke with confirmed that they undertook training. However, we could not be assured that there were systems in place which ensured staff training and reviews of their performance were planned in advance as there were no audits undertaken to monitor this. We could also not be assured that all staff training was up to date in line with the provider's policies as there was no plan in place which checked when staff were due for refresher training.

Since the service had been taken over in December 2014 by a new provider, the registered manager now managed two services and split their time between the two locations. There was a deputy manager at the service who was available when we arrived for our inspection. The registered manager also arrived and we noted they both had a good knowledge of the care each person was receiving and they also knew which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and to support staff. We observed that people were relaxed with the registered manager and the deputy manager and saw that they made themselves available, supported and chatted with people.

People and staff that we spoke with described the management of the service as open and approachable. One relative said, "I know [the registered manager] and have known them for a long time. I get on well with them. I know all the staff and feel I get on with them all."

Staff said that they enjoyed working at the service and there were clear management arrangements in place which ensured lines of responsibility and accountability for staff. One member of staff said, "[The registered manager] is a good support. They are always at the end of the phone. They came in on Friday evening to help. There are responsive and they listen to what we say and takes action." Staff we spoke with told us that they knew who to escalate any concerns to. One member of agency staff said, "I have really enjoyed working here. The staff have been friendly and supportive. It's a lovely place to come and work". Staff meetings took place on a regular basis which enabled all staff to have a say about how things were going and suggestions about meeting people's needs in a different way where something was not working well.

There were various systems in place to seek people and their relative's views about how the service was run. Views were gathered via customer satisfaction surveys, a new 'steering group'and 'Have your Say' comment cards. These were on display in the main foyer and a sample had also been sent out to families who used the service. We saw that a survey had been completed during 2014 with the previous provider and the response about the service was positive. This allowed the service to monitor people's satisfaction with the care and support provided and ensured that changes were consistent with people's wishes and needs.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.