Cedars Care Home Limited

Cedars Care Home

Inspection report

Cedar Road
Doncaster
South Yorkshire
DN4 9HU

Tel: 01625714800
Website: WWW.Woodcaregroup.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The provider registered with the Care Quality Commission (CQC) in July 2017. Therefore, this was the first inspection under the new registration.

The Cedars is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Cedars comprises of two units totalling 60 beds; one unit [The Lodge] accommodates people living with dementia, while the other unit [Cedar House] supports people requiring assistance with their personal care. Nursing care is not provided. At the time of our inspection 47 people were living at the home.

The service had a registered manager in post at the time of our inspection. 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.

Care and support was planned and delivered in a way that ensured people were safe. People were protected, as any risks associated with their care were identified and appropriately managed. Systems were also in place to safeguard people from abuse.

The process for recruiting new staff ensured they were suitable to carry out their roles and responsibilities in a safe manner. Staff were trained and supported to develop their skills and provide people with the standard of care they required.

There was enough staff employed to meet the needs of the people living at the home at the time of our inspection.

Medication was managed safely and administered by staff who had completed appropriate training.

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.

People received a varied and healthy diet that offered choice. However, we noted the dining experience people received could have been better, the registered manager was working to address this.

Staff supported people in a compassionate, caring, responsive and friendly manner. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. All the people we spoke with made positive comments about how staff delivered care and said they were happy with the way the home was managed.

People's needs had been assessed and care plans put in place to highlight where they needed support, and telling staff how each person preferred their care to be delivered. People's care had been reviewed regularly to make sure plans reflected people's changing needs.

There was a range of activities and events people were supported to take part in.

There were systems in place to continuously assess and monitor the quality of the service. This included obtaining people's views and checking staff were following the correct procedures. Improvements to the premises were underway with a clear action plan as to what areas needed attention.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Effective systems were in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Recruitment processes were safe and there was enough staff employed to meet people's needs.

Medication was managed safely and administered by staff who had completed appropriate training.

Is the service effective?

Good

The service was effective.

Staff had access to a structured induction and a programme of on-going training and support.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation were being met.

Suitable arrangements were in place to ensure people received good nutrition and hydration.

Is the service caring?

Good

The service was caring.

People were treated with compassion, kindness and understanding by staff who were caring and considerate.

People's dignity and privacy was respected by staff.

Staff had a good knowledge of people's needs and preferences. They knew the best way to support them, whilst maintaining their independence and respecting their choices.

Is the service responsive?

Good

The service was responsive.

People were involved in developing care plans that told staff how to meet their needs and preferences.

People had access to a social activities programme which provided variety and stimulation.

People were aware of how to make a complaint and were confident any concerns would be taken seriously and addressed promptly.

Is the service well-led?

Good

The service was well led.

An effective management team helped to make sure the home ran smoothly.

Staff were clear about their roles and responsibilities, and had access to policies and procedures to inform and guide them.

There were systems in place to assess how the home was operating and identify areas for improvement.

People were asked their opinion about their satisfaction with how the home was run and any areas they would like to change.

Cedars Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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.

This unannounced comprehensive inspection took place on 9 July 2018. Unannounced means no-one connected to the home knew we were visiting that day. The inspection was carried out by an adult social care inspector 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.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. We also asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We also contacted commissioners and Healthwatch, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we looked round the premises and spoke with seven people who used the service, four relatives, the person conducting a religious service and a community nurse. We also spoke with the registered manager, both deputy managers, the care coordinator, the activities co-ordinator and two care workers.

We used the Short Observation Framework for Inspection [SOFI]. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records belonging to five people who used the service, as well as records relating to the management of the home. This included minutes of meetings, medication records, three staff recruitment files and training records. We also reviewed quality and monitoring checks used to make sure staff were following company polices and the home was operating as planned.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe living at the Cedars. One person said, "Oh yes, I feel safe." A relative told us, "'It's safe for [family member] here, I'm sure they can look after [family member]. He can get out into the garden. We are waiting for a downstairs room, so he can wander freely."

People had been assessed to make sure any potential risks were minimised. Assessments covered topics such as specific medical conditions, falls, moving people safely and risk of pressure damage. They provided guidance to staff to help them manage situations in a consistent and positive way, and had been regularly reviewed to reflect any changes.

