Birstall Care Services Limited

Cedar Mews

Inspection report

Cedar Mews Care Home, 67 Hallam Fields Road
Birstall
Leicester
Leicestershire
LE4 3LX

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05 October 2017

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22 November 2017

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

This unannounced first comprehensive inspection took place on 5 October 2017. Before the inspection we were aware of concerns that had been raised regarding the quality and safety of the care and support provided to people. We looked into these concerns as part of this inspection.

This residential care home is registered to provide accommodation and personal care for up to 72 people. At the time of our inspection there were 42 people living in the home. Cedar Mews provides both respite and long-term care for older people, some of whom are living with dementia.

There was 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.

People were safeguarded from harm as the provider had effective systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew how to recognise harm and were knowledgeable about the steps they should take if they were concerned that someone may be at risk.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately. Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with staff and good interaction was evident, as staff took time to listen and understand what people needed.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People or their representative had been involved in planning and reviewing their care and plans of care were in place to guide staff in delivering their care and support.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

People were supported to take their medicines as prescribed. Medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

Staff responded to complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to and acted upon.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored through the regular audits carried out by the management team and provider.

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.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and other professionals involved as appropriate to support people to maintain their safety.

Is the service effective?

Good

The service was effective.

Staff had completed training relevant to their role that had equipped them with the skills and knowledge to care for people effectively.

There was an induction process in place for new staff to help them to develop the necessary skills.

People were supported to maintain a healthy diet and their health needs were monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Is the service caring?

Good

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to admission and reviewed regularly so that they received the care they needed.

People had access to appropriate social stimulation and activity.

Appropriate action was taken to address people's complaints or dissatisfaction with the service provided.

Is the service well-led?

Good

The service was well-led.

Systems were in place to monitor the quality and safety of the service provided. Prompt action was taken when shortfalls were identified.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

The provider had a clear vision for the on-going development of the service.

Cedar Mews

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.

This inspection took place on 5 October 2017 and was unannounced. The inspection was undertaken by two inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience for this inspection had experience of co-ordinating care services for their relative.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took the information in the PIR into account when we made judgements in this report. We also reviewed other information that we held about the service such as statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law, and information that had been sent to us by other agencies. This included the local authority who help place and monitor the care of people living in the home.

During our inspection we spoke with sixteen people who used the service, fifteen members of staff including the commissioning manager, registered manager, deputy manager, senior care staff and care staff, kitchen staff and activity staff. We also spoke with three people's relatives and two visiting healthcare professionals. We undertook general observations throughout the home, including observing interactions between the staff and people in the communal areas.

We looked at care records relating to four people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "Yes, I feel safe living here. I don't feel frightened or afraid because the staff look after me." A second person said, "Oh yes it's lovely and very safe. There is always someone around if you need help and that makes me feel safe."

Safeguarding policies and procedures were in place and were accessible to staff and staff had been provided with safeguarding training. One staff member said, "We get regular training about safeguarding and I know how to report abuse." A second member of staff commented, "I would definitely raise my concerns if I was worried or had concerns about someone. I would go to the deputy manager or the manager and they would deal with it." They told us they were confident that if they reported any concerns about abuse or the conduct of their colleagues, the registered manager would listen and take action.

People were supported by sufficient numbers of staff to keep them safe and to meet their care and support needs in a timely manner. People told us there were enough staff on duty to meet their needs. One person said, "I think there is enough staff. I don't have to wait for long before someone comes to see me." Another person commented, "There are always staff around when I need them." People's relatives felt that there were enough staff available to support people. One person's relative said "There are always plenty of staff about, they are responsive and they come quickly."

Staff confirmed that the staffing numbers were sufficient at the time of the inspection. They told us that rotas were flexible if the needs of people changed for any reason. One staff member said, "There is enough staff to care for the people we look after." Staff also told us that they did not feel under pressure or rushed when carrying out their roles. A member of staff commented, "We have good staffing here. There are always enough staff around and we are well staffed." A second staff member said, "It's very good here, we are never short. We work well together as a team and there are always enough staff on duty so we can respond to emergencies without putting people at risk." Two health care assistants working with the district nurse team told us, "If we need help from staff there is always someone available. We never have to wait long for them to support us." We observed that staff were able to spend time with people in the communal areas of the home and were able to respond to call bells in a timely manner.

Safe recruitment practices were followed. One staff member said, "I was not allowed to start until they had both of my references back and all the other checks." Records demonstrated that checks completed included two reference checks, criminal records checks, visa checks and a full employment history review. There were up to date photographs, health declarations and proof of identification for each individual.

