United Care limited

Cedar Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 01 and 07 February 2017 and was an unannounced comprehensive rating inspection. The location was last inspected on 05 February 2015 and was rated as 'Good' overall.

Cedar Lodge is a nursing home and is registered to provide accommodation for up to 36 people who require nursing or personal care. At the time of our inspection there were 28 people living at the home.

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 kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff were provided with sufficient guidance on how to support people's medical care and support needs. Staff had been safely recruited and relatives felt that staff demonstrated the appropriate skills and knowledge to provide good care and support. Staff were trained and supported so that they had the knowledge and skills they required to enable them to care for people in a way that met their individual needs and preferences. People's medicines were managed and administered safely and as prescribed

People were encouraged to make choices and were involved in the care and support they received. Staff had an awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding (DoLS) and knew how to support people within their best interests. Staff were respectful of people's diverse needs and the importance of promoting equality.

Staff were caring and treated people with dignity and respect. People's independence was promoted and staff responded to people's support needs in a timely manner. People and their relatives felt they could speak with the provider about their worries or concerns and were confident that they would be listened to and have their concerns addressed.

The provider had quality assurance and audit systems in place to monitor the care and support people received, ensuring that the quality of service provided remained consistent and effective.

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 were supported by adequate numbers of staff to meet their care and support needs.

People received their prescribed medicines as and when required.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people was appropriately assessed and recorded to support their safety and well-being.

Is the service effective?

Good

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good

The service was caring.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

People were treated with kindness and respect.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in activities that they enjoyed.

People's needs and preferences were assessed to ensure that their needs
would be met in their preferred way.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their
concerns.

Is the service well-led?

Good

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

People and relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

Cedar Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 01 and 07 February 2017 and was unannounced. The membership of the inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send to us by law. We also contacted the Local Authority commissioning service and referred to the Health Watch website for any relevant information to support our inspection.

During our time at the home we spoke with four people who used the service, four relatives, six members of staff, three visiting health and social care professionals, the registered manager, the area manager and the owner. We looked at records that included five people's care records and the recruitment and training records for three staff. This was to check that staff were suitably recruited, trained and supported to deliver care that met people's individual needs. We also looked at a selection of the provider's policies and procedures and at records relating to the management of the service. These included; complaints and audits carried out to monitor and improve the service provided.

Most of the people living at Cedar Lodge had limited or fluctuating capacity and were unable to give in-depth answers to all of our questions. Therefore, we used an observational tool called Short Observational Framework for Inspection (SOFI), which is an observational tool used to help us collect evidence about the experience of people who use services, especially where people were not able to tell us verbally.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe with the service provided and that staff supported them with their care needs. A person we spoke with said, "It's lovely here, the carers [staff] are very good". Another person we spoke with explained how they became anxious when being supported to move by staff with a hoist (equipment that is used by staff to assist people to move and transfer from one place to another, safely), they told us, "The ladies [staff] who help me are very good". We observed staff supporting people to move by hoist and saw that they were calm, reassuring and spoke to people continually to provide reassurance. A relative we spoke with told us, "The home is clean and safe". A health professional we spoke with told us, "Staff here are really good. If I have to recommend a dementia home to anyone, I say, 'The Cedars [Cedar Lodge]".

We saw that the provider had processes in place to support staff with information if they had any concerns about people's safety. Staff we spoke with told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. A staff member we spoke with gave us examples of some of the signs and symptoms that might alert them to be concerned, "People might have bruises to their body, they might flinch around certain people or they might just tell you if something was wrong". Another staff member told us what action they would take if they suspected that someone was at risk of harm or abuse, "I'd report it to the nurse in charge or the home manager".

People and relatives we spoke with felt there were sufficient numbers of staff working at the home to meet people's needs and keep them free from risk of harm or abuse. We observed staff supporting people throughout the day and were responsive to their needs.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. Staff told us that risk assessments relating to people's health and living environment were completed and reviewed every month, although informal checks were done on a daily basis with any concerns being recorded. A staff member we spoke with told us, "Risk assessments are done all the time, for example, when we're hoisting and walking with people". We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated in care plans regularly.

The provider had emergency procedures in place to support people in the event of a fire, and staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. A member of staff we spoke with told us, "We meet in the hall, assess where the fire is and direct people to the safest place, making sure they're behind fire doors, and we call 999". A staff member we spoke with informed us that they were aware of which people living at the home required additional support in the event of an emergency. They told us, "Some people need more support than others; we know who they are".

The provider had a recruitment policy in place and staff told us that they had completed a range of employment checks before they started work. Records we looked at and staff we spoke with told us that the

provider had recruited them appropriately and that references and Disclosure and Barring Service (DBS) checks had been completed. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and help to prevent unsuitable people from working with people who require care. A staff member we spoke with said, "I was happy with how my recruitment process went, although it's been a while ago now".

