

Ideal Carehomes Limited

The Cedars

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



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?

Requires Improvement



Overall summary

We inspected this service on 15 April 2015. This was an unannounced inspection.

The service was registered to provide accommodation and nursing care for up to 42 people. People who used the service were living with dementia and required help with personal care.

Our last inspection took place on 17 April 2014 where we found the service to be compliant with the five outcomes we inspected.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People's safety risks were identified and reviewed; staff were attentive to the needs of people and promoted their safety. Medicines were managed safely.

Summary of findings

Representatives of people who used the service felt that there was not always enough staff around at busy times of the day.

Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People's health and wellbeing needs were monitored and people were supported to attend health appointments as required. People could access suitable amounts of food and drink that met their individual preferences.

Staff sought people's consent before they provided care and support. However, some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People were treated with kindness, compassion and respect and staff promoted people's right to privacy. Staff helped people to make choices about their care by giving them the information they needed to do this.

People and/or their representatives were involved in the assessment and review of their care. People were encouraged to participate in leisure and social based activities that were important to them.

Complaints and concerns which had been raised by people's representatives had not always been managed in accordance with the provider's complaints policy. The provider had not always ensured that improvements were implemented to improve the care people received as a result of the concerns and complaints raised.

The provider had a system in place to monitor the quality of care to ensure standards were met and maintained. This system had not always been effective in bringing about improvements. People's feedback was sought but action was not always implemented to improve the care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from harm by the systems in place and people's risks were assessed and reviewed.

Staff were attentive to people's needs and monitored people to keep them safe.

People's medication was managed safely.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

People were supported to eat, drink and maintain a healthy weight.

Staff supported people to make decisions about their care in accordance with current legislation.

Good



Is the service caring?

The service was caring.

People were treated with kindness, compassion and respect and staff supported people to make choices about their care.

People's right to privacy was promoted.

Good



Is the service responsive?

The service was not consistently responsive.

The provider did not always respond to people's concerns about their care to improve people's care experiences.

People were involved in planning and reviewing their care.

Requires Improvement



Is the service well-led?

The service was not consistently well-led.

Systems were in place to assess and monitor the quality of care, including seeking feedback from people. However these had not always brought about improvements to the care people received.

Requires Improvement



The Cedars

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 was 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 15 April 2015 and was unannounced. Our inspection team consisted of two inspectors.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with eight people who used the service and ten relatives. Some of the people who used the service could not answer our questions because they did not have the capacity to do so. We therefore spoke to the relatives who were visiting at the time. We also spoke with four members of care staff, the deputy manager, the registered manager and the area manager. We did this to gain people's views and to check that standards of care were being met.

We spent time observing how care was provided in communal areas and we observed how the staff interacted with people who used the service.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Is the service safe?

Our findings

We saw that staff monitored people's whereabouts in order to keep them safe. People were freely walking around as they chose and were observed and supervised by staff. We saw that a person walked away from the lounge area and a staff member went to check on them to ensure they were safe. Another person tried to get up out of their chair and a staff member went to assist to prevent them from falling. Staff told us and we saw during our inspection, that people in the main lounge area were supervised. When asked if their relative was safe, a visitor told us, "Oh yes, he is totally safe here, it is a load off my mind."

People were kept safe because staff were suitable to work at the home. A relative said, "The staff are very good and they are kind and helpful." Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the home. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Relatives of people who used the service thought that there should be more staff around at busy times. We saw that staff were very busy but were attentive to the needs of people and staff were present in all areas of the home to ensure people were kept safe. A staff member told us, "It's a lovely place to work but it's very busy and we have

residents who we need to keep a close eye on. We could do with another pair of hands." The operations manager told us that, as a result of concerns raised, they would be reviewing the level of staff provided at the home.

Risks to individuals were managed so that people were protected and their freedom supported. We saw risk assessments in place in the records we looked at, these were relevant to the individual. For example for one person we saw a behavioural risk assessment that included risks to the person and others. This had been reviewed on a monthly basis. A staff member explained why the person required a behavioural chart and how staff learned from each challenging behavioural episode. This meant that staff had knowledge of people's risks and how to keep people safe

People were protected from harm and/or abuse by the systems in place. Staff told us how they would recognise and report abuse and confirmed that they received training in the prevention of abuse. A staff member said, "I would report this to my manager or their manager depending on the circumstances." We saw that agreed local procedures were followed that ensured concerns about people's safety were appropriately reported.

Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. We saw a senior care staff member administering medication and they told us that they had received appropriate medication training. Medicines were given to the right people at the time they were prescribed for.

Is the service effective?

Our findings

People who used the service were supported by a staff team who knew how to meet their needs. A person said, “The staff are very good with me.” A relative told us, “I think the staff are really good they seem to know what [person’s name] wants and needs. From our observations staff knew what people wanted and needed. For example, a staff member explained to us why a person who used the service was walking up and down the corridor repeating the same word. Another staff member also explained why one person became agitated, what could cause this and what helped to calm the person. We observed staff talking to people in a calming and reassuring way. We saw another staff member holding a person’s hand and talking quietly to them to help keep them calm.

Staff told us and we saw that they had received regular training and supervision and staff said they felt supported with their training. The registered manager told us and we saw that they monitored the staffs’ learning and development needs. This was done through regular meetings, supervision and appraisals. Staff confirmed that they received regular supervision and felt supported by the manager. This meant that staff had the knowledge and skills to understand people and meet their needs.

The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and we saw that people’s ability to make decisions about their care were assessed and reviewed. When people were identified as being unable to consent to their care, decisions were made in their best interests in consultation with their relatives and health care professionals.

