

Roseberry Care Centres GB Limited

Cedar Grange

Inspection report

Main Street
Cherry Burton
Beverley
North Humberside
HU17 7RF

Date of inspection visit:
12 February 2019

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22 March 2019

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

About the service: Cedar Grange provides support for up to 31 older people. Accommodation is provided across two buildings. Twenty-seven people were receiving a service at the time of this inspection.

People's experience of using this service: We received very positive views from people about the support provided to them. People said they felt safe and staff were respectful.

People received their medicines safely and on time and their health was well managed. Staff had positive links with health care professionals which promoted people's wellbeing.

Care and support was tailored to each person's needs and preferences. People and their relatives were fully involved in developing and updating their planned care.

Staff had received appropriate induction, training and support to enable them to carry out their role. Appropriate recruitment checks were carried out to ensure staff were suitable to work in the service.

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.

The registered manager with the staff team and led by example to ensure people received a good service. People and staff told us the registered manager and senior team were approachable and listened to them when they had any concerns. All feedback was used to make continuous improvements to the service.

More information is in the Detailed Findings section below. For more details, please see the full report which is on CQC website at www.cqc.org.uk.

Rating at last inspection: Good (report was published 25 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Cedar Grange

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: The inspection was carried out by two inspectors and one 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.

Service and service type: This service is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. The provider sent us a provider information return prior to the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the registered manager, deputy manager, two senior care workers, one care worker and the chef. We spoke with nine people and the relatives of two people.

We looked at three people's care records including medication administration records and a selection of documentation about the management and running of the service. This included recruitment information

for four members of staff, staff training records, policies and procedures, complaints and staff rotas.

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.

Systems and processes to safeguard people from the risk of abuse.

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been managed well.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Systems in place identified and reduced the risks to people. Individual risk assessments provided staff with clear descriptions and guidance on the support people needed.
- Staff promoted people's independence and freedom, yet minimised the risks.
- Accidents and incidents were responded to appropriately; trends and patterns were monitored and used for learning purposes.
- People felt safe, confident and happy when being supported by staff. One person said, "The staff don't change much, they all know what they are doing."

Staffing and recruitment.

- People and relatives received care in a timely way.
- There were enough staff available to meet people's needs.
- Staff were recruited safely; appropriate checks were carried out to protect people.

Using medicines safely.

- Medicines arrangements were safe and managed appropriately.
- People were encouraged to manage their own medicines where they had those skills.

Preventing and controlling infection.

- Staff followed good infection prevention and control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

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.

- Assessments of people's needs were comprehensive and care and support was regularly reviewed.
- Care and support was planned, delivered and monitored in line with current best practise and evidence based guidance.

Staff support: induction, training, skills and experience.

- Staff received regular supervision and appraisal; they had the appropriate skills and knowledge to meet people's individual needs.
- A staff induction and training programme was in place.
- Staff felt supported.
- Relatives felt staff had the right skills to look after people. One said, "The staff seem to know what they are doing and get on with it."

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

- Plans were in place for the imminent refurbishment of the service, for example, new flooring, decorating, new office spaces and bathrooms. The provider planned to involve people in decisions.

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

- People were involved in meal choices and supported to maintain a balanced diet.
- People were supported to maintain their independence with eating and drinking.
- People were protected from risks of poor nutrition and dehydration

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.

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. Applications must be made to the Court of Protection when people live in their own homes. None were required for the people supported by the service when we inspected.

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. People could make individual choices and decisions about their daily lives.

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; equality and diversity.

- People appeared comfortable and well looked after; staff were friendly and considered people's individual needs.
- Staff communicated in a caring and compassionate way. They gave people time to respond.
- People were treated fairly and equally; information about their diverse needs was available to staff.

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

- Staff supported people to make decisions about their care, and knew when people wanted help and support from their relatives.
- Staff directed people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with compassion, dignity and respect.
- Dignity was promoted with staff allocated roles such as 'dignity champion'.
- People appeared comfortable and their personal care needs were met. They told us staff were friendly and nice.
- People were supported to remain as independent as possible. One person told us, "Sometimes I struggle to do things and they [the staff] know when to help me."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People's needs and information on how best to meet their preferences were identified, met and reviewed.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.
- There was range of activities and entertainment for people in the main building, but feedback from people was mixed. People told us, "I have been on a few trips; we went to the garden centre; you just put your name down if you want to go" and "The activities only happen in the main house and I don't want to go over there." The registered manager told us they would review the provision of activities and ensure accessibility for all.

Improving care quality in response to complaints or concerns.

- People had access to the complaints procedure which was displayed in the service in an accessible format.
- Where complaints had been made, they were responded to in line with company policy.
- People and families knew how to provide feedback about their experiences of care and the service. This included group or one to one meetings and satisfaction questionnaires. Actions taken as a result of feedback was summarised and displayed throughout the service. Information shared met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care.
- Staff knew to respect people's religious beliefs and preferences.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager understood their legal responsibilities.
- The culture of the service was open, honest, caring and fully focused on people's individual needs.
- The service was organised and well-run; people were treated with respect and in a professional manner.
- Regular checks ensured people were safe and happy with the service they received.

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

- The service benefited from having a registered manager who was committed to providing good quality care to people who used the service. Relatives said, "We have completed surveys and listened to. Things get changed based on people's feedback."
- Staff understood the provider's vision and worked as a team to deliver high standards. They told us they were listened to.

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

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- Links with outside services and key organisations in the local community were well maintained.

Continuous learning and improving care.

- Systems were in place to ensure the service was consistently monitored and quality assurance was maintained.