We saw staff assisting people to move around the home using hoists, walking aids and wheelchairs. When we observed people being hoisted this was carried out discreetly and safely. At no time did anyone look alarmed or afraid at using the hoist. Staff discussed what they were doing with people and gained their consent before they started any manoeuvres. They checked the person was comfortable, reassuring them throughout the process. The registered manager told us he, and one of his deputies, had completed a manual handling trainers course, this enabled them to provide timely training for staff.

People could be safely evacuated from the building because a general evacuation risk assessment was in place, backed up by individual evacuation plans for each person. These highlighted any support or equipment needed to safely move the person, should they need to evacuate the premises in an emergency.

Staff had a clear understanding of safeguarding people from abuse. They had received training in this topic and could describe the different types of abuse and what action to take if they had any concerns. All the staff we spoke with were confident that any concerns reported to the registered manager would be taken seriously.

We found there was enough staff on duty to meet the needs of people living at the home at the time of our visit. People told us staff were busy, but said they were available when they needed assistance. We saw staff were always visible in communal areas and call bells were answered promptly. One person told us, "I have a bell in my room. I've only used it twice, but staff came quickly. It was in the night." Staff confirmed there were enough staff on duty to meet people's needs, and said the management team would always step in if additional support was needed.

The recruitment and selection process helped to make sure staff recruited were suitable to work with vulnerable people and had the right skills and experience to support people who used the service. Staff files checked showed new employees had been subject to pre-employment checks such as making sure they did not have any criminal convictions and obtaining satisfactory written references. This helped to make sure unsuitable people were not employed.

People received their prescribed medication safely and administration had been appropriately recorded. The registered provider had introduced a new electronic medication system which was aimed at making

sure people received their medication in a timely manner and to reduce the risk of medication errors. Staff administering medication had received training in this topic, which included regular refresher training and periodic observational competency checks.

The temperature of the medication fridge and the room where medicines were stored were monitored to make sure stock was stored within suitable temperatures. However, on the day of our inspection the medication room in Cedars House was registering above the expected range, and due to it being a very hot day the fan was not reducing the temperature. Staff had not told the management team about this, but as soon as we highlighted it to them they said they would put an air-conditioning unit in the room. The registered manager said he would make sure the importance of taking prompt action when temperatures were not within the expected range was reiterated to staff.

Regular checks had been carried out by senior staff to assess if staff were following medication policies and procedures and records had been completed correctly. The supplier of the electronic medication system told us they had regular contact with the registered manager to discuss any issues. They said the registered manager had been, "Very effective in addressing any training issues."

Accidents and incidents were monitored and evaluated so the service could learn lessons from past events and make improvements where necessary.

The home was clean and fresh throughout, and infection prevention and control policies were adhered to. One person commented, "Oh, it's very clean, I'll take you up and show you my room. I've got a fan up there because my room gets hot in this weather."

There was a lot of work being completed, especially in 'The Lodge' to improve the general environment and make it more dementia friendly. However, the unit was being kept clean and people were being redirected away from the main areas where work was underway, to ensure their safely. We noted that the door into the kitchen in 'Cedar House' was damaged. The registered manager told us this was part of the refurbishment plan, and was being addressed as a priority.

Staff had completed training in infection control and were provided with appropriate personal protective equipment [PPE], such as disposable gloves and aprons. This meant people were protected from the risk of acquired infections.

Good

Is the service effective?

Our findings

People were provided with a varied diet, which most people said met their needs. One person living at the home told us, "Lovely food, lovely staff, good amenities, no one should complain." Another person commented, "The meals are good, there's always an alternative. They'll come with the menu and ask what you want."

The registered provider employed an external company to provide meals, although staff still worked in the kitchen. Different options were available if someone did not like the planned menu. A relative told us, "When they [registered provider] were changing food providers, they invited us relatives to come along for a taster session. I was the only one who took up the offer. I felt it was a good opportunity to question them." They told us they had enjoyed the food they sampled.

We observed the lunchtime meal in both units. Most people said they enjoyed their meals. However, two people said it could be improved. For instance one person told us, "Food is very monotonous, see they're cut really small [vegetables on their plate] I can't recognise the meat because it's all mushed up." We also overheard one person speaking to someone eating lunch with them saying they were enjoying their meal. They added, "I have to say the staff are very good."

