Orion Healthcare Limited

Cedar Lodge

Inspection report

Cedar Lodge
Culford
Bury St. Edmunds
IP28 6DX

Tel: 01284728744

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Cedar Lodge provides accommodation for older people, some of whom may have nursing needs or live with dementia. The service can accommodate up to 25 people. On the day of our inspection visit there were 23 people living at the service.

People's experience of using this service:
We found a service on the cusp of improvement with many elements set to improve. There are environmental challenges that the new provider had started to overcome. There were improvements made that had yet to be imbedded and new initiatives and developments facilitated by the new owners were being embraced by the staff group.

People at this service were well cared for by dedicated staff. People benefited from good personal care. People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being. People were treated with kindness, respect and compassion and their privacy, dignity and independence were promoted.

People's communication needs were not always met as communication methods for people living with dementia had not been fully explored. People had a limited choice of activities which they could take part in. The environment at the service needed some further development to make it more supportive to people living with dementia. Plans were in place to improve upon this along with introducing a new electronic care planning system as the current system in use did not meet the needs of people and the service. Further developments were needed to fully address peoples end of life care.

We have made recommendations to the service about improving communication methods.

People's feedback was consistently positive about the care, support and staff. People particularly liked the home because of the caring staff employed. One person told us, "I'd recommend it to anyone. They have been first class."

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

Systems and process in place at the service kept people safe in all areas of their care including the administration of medicines.

There were enough staff on shift to support people and robust recruitment checks were carried out before staff started working at the service. Staff received induction, training and supervision to ensure that they had the right skills and abilities to support people.

People were supported to eat and drink enough to maintain a balanced diet.

The acting manager had a system of audits in place that were used to monitor and improve the quality of the service. Complaints were responded to appropriately by the acting manager.
Rating at last inspection: This is the first ratings inspection since the service registered on 15 August 2018.

Why we inspected: We inspected this service because it required a rating to be published.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Cedar Lodge

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
Membership of the team consisted of one inspector and an expert by experience. An expert by experience is a person that has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had a relative who used a similar service.

Service and service type:
Cedar Lodge is a care home with nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on planned long term leave. There were suitable arrangements in place with an acting manager.

Notice of inspection:
The inspection was unannounced.

What we did:
Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We met people who used the service and spoke in more detail with four people and four visitors. We spent time observing staff interacting with people, especially at lunchtime. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four staff, the administrator and the acting manager. We looked at documentation relating to four people who used the service and information relating to the management of the service. We reviewed medicine administration records, observed medicines storage, audit arrangements and spoke with staff involved in medicines management.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management
• Risks to people were assessed with guidance available for staff in how to minimise risk. Risk assessments covered areas such as people's risk of falling. People told us that staff acted "promptly" if this happened.
• Regular checks on the environment and equipment took place. Measures had been taken to increase the height of the internal staircase banister and the acting manager confirmed that they had re-assessed access to a metal fire escape to ensure those living with dementia did not inadvertently access that area.
• Staff were able to contact the management team for advice out of office hours if needed.

Using medicines safely
• Medicines were managed safely and associated records were maintained correctly. One person told us, "I get regular injections from the [District] nurse and tablets from the staff here. They're really thorough and careful."
• Staff were trained to administer medicines safely and had their competency in this area assessed.
• Where people were prescribed medicines to take 'as and when required' guidance was available for staff to follow.
• Feedback to develop safety was well received because action was taken to ensure temperatures of medicine storage were regularly taken.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe. One person told us, "It's like living with the family, it feels like home, as if I've lived nowhere else. I'm totally safe here."
• Staff knew what to do if they suspected a person was being abused and were confident that any safeguarding issues they raised would be acted upon.
• The provider had appropriate systems in place to report safeguarding matters to the local authority for assessment and investigation and we found that this had happened in practice.

Staffing and recruitment
• Staffing levels were safe and met people's care needs but we found that not enough staff were consistently available to facilitate peoples social needs. Observations on the day were that people were not engaged and spent long periods of time not socially engaged.
• The acting manager told us they used a dependency tool to set safe staffing levels. Staffing levels were under review and an increase was being considered by the provider.
• The provider operated systems that helped ensure that staff were recruited safely.