People and/or their relatives confirmed that staff sought their consent before they provided care and support. For

example a relative of a person who lacked capacity told us, “I was involved in the planning and review of [person’s name’s] care plan and I have signed in agreement with this.” One person was being restricted under the DoLS. The correct guidance had been followed to ensure this restriction was lawful and in the person’s best interests. The provider recognised that some people were being restricted and was considering other applications where people were closely monitored or supervised that may have implications for their liberty.

Some people needed support to eat and drink and we saw staff assisting people with their meal and drinks where required. We saw that when people needed support to maintain a healthy diet and fluid intake, this was monitored. Action was taken if people’s intake did not meet their recommended targets. For example we saw where a person had been prescribed a nutritional supplement and we saw staff helping the person to drink this. People’s weights were monitored and, where staff had concerns about this, people had been referred to their GP.

Visitors told us that their relatives had choices at mealtimes and we saw that individual preferences and choices were catered for. Two visitors told us the standard of the food was “Excellent” and “Fantastic”. One person who chose to stay in their bedroom told us, “The food is smashing; you get lovely cooked fish or nice thick soup. There is something for everyone. I have no complaints.” We saw that people were offered choices at lunchtime and were encouraged to take their time and enjoy their meal.

We saw that people were supported to access a variety of health and social care professionals as required. Relatives told us, and we saw that people’s health was regularly monitored and advice from health and social care professionals was sought and followed. For example two people had pressure ulcers. Quick referral to the District Nursing service resulted in on-going treatment. A relative told us, “If there is anything unusual they always call the GP. Staff are really good at that.”

Is the service caring?

Our findings

People were treated with respect and were approached in a kind and caring way. We saw good friendly communication between staff and people who used the service. For example, we observed a staff member take breakfast to a person in their bedroom. We heard friendly interaction between the staff member and the person. When the staff member had left the room the person told us, "I am very happy here, I have nothing to grumble about. The girls are very good. They bring my food and medication. I am well looked after."

People were treated with dignity and respect. We saw staff holding the hands of people and offering reassurance to them when they were confused and/or agitated. A staff member said, "I like to think that we treat people here how we would want to be treated ourselves." People's privacy was maintained. Personal care was carried out discreetly and behind closed doors. Staff asked people if they needed assistance with their personal care needs quietly so that other people could not hear.

Most people were unable to be involved in making decisions about their care, because they had been assessed as not having the capacity to make important

decisions about their care. Relatives told us they were involved in assessments and reviews of their relative's care needs. A relative said, "I was involved in compiling [person's name's] care plan and have seen the care plan several times since [person's name] came here. Staff are very approachable and do all they can to help [person's name]. I feel welcome and part of the team. I can use the kitchenette to make drinks or snacks."

People were given information in a way they could understand. Staff told us and we saw that a staff member and a nurse from another setting had thought about how they could communicate better with people with dementia. They had set up a Support Group for people with dementia. They had held the first meeting at The Cedars the week prior to the inspection. This meant that relatives of people who used the service and staff could share information and learn how best to communicate with people.

Most of the visitors we spoke with said that they were made to feel welcome and could visit at any time during the day or evening. A visitor said, "I like to come in and help [person's name] to eat their meal as it makes me feel like I am helping."

Is the service responsive?

Our findings

People who used the service were supported to participate in activities and to follow interests and hobbies. The provider had begun to make changes and had implemented improvements to this area. A staff member had been employed to manage activities. We met with the activities person and they explained how they provided activities on a group and individual basis. The activities centred on meeting the specific needs of people with dementia including memory games and sensory experiences that people with high dependency needs could engage with. We saw there had been craft-type activities. The lounge was full of Easter bonnets made by most people in the home. We were told that a recent crafts day with an experienced leader had taken place and people had enjoyed the event. Relatives had been invited and involved. A relative showed us a plaster stained-glass window template that his relative had painted with his help. They had enjoyed the changed experience. People and their relatives told us that this had made a difference. One person said, "There seems to be more going on now in the home for residents."

People and their relatives were able to raise concerns and suggestions for improvements but had mixed feelings about the way complaints were handled. Some relatives were satisfied with how their concerns had been addressed. Others said that complaints they had raised had not been addressed according to the provider's complaints procedure. For example, a relative told us that they had not received a written response to their complaint which was raised 'over a month ago'.

The provider had not always addressed concerns nor taken action to improve care. For example, we saw that a person's bedside chair was contaminated with bodily fluids. The relative of the person had raised concerns about personal care and cleanliness issues several times previously and said that nothing had improved. Another visitor said that they also had concerns that their relative was not receiving the care that was planned in their care plan and that this had not been addressed by the provider.

Is the service well-led?

Our findings

People who used the service and their relatives had different views about how they were supported. Some relatives we spoke with told us that they knew who the manager was and that they were approachable and helpful. Other relatives told us that they felt that their concerns had not been handled appropriately and/or effectively.

Improvements were not always made to ensure that people received good quality care. The provider had a quality monitoring system in place. This involved completing audits of all the services including checks of health and safety, infection control and care records. We saw that, while some improvements had been made, other concerns and suggestions for improvement had not been addressed. Examples of this were that whilst improvements had been made to the provision of activities and entertainment, there were on-going concerns about the quality of personal care, staffing provision and the management of complaints.

Staff felt supported by the manager. A staff member said, “I think the manager is approachable and supportive.” Another staff member said, “The manager is good I think, you can go to them at any time and they will always listen.” Staff confirmed that regular staff meetings took place where they were able to make suggestions and that communication was good.

Staff told us they felt able to question practice and that they would be supported to do so. Staff knew about the Whistleblowing procedure in place at the home. A staff member said, “I know that we would be supported and protected if we needed to raise concerns about poor practice.”

There were good links with the local community with coffee mornings, fetes and other events. We spoke with a professional who visited the home and they told us that they always found the manager and staff approachable and helpful.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.