People's medicines were managed safely and administered at the prescribed times. One person told us, "I always get my medicine with my food which is what it says on the instructions." Staff told us that they received training in the safe administration of medicines and their competencies were regularly assessed. One staff member said, "The deputy manager observes us doing a medication round and checks our competencies. It's very important to get it right." We observed medicines being administered during the morning medicine round and found that medicines were administered in line with current best practice

guidelines.

We reviewed the medicine procedures and found that people were given their medicines in a way that met their individual needs. Protocols were in place to manage how people received 'as needed' (PRN) medicines. Medicines were stored securely and Medication Administration Records (MAR) were completed accurately after each person had received their medication. We saw that people who were able to administer their own medicines had been assessed to ensure they were safe to do so. One staff member said, "We take all the steps necessary to make sure people can administer their own medicines safely, if they want to." We saw risk assessments were in place to support this.

People's needs were regularly reviewed and risks to people were identified and steps taken to mitigate these risks whilst supporting people's independence. One person said, "I do know that I have risk assessments. The staff let me know about them and why they have to be there." Staff told us how risks to people were assessed to promote their safety and to protect them from harm. They described the processes used to manage identifiable risks to individuals such as, malnutrition, moving and handling, falls and skin integrity. One staff member told us, "[Person's name] is at risk of falls. We have a risk assessment in place to make sure the risks to [person's name] are reduced as much as possible." Staff told us that risk assessments were reflective of people's current needs and guided them as to the care people needed to keep them safe. A staff member said, "The risk assessments are a true reflection of the potential risks to people. If we identify any new risks we address them straight away." Records demonstrated that people had individual risk assessments in place with information relating to the level of risk to them. The assessments were clear and had been reviewed on a monthly basis or as and when their needs changed.

People lived in an environment that was safe. There were environmental risk assessments in place and audits of the safety of the premises were regularly carried out. Contingency plans were in place in case the home needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.
Accidents and incidents were analysed for trends and action taken to minimise the risk of them occurring. For example, the registered manager had made adjustments to staff deployment as a result of analysing the timing of falls that happened in the home.

Good

Is the service effective?

Our findings

People received care from staff that had received the training, supervision and on going support that they required to work effectively in their role. People praised the competency of the staff and told us that they were always supported by staff that had the skills to meet their needs. One person said, "They know how to look after me just right. I am very well looked after." Another person commented, "The staff are fantastic. They have helped me to sort myself out. The staff have gone over and above to make sure I'm looked after."

New staff underwent an induction programme that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. Staff told us they were well supported when they first started working at the service and had completed an induction. One staff member said, "Our induction lasted for two weeks. It was very thorough." Another member of staff said, "I had an induction when I first started. That was really helpful. It gave me the confidence I needed to start working with people." New staff were supported to complete the Care Certificate. The Care Certificate consists of a period of training and assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support.

Staff received mandatory training such as first aid, fire safety and manual handling. Additional training relevant to the needs of the people they were supporting was also provided; this included training in dementia and challenging behaviour. Staff told us they had received regular on-going training that was appropriate to their roles and the people they were supporting. One staff member told us, "There is a good choice of training. If there is something not on the training list but we think it would be beneficial then the manager would see if there is a course we could go on."

Staff received the support and supervision that they required to be effective in their role. One staff member commented, "Yes we do get supervision. I always ask for more training in my supervisions. We can discuss anything really." A second member of staff said, "I get supervision and I find it helpful." The registered manager confirmed that each staff member received supervision and an annual appraisal of their work performance.

People received care and support from staff that had received the training they needed to ensure that support provided was in people's best interest. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied this knowledge appropriately. The MCA 2005 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management team understood and complied with the requirements of the MCA and DoLS. Assessments

had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested from the local authority. Staff had received training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

People were encouraged to make decisions about their care and their day to day routines and preferences. One staff member told us, "I have done MCA and DoLS training. It's about making sure if someone doesn't have capacity to make their own decisions that we do what's in their best interest." Another member of staff said, "I always check what people want before I do anything. You can't just assume. For some people it's different every day." We observed people being asked for their consent and given choices about their care throughout this inspection. People were able to choose what activities they would like to do and what meals they would like.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. One person told us, "The food is very nice. I have no complaints." Another person said "the food is quite alright, it's adequate and there's plenty of it." Staff told us they supported some people with their meals. One staff member said, "Some people need a lot of support and we make sure meal times are enjoyable for them." Another member of staff told us, "We like to try different foods for people. There is always a lot of choice." Staff encouraged people to make healthy choices and supported them to have a balanced and nutritious diet that was in accordance with their individual needs.