We saw people did not routinely pre-order their meal, so in Cedar House they sat waiting while staff went round asking people what they preferred. In 'The Lodge', this was not the case. Staff had listed people's preferences and served the meals of choice seamlessly, offering people gravy as they went. On both units we noted there was only one menu, in small print, which was displayed outside the dining room. This made it difficult for people to see what choices there were. There was also the risk of staff running out of the favourite choice of the meal, although no-one raised this as a concern during our inspection. Drinks and snacks were readily available throughout our visit.

We discussed the ways people's dining experience could be improved with the registered manager. They agreed to consider all the areas we raised, adding that some of the areas we had discussed were to be addressed as part of the refurbishment of the home. Before we left the registered manager told us laminated large print menus were being arranged.

People's care plans included information about their dietary needs. This included their preferences regarding food and drink, any special dietary needs, the type of meal consistency they required, such as textured or blended meals, and the level of support they needed to make sure they received a balanced diet.

People's day to day health needs were being met. They had good access to healthcare services such as GPs, dieticians and district nurses. The staff we spoke with clearly knew when external healthcare professional had been involved in someone's care and what their role was in supporting that person. A community nurse told us there had been a "Vast improvement" at the home since the new management team was established. They said communication had improved, as well as the care people received.

People received care and support from staff who had the training, skills and knowledge to meet their needs. One person told us, "I think the carers' are very good, I think they're well trained." Another person said, "Staff are excellent. It's nice to have official staff, I can go to them if there's a problem."

When new staff were appointed they were required to complete a structured induction to the service. The registered manager said if new staff did not have a nationally recognised care qualification they would also complete the Care Certificate. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff we spoke with told us the on-going training they received was relevant to the people they supported and met their development needs. One care worker said they had discussed their training needs at their appraisal, adding, "All the training I've asked for I've got."

Staff received regular support meetings, and an annual appraisal of their work performance and development needs.

The service was meeting the requirements of the Mental Capacity Act 2005 [MCA] and staff had received training to help them to develop the skills and knowledge to promote people's rights. Those we spoke with understood people had the right to make their own decisions and what to do if they needed assistance to make some decisions. Care records contained information about each person's capacity to make decisions and people told us staff always asked for their consent before providing care or support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We saw DoLS applications had been submitted as necessary, but the service was waiting for the outcomes of some applications.

As the home supported people living with dementia we looked at how the environment had been adapted to suit them. 'The Lodge' was undergoing structural changes, refurbishment and redecoration. The registered provider and manager were taking into consideration good practice guidance to make sure the unit was dementia friendly. This included a village centre with a shop and a hair salon. The registered manager told us the work was set to be completed within six to nine months of our inspection. We saw there was a secure garden where people could safely walk and sit.

Good

Is the service caring?

Our findings

Everyone we spoke with said how caring and considerate the staff were throughout the home. One person told us, "One or two staff are very good and very friendly. They [staff] allow us to be independent. They mainly treat me just as anybody else."

People were appropriately dressed and appeared comfortable. We spent time observing the interactions between staff and people who used the service and saw they were caring, kind, patient and respectful to people, and people were relaxed in their company. We saw people enjoyed a joke with staff. Everyone we spoke with said they were very comfortable with staff, as well as everyone living at the home, they said they felt they could ask for anything and would be listened to

Staff communicated with people well, and when necessary spoke with them by bending down to their eye level to communicate with them more effectively. They displayed a genuine affection and caring for the people they supported and everyone seemed at ease with each other.

People's preferences were taken into consideration by staff. For instance, they chose where they spent their time, with some people choosing to stay in their rooms while others sat in communal areas. People were also encouraged to choose the clothes they wore, what they wanted to eat and what activities they wanted to take part in. One person told us, "I come down for my breakfast, but have other meals in my room. They [staff] bring them for me ok, no problem."

Everyone we spoke with felt strongly that people's privacy and dignity was respected. We saw care was given to protect people's privacy and dignity. For instance, consideration was evident when someone had a catheter accident in the lounge. Staff managed the situation with no fuss and handled it so no-one would know anything had happened. This protected the person's dignity.

We saw staff knocking on doors before entering. Some people described to us how they liked their doors left open at night, and staff respected this. The staff we spoke with demonstrated a good awareness of protecting people's privacy and dignity. For example, one care worker told us, "I always knock and wait, it's their little house. It's important to treat people how you would want to be treated."