Preventing and controlling infection
• People were protected from the risk of infection. Staff had received training and followed safe infection

control practices and they used personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong
• The acting manager and provider critically reviewed incidents and events and determined if improvements were needed.
• Changes to practice were made where incidents and events had highlighted shortfalls or risks in the delivery of the service. An example being the purchase of equipment to raise a person to sitting from the ground after a fall and where no injury had been sustained.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to using the service. We fed back that these written assessments needed to be consistently signed and dated by the competent person doing the assessment. Assessments were developed into care plans.
- People and their families told us that they were involved in the assessment and were confident they were listened to. One relative said, "The manager came out to see us at home to see if they could manage my [relatives' condition]. He spent a long time getting to know us." A different relative told us, "Staff really took time to get to know what my relatives' needs were and have gradually helped him to come to terms with some of the issues and the change is remarkable."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. Staff said that they had received a good induction that included training and shadow shifts.
- Staff had received appropriate training to support people using the service and more specialist training in matters such as dementia, medicines and mental capacity. One relative told us, "The staff are very good. They have the skills to look after my relative and have helped improve a skin condition."
- Staff told us they were supported by the management team and received one to one sessions to discuss any work-related issues. Staff welcomed team meetings and one staff member told us that they had completed the care certificate. They were being supported to gain a care qualification and received regular and meaningful supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- People received home cooked food that constituted a balanced diet. One person said, "The food is always good. Nice puddings!"
- The meal time experience was relaxed with people being offered choices of where they wished to eat their meal and what to drink. A variety of drinks and snacks were available throughout the day. One person said their choices were respected. "Because of my condition, I don't like to have lunch in the dining room, so they bring me a nice tray."
- Advice was sought from appropriate health professionals in relation to nutrition. The chef and staff had updated information to hand on special diets required. The chef had attended dysphagia training. One relative told us, "My relative had lost weight and they're now monitoring him and he has fortified drinks to build him up."
- There were sufficient staff to support people to eat with dignity. Staff joined people and ate at the same time. This added to the positive social occasion.

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

•□The service was purpose built a number of years ago. All rooms were single. Eight of the rooms had en-suite facilities. There was a lounge area and a separate dining area for people to congregate and share. There was additional room such as a conservatory and access to a patio area.

•□There were appropriate facilities to meet people's needs such as accessible bathing and toilets.

•□There are plans to upgrade and improve the facilities on offer. These includes but not limited to, an additional five bedrooms with en-suite and locating the office, laundry and hairdressers on the ground floor. Advice was being sought from appropriate professionals on how to ensure the environment was fully accessible and dementia friendly and could better meet the needs of people with this condition. Currently the layout and design lacked good quality facilities and signage.

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

•□People were routinely registered with healthcare professionals. A GP visited when required to ensure access to treatment and medicine. There was a good relationship between the service and healthcare professionals and this was confirmed by a visiting healthcare professional.

•□People were referred to other healthcare professionals as required. People were supported by staff to access healthcare appointments. Relatives confirmed they were kept informed as appropriate of changing health conditions.

•□Appropriate information was shared in a timely way, if a hospital admission was required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•□The acting manager had not fully understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and making notifications to us about those applications being granted. Immediately after our visit action was taken to ensure applications were made for people.

•□People were encouraged to make all decisions for themselves. One person told us, "I get up and go to bed when I like. I feel I have control of my life!" Another person said they came and went as they pleased, "I just let them know what I'm doing," There was a strong emphasis on involving people and enabling them to make choices wherever possible. Best interest decisions showed positive risk taking but would be strengthened by sound documentation to support people and staff.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind and caring. We observed some positive practice by staff who emotionally supported people with compassion. Two different relatives explained how staff had supported their relatives to overcome anxious and distressed behaviour linked to living with dementia.
- Our observations showed people displayed signs of well-being. No one displayed signs of distress during our visit and those able spoke positively about their experience.
- All people spoken with and relatives were absolutely positive and said they were universally treated well at the service. People told us that staff always treated them with respect.
- Staff knew people very well. One relative described how staff had got to know a person well and this had developed trust and therefore the person was confident enough to spend time out of their room.

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

- People and their representatives were asked for their views on their care and their care plans.
- In the entrance were feedback forms for people and visitors to leave their comments easily. We were told it was used frequently. Feedback forms that could be filled out manually and left in a box.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were polite, courteous and engaged with people. People were treated respectfully and were involved in every decision possible.