We spoke with the chef who displayed a good understanding about people's therapeutic diets, such as diabetic and low potassium foods. They also knew people's dietary likes and dislikes. They said, "When someone is first admitted I am given information about what people like to eat." They also explained, "I always talk with people on a regular basis to get feedback about the food." We saw within the communal areas that homemade cakes, biscuits, sweets and fresh fruit were available for people to help themselves. In addition a variety of drinks were available for people and visitors to the service.

People were supported to maintain their health and wellbeing and were supported to access health care services when they needed to. A health care assistant who worked with the district nurse team told us, "The staff are knowledgeable about people, their conditions and what they need." Staff told us if a person's health deteriorated they would seek their permission to report it to the registered manager or a relative and if needed contact the GP or health care professional for support or advice. One staff member told us, "We know our patients very well. If someone was showing signs of being unwell we would ask the GP to visit them."

People had access to a range of healthcare services and referrals were made to specialist teams when required. Where people had individual plans of care developed by health care professionals, for example a district nurse, staff were aware of these and delivered support according to the plan of care. Changes in people's health were discussed at staff handovers to ensure that all staff working supported people appropriately to maintain their health and well-being.

Good

Is the service caring?

Our findings

People had developed positive relationships with staff and were treated with compassion and respect. One person said, "I think that staff are caring and we are all respected here. I feel I can say what I want and I do feel listened to." Another person's relative said "The staff give [person's name] so much love and care, they take time with them. I can't thank them enough." Staff told us they knew people really well. They told us they were able to spend time getting to know people's likes, dislikes and personal histories. One staff member commented, "We started here before people moved in. We have been able to get to know people." Another member of staff told us, "I love the residents. I love working here. I'm happy to come to work I enjoy it so much."

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. We found that staff worked hard to make people and their relatives feel cared for. Relatives told us that they were made to feel welcome when they visited. One person's relative said "I can visit whenever I want, I come every day." Staff spoke positively about the people they supported, one member of staff said, "The best thing about working here is the residents. Everyone has something different to tell you. I love listening to people's stories." A second member of staff commented, "It feels like we are one big family. You get to know the resident and their family members."

There was a high level of engagement between people and staff. It was evident that staff had the skills and experience to manage situations as they arose. We saw staff doing jigsaws with people, sitting down and chatting with them and dancing with them. We saw one person who became anxious several times throughout the afternoon. Staff took time out to support them and knew how to distract them and engage them in conversation to lessen their anxiety levels. This was carried out with kindness and staff were compassionate and patient in their approach.

People were supported to make choices about every aspect of their daily routines, their daytime activities or what they would like to eat. One person told us, "I can have my say, yes." Another person said, "Oh definitely I decide what I am going to do. The staff do respect my choices."

Staff told us and we observed that they consulted people about their daily routines and activities. People were not made to do anything they did not want to. Care was focused on each person's wishes and needs rather than being task orientated and routine led. People and their relatives were involved in the care planning process. One person told us, "I decided what was going in my care plan. I have been in control." All the staff we spoke with confirmed that people were involved in making decisions about their care and support needs. One staff member explained, "We discuss the care plans with people and we always discuss with them how they wish to be cared for and supported."

Staff understood the importance of promoting independence. One member of staff told us, "I always offer people the chance to do as much for themselves as possible." Another staff member said, "I always encourage people to do what they can for themselves."

The service had a confidentiality policy which was discussed with staff during induction; all staff signed an agreement to adhere to it. One staff member said, "I know about confidentiality and how important it is. I don't discuss my work with anyone except those that need to know." We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Staff understood how to support people with dignity and treated people with respect. They were able to demonstrate how they ensured that people's privacy and dignity were preserved. One staff member said, "I make sure I speak with people politely and I never talk down to them." Another staff member told us, "We make sure curtains are drawn, doors are closed and whatever we are doing is what the person wants." Our observations confirmed that staff treated people with dignity. Staff were polite and called people by their preferred names. They spoke to people as equals and always asked for permission before doing anything such as moving them to another area.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home to determine if the service could meet their needs effectively. During the inspection we saw records of preadmission assessments that had been carried out with people and their relatives. These covered areas such as medical history, communication and nutrition and hydration needs. The preadmission assessment was used to devise care plans, that provided staff with detailed information about how people should be supported. One staff member told us, "We get as much information as we can about a person. The more information we get the better we get to know the person."

Care records were held electronically and reviewed regularly. One member of staff commented, "The assessment is only a small part of the process. Peoples needs change all the time so we have to make sure we keep their care plans up to date." A second staff member said, "I always read the care plans and the daily notes. I know what care people have had and what they need." We found that although the care plans contained adequate information about people they would benefit from further detail to ensure they were more individualised and person centred. People's care plans and risk assessments were cross referenced to provide accurate information regarding people's needs.