People using the service, and their relatives if appropriate, had been involved in planning their care and deciding how it should be delivered. Each person's care records outlined their background, preferences and beliefs, as well as their needs. This information helped staff support people how they preferred.

Staff demonstrated a good knowledge of the people they cared for and knew the best way to support them, whilst maintaining and encouraging their independence.

People were happy with their accommodation. They told us they were encouraged to personalise their rooms with pictures, small items of furniture and mementos. One person said, "I've got this lovely room, with all my own things. It's very good." A relative said, "We've been upstairs and looked at a room that's been

done up. [Family member] will pick his own decoration when it comes to his turn [to have the room redecorated as part of the overall refurbishment of the home]." Another relative commented, "It's a nice room, its personalised all he needs is here. It's his."

People were supported to keep in touch with their families, friends and other people important to them. Visitors told us there were no restrictions on visiting times and they were always made to feel welcome. People said they were free to go out into the community as they wished. For example, one person said that a friend escorted them out when they wanted to do their banking, adding that they also went shopping and to the café. Another person told us, "I can definitely come and go as I please. I can have friends in, friends come for the day and have a meal. Oh, they're [staff] very good."

The person visiting the home to conduct a religious service told us, "We've been coming here for twenty years and holding a church service. There's been lots of changes, but they are always very good to us and make us welcome."

People were provided with information about how the home operated, such as the service user guide and the company newsletter. The registered manager said he had an open-door policy so people could talk to him when they wanted to. He told us how staff were helping educate people's younger relatives, such as grandchildren, about living in a care home. We saw children's books had been provided to help them understand what living in a care home and living with dementia was like for their family member.

Good

Is the service responsive?

Our findings

Staff were responsive to people's needs and promoted their involvement in how their support was delivered. People told us they felt the care at the home was good and met their individual needs. One person said, "It's very nice here. They look after us okay." A relative commented, "'He wouldn't be here if I wasn't happy with the place. I suss things out, I'm good at that."

People had access to a varied programme of social activities and stimulation, which they said they enjoyed. A relative told us, "They have a pet dog that comes, and singers. I can't think of anything I'd change." Another relative said, "They're taking us out on Friday, I don't know where to, but we're going together."

The activities coordinator divided her day between the two units. We saw her completing a wartime quiz with some people and doing arts and crafts or jigsaws with other people later in the day. She told us the activities programme was reviewed to make sure it met people's needs. For instance, they had changed a dancing session into a poetry activity because people on that unit could not dance, but did write and read poetry. We saw one person read a poem they had written to the group.

Other activities included, arts and crafts, dementia friendly jigsaws, quizzes and reminiscence therapy. For instance, the activities person had rented a reminiscence box from the local museum about life in the pits. Outings were also arranged. For example, on alternate weeks people could take part in a walking club, which families were encouraged to join in with. Visits to a local café and shopping trips were also facilitated. Staff also told us how it had been arranged for someone who used to play professional football to visit the football ground at Rotherham and take a VIP tour of the facilities. The home's newsletter for June highlighted key events that had taken place, such as celebrating the royal wedding, as well as forthcoming events like entertainers, a trip to the coast and church services.

At 'The Lodge' an 'ambition tree' was being placed on a corridor. The registered manager said this was so each person could identify one thing they would really like to do. This would be written on paper leaf and hung on the tree, staff would then support each person to reach their ambition.

People's cultural and spiritual needs were taken into consideration. A church service was held during our visit, which people joined in with, if they wanted to.

An electronic care planning system had been introduced to record information about people's care needs, preferences, abilities and any risk associated with their care. We saw an initial assessment of people's needs had been carried out prior to them moving into the home. The people we spoke with could not remember if they had a care plan, but confirmed they had spoken to staff about their care needs. One person told us, "Care plan. Not sure what that is, but I've gone through paperwork with them [staff] that might be the care plan."

Care plans contained information about people's needs and provided guidance to staff on how to meet these needs. Overall, we found care plans were up to date and reflected people's needs, as well as

discussing their feelings about their end of life care. Additions were being made to the care planning system as staff highlighted areas that could be added to enhance the records in place. Periodic care reviews had taken place or were planned.