Respecting and promoting people's privacy, dignity and independence

- People and their families completed life histories, and this enabled staff to develop meaningful relationships and have respect for people as individuals. Daily notes made by care staff showed clear respectful recording of care given.
- People were enabled to be as independent as possible. A relative told us, "The staff have been brilliant. They've helped my relative to regain so much, they've come back to life, takes an interest in things and is a lot better." People were encouraged to use aids such as frames and wheelchairs to mobilise. At lunchtime people were encouraged to eat independently but offered support when required.
- Relatives confirmed to us that people's privacy and dignity was always maintained. Our observations were that staff were mindful in their actions and how they spoke with people. People consistently said staff ensured their privacy with knocking on doors and closing doors before care was provided. One person told us, they had had a bed bath most days because they were worried about privacy in the shower. However, staff had won their trust and now they accepted help when needed, especially to wash their back.

Requires Improvement

Is the service responsive?

Our findings

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

This meant people's needs were not always met.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People living with dementia did not have access to methods to enable them to communicate. Staff communicated to people in a kind and compassionate way using verbal communication. Other methods to help people understand what was being communicated, such as pictures or signing, had not been considered or trialled.
- One relative told us, "My relative really doesn't talk any more but two staff have learned to read his body language."
- People's care plans indicated that people may use signs or gestures to communicate, however the care plan did not go in to enough detail about what these were or what a person may be trying to communicate when they used them. This meant that people may not be supported to communicate in their preferred communication methods. We recommend that the service find out more about how to communicate with people living with dementia, based on current best practice.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People gave mixed responses when we asked if they were enabled to follow interests and activities. One person said they had their radio, and another said they went to a local supermarket once a week. There was little stimulus seen on the day and the planned pampering event was replaced by bingo. Most people sat in a large circle in the lounge watching television for most of the day. There was little planned for those people living with dementia accept visitors and staff chatting from time to time.
- People had care plans in place and were electronic. The new provider did not feel that this adequately met the needs of people or the service. They had researched systems available. There were plans to replace the current care planning system as this currently did not effectively meet the needs of people and the service. This was a positive move as the current records were not consistently complete. For example, one person living with diabetes did not have a comprehensive care plan in place to address potential risks.

End of life care and support

- All aspects of peoples live require planning, and this includes end of life care planning for some people. People's wishes of planning ahead and advanced decisions on treatment were not consistently recorded, and families were not routinely involved as appropriate. There were known systems in place with regards resuscitation wishes and decisions were appropriately recorded on known paperwork, such as forms published by the Resuscitation Council that were recognised by health and social care professionals.

•□The acting manager had acknowledged this as an area of development, but as yet systems, policy and staff training had not been delivered and embedded.

Improving care quality in response to complaints or concerns

•□There were known complaints systems and procedures in place. The procedure was displayed.

•□People and relatives said that they felt able to speak to the acting manager at any time. Staff were aware of how to resolve concerns at a lower level if possible.

•□We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions with records were in place. One person told us, "We've no complaint here!"

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Care and support provided did meet people's assessed needs. People benefitted from good personal care. There were plans to develop and further improve the service. Developments thus far had been positive and were well received by people, relatives and staff.
- People and relatives spoke well of the acting manager. Describing them as approachable and keen to get things done. We were told by people and relatives that there was an open culture and that the acting manager was always available to discuss any issue. The registered manager was on planned long term leave and was set to have a planned return.
- People praised the quality of care provided. One relative said, "I really can't praise them enough for what they've done for my relative, I've already recommended the service!"
- Staff were supportive of the managers in control of the service. They spoke highly of the acting manager describing them as approachable and professional. One staff member commented that improvements had been made such as better training for staff and purchase of equipment to keep people safe.

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

- Staff were well supported in their role, supervision of care and ancillary staff was in place. There were regular staff meetings held and staff were aware of how they contributed to the performance of the service.
- Governance systems were embedded into the running of the service. There was a framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. This meant people were assured of a quality service being developed and maintained over time.
- Continuous learning was improving outcomes for people. Staff told us how they kept up to date with best practice and developments. For example, they attended training and were given reminders when training was due. Staff spoke of how they were supported to develop the next level of training in care qualifications.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service sought the views of people through care plan reviews, and through a survey completed when they first took over this care home. There were plans to repeat this to measure progress. There were no resident and relatives' meetings to more effectively consult with people about planned changes such as the new care plan developments and the planned physical developments to the building. This was fed back, and the acting manager stated these were being considered for development.

• The service worked in partnership with health and social care professionals who were involved in people`s care. We spoke to two visiting health professionals who both said that the service staff were keen to develop and work with their agency for the betterment of people living at the service.
• The service managers had elected to be part of a local initiative that looked at medicines optimisation and prevent hospital admissions. Therefore, they were being supported with catheter care support and falls prevention. This will support people's quality of care and joined up care.