The two health care assistants working with the district nursing team said the staff were very responsive to people's needs. They told us that staff would contact them if there were any changes in people's conditions and seek advice and guidance. They also told us their advice was followed and when they visited, staff were knowledgeable about people's needs."

Staff were made aware of any changes to people's care needs through regular handover of information meetings. Changes to people's care needs were discussed and staff updated. Staff used the information they received at handover to ensure that people received the care and support they required.

We found that staff understood the need to meet people's social and cultural diversities, values and beliefs. One person said "The activities here are good and the activities leaders are very good, [activity staff] writes the Cedar News which is excellent." The service had a programme of activities and staff told us there was usually something going on for people to do. There were three activity co-ordinators and they worked across all areas of the home. We saw different activities taking place during the inspection. In the morning there was baking, and in the afternoon there was dancing and singing. We saw people reading newspapers, doing jigsaws and chatting with staff.

The service had a mini bus and there were regular trips out in the bus. One person told us "I was given the chance to go out in the mini bus the other day. We went on a drive around the local area, I really enjoyed it. Another person's relative said "A group of residents went to the cinema the other day; [person's name] really enjoyed it." One staff member said, "Some people like to go out, others like to stay in and watch TV. We try to make sure everyone has the opportunity to join in with some activities. Another member of staff said, "We have entertainers come and people really enjoy that." Staff told us they worked with people to prevent social isolation by encouraging them to participate in daily activities they enjoyed.

People were aware of the formal complaints procedure in the service, which was displayed within the home. One person told us they had nothing to complain about but that they would always speak with staff if they needed to. The registered manager and staff told us felt they were visible and approachable which meant that small issues could be dealt with immediately. One staff member said, "We sort things out straight away and don't let them fester. We nip it in the bud."

Where complaints had been received, or issues of concern raised, we saw records to evidence that these were taken seriously and the outcome used to improve future practice. There was an effective complaints system in place which enabled improvements to be made and the registered manager responded appropriately to any complaints that had been made. For example we saw that one person had complained about feeling ostracised because of where they sat in the dining room. In response to this the service had a meeting with people using the service to determine their views about the seating arrangements in the dining room. As a result they decide they wanted a seating plan to be put in place. We saw this displayed to the entrance of the dining room on the day of our visit.

Good

Is the service well-led?

Our findings

There was a visible management team in place that had a clear vision for the development of the service. People told us that the home was well managed. One person's relative said "[Name of registered manager and deputy manager] are very accessible and responsive. I can always speak to them if needed and if I email them I get a very quick response."

Staff were positive about the management at the service. They said that the manager and deputy manager were approachable and supportive and acted on suggestions made. For example, one staff member said, "If you report that there has been a change in someone's condition, it's not ignored. It's sorted straight away." Staff told us the registered manager was supportive of the people in the service and the staff who worked there. One member of staff said "I have had great support from the manager and the deputy manager." Another said "I can knock on the door at any time for help and support."

Staff felt that when they had concerns they could raise them and felt they would be listened to. One staff member told us, "[Name of registered manager and deputy manager] are very approachable. I would have no problems talking to them. The deputy manager spends a lot of their time working with people and staff, so they are always around." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Systems were in place to assure the safety and quality of people's care and support. There were systems and processes in place to assess, monitor and manage the risks relating to the health, safety and welfare of people using the service. The provider had implemented a system of audits that were effective in assuring that any shortfalls in the service were identified and rectified in a timely manner. For example, medicines audits had identified that staff were not consistently completing the back of medication administration record sheets (MARs) and this had been addressed.

People and their representatives were encouraged to share their views of the way the service was run. A satisfaction survey had been carried out in May 2017 and the results of this survey had been used by the provider to inform their plans to develop the service. People were complimentary about the care they received and the provider had developed an action plan to further improve the care and support that they provided to people living in the home. For example people had highlighted that at weekends there was a lack of activities. In response to this the service had employed an activity co-ordinator to work every other weekend.

Staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. We saw staff meeting minutes that demonstrated a positive culture, with discussions about incident reporting, daily reports and documentation and confidentiality and social media.

Policies and procedures to guide staff were in place and had been updated when required. Staff demonstrated a good understanding of the policies which underpinned their job role such as safeguarding

people, mental capacity and confidentiality.

The service was being managed by a registered manager who was aware of their legal responsibilities to notify the Care Quality Commission (CQC) about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service.