Care notes detailed how each person had been that day, visits from healthcare professionals and any changes in their wellbeing. We also saw where necessary people were being monitored in areas such as food and fluid intake, falls and pressure relief.

The service promoted good, sensitive end of life care. Staff worked with external healthcare professions to make sure people at the end of their life had adequate pain relief and any specialist equipment they needed.

The system in place to manage any complaints or concerns raised by people was managed effectively. The procedure outlining how people could raise any concerns was available to people living and visiting the home. We saw where concerns had been raised these had been managed in line with the policy and outcomes were clearly recorded.

No-one we spoke with identified any complaints or major concerns during our visit. One person commented, "If I have a problem, I'd go to the person concerned and ask them to explain or take my comments on board. If need be I'd go to the manager." A visitor told us they had raised a complaint in the past, but this was addressed and had never happened again.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who had been registered with the Care Quality Commission since the last inspection. 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 management team also consisted of two deputy managers, which meant one of them was on duty seven days a week.

People felt the home was well run and improvements made by the new registered provider had been positive. One person told us, "I'm very happy, I'm spoilt here," another person commented, "I think it's a privilege to be here, it's very good, I'm very happy." A relative told us, "The manager's a nice guy. The owners talk when they come, say hello, they're very polite. I like them."

Staff told us they found the registered manager very approachable and praised the way he and the registered provider had worked to improve the service. A care worker said, "Since [registered manager] took over there have been lots of changes, but all good." They also spoke positively about the registered provider. Another member of staff commented, "He's [registered manager] absolutely fantastic. He will support you 100%, all you have to do is knock on his door."

People's opinion was sought on a regular basis and any comments for improvement addressed promptly. Most of the people we spoke with said they were happy with the care and support provided, as well as the way the home was run. They told us they felt they could speak with staff about anything, and they would be listened to.

The registered provider had gained people's opinions through periodic meetings, care reviews and ongoing feedback from an electronic 'feedback terminal'. The latter was a touchscreen iPad that anyone living or visiting the home could use to rate the service provision and comment on their satisfaction. This information was then analysed quarterly by the registered manager and the directors. The feedback we sampled showed people were happy with the care provision and how the home operated.

There was a book in each reception area where people could enter any positive or negative feedback. A coffee morning was also held on the first Wednesday of each month to discuss any changes with families and share experiences. The 'relative's noticeboard' in the reception at 'Cedar House' included a 'You said we did' section. For instance, people had said more garden furniture was needed at the monthly meeting, the board showed this had been ordered.

Staff were actively involved in how the home was run and meetings were planned to keep them abreast of any changes. For instance, we observed a 'ten at ten' meeting taking place. This is when senior staff, such as the registered manager and his deputies, as well as the heads of departments meet for ten minutes at 10am seven days a week to discuss the day ahead. This included any new admissions, dietary and medical needs, housekeeping and any maintenance issues. Staff told us these linked into conference calls to the directors

so anything needed at their level could be actioned. Staff also attended general meetings and support sessions where they said they could share their opinions and ideas. The staff we spoke with felt the management team listened to them and would take any ideas or concerns seriously.

In recognition of staff 'going the extra mile' for people a 'golden ticket' prize was awarded by the company each month. For instance, the June newsletter told people how a member of staff had taken someone shopping in their own time. Staff told us this made them feel valued by the company.

Policies and procedures were in place to guide staff and people using the service, as well as the home's contingency plan, so all staff knew how to deal with routine and emergency situations if the management team were not available.

The directors of the company took an active part in monitoring the home, including effectively checking the quality and safety of the service provided. The registered manager told us unannounced checks were routinely completed by the directors to make sure staff were following company policies and the home was well maintained. We also saw regular checks on medication practices had been undertaken by the management team at the home. Completed audits highlighted areas for improvement and action plans had been put in place to address these.

The management team had various other tools to help them monitor how the home was operating. For example, the electronic care planning system highlighted any outstanding areas, such as if someone had not taken part in any social activities for a specified time or had not had a bath or a shower at the planned time. It also highlighted when care reviews were due. The deputy manager said this meant they could monitor the care people were receiving and make sure nothing was missed.

Doncaster council assessed the home earlier this year. They told us, "Woodcare have moved the home forward. [Registered provider] is keen to promote the home and is actively involved. They report safeguarding and reportable incidents in a timely manner."