People we spoke with told us they had no concerns with how they received their medicines. A person we spoke with told us that they were happy with the way staff supported them to take their medicines. They told us that they received their medicines when they needed them and that the staff knew how to look after them. We saw that the provider had systems in place to ensure that people received their medicines as prescribed. We saw that medication administration records [MAR] were maintained by staff to record when people had received their medicines as prescribed. Staff told us that they understood people's individual communication methods to indicate if they were in pain or discomfort and when medicines were needed on an 'as required' basis. A health professional we spoke with told us, "Medicines are always given to people as prescribed". We saw that the provider had an 'as required' PRN protocol in place to support people when they required medicines on an as required basis.

Good

Is the service effective?

Our findings

Records we looked at showed and staff we spoke with told us that staff received the training they needed to ensure they had the knowledge and skills they required in order to meet people's needs. A member of staff we spoke with told us, "Yes, we get enough training". They went on to give us an example of when the manager had responded positively for additional training that they had requested. We saw that the provider had systems in place to monitor and review staff learning and development to ensure that they were skilled and knowledgeable to provide good care and support to people. These included training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that these records also highlighted when refresher training was due and when it was provided. Throughout the day we saw that staff had the skills to support people's needs.

Staff told us they had regular supervision and appraisals to support their development. A member of staff we spoke with told us, "We have monthly supervision. I find them useful". We saw staff development plans showing how staff were supported with training and supervision. We saw that the manager held regular staff meetings and was accessible to staff on a daily basis. We saw that staff freely approached the registered manager for support, guidance and advice when needed.

People we spoke with told us that staff asked them about their care needs and gave them choices about how they received their care on a daily basis. We observed a member of staff giving a person the choice to either walk or go in a wheelchair to the dining room. The person chose to walk and the member of staff supported them to do this. Not all of the people living at the location were able to verbally express how they preferred to receive their care and support. However, staff were able to explain the different ways that they communicated with people living at the home. A member of staff we spoke with told us, "I've been here so long I understand what people want, I know their likes and dislikes. For example [person's name] is deaf, so I write things down or use pictures". Another member of staff we spoke with told us, "I always ask people how they like things [care and support] done". Throughout our time at the home we saw good interactions between people and staff and could see that they communicated effectively with each other. We saw that staff used a variety of communication techniques, including visual prompts so that people could be involved in making decisions about their care.

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 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). We saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority.

Not all of the people who lived at the home had the mental capacity to make informed choices and decisions about aspects of their lives. Staff told us that they understood about acting in a person's best

interests and how they would support people to make informed decisions. A member of staff we spoke with told us, "We act in their [people using the service] best interests. Sometimes we have to consider people's decisions to keep them from harm, for example, if it was unsafe for them to walk out of the home unattended". We saw staff gaining consent from people before offering support, a member of staff we spoke with said, "We discuss things, for example; [person's name] is it okay to take you to the bathroom? Explain things and just talk to them".

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. A relative we spoke with told us, "He [person using the service] has 'challenging behaviour', but staff seem able to cope and calm him down". A member of staff gave us an example of how they supported a person whose behaviour often became challenging. They told us, "I try to keep them [person using the service] calm. Live in their reality". They continued to explain what this meant and how some people they care for may have dementia related hallucinations and that it is important to support and reassure them and not necessarily disagree or correct them, but instead to agree and validate this as 'their reality'. A visiting healthcare professional we spoke with told us of the high level of dementia and subsequent behavioural issues displayed by people living at the home. They gave examples of some of the incidents that occur and told us, "Staff deal with things very professionally". They continued by saying, "Cedar Lodge take on residents with complex needs that other homes won't take. The manager and staff are very calm, they use de-escalation techniques very well". We saw that people's care plans included information of the types of triggers that might result in them becoming unsettled and presenting with behaviours that are described as challenging. A member of staff gave us an example of when one person's behaviour might become challenging, "[Person's name] behaviour 'trigger' would be when his wife would leave after visiting". People's care plans also showed staff how they were to support the individual at this time.

People and relatives we spoke with told us they were happy with the food at the home. A person we spoke with told us, "I like all the puddings and meals". Another person we spoke with said, "The food's okay, the staff are okay". A relative we spoke with told us, "The food is beautiful". We saw that staff supported people to make decisions about what they would like to eat. A member of staff we spoke with told us that people had access to drinks and snacks when required throughout the day. They told us, "If anyone says they are hungry, we make sure we get them something to eat". At our last inspection, 05 February 2015 we identified that the provider needed to ensure that people had the appropriate aids at meal times to support them to be as independent as possible. During this visit we saw that the home had provided a range of cups and cutlery to support people to eat and drink in comfort. We saw that staff supported people at lunchtime, they were patient and talked to people throughout the meal, supporting them to eat at a pace that suited them.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. A member of staff explained to us that some people were on soft diets and that discussions had been held with dieticians to ensure that their nutritional needs were being met. We saw that there was involvement from health care professionals where required and staff monitored people's food intake if necessary in accordance with their health care needs.

People, relatives and visiting health care professionals we spoke with told us that people's health needs were being met according to their care and support requirements. A relative we spoke with told us, "They [provider] make sure her [person using the service] health needs are taken care of. They make sure she gets to all her [medical] appointments". A visiting healthcare professional we spoke with said, "The management and staff are very good, they're open and respond really well to our recommendations. [Manager's name] takes a great interest in supporting us and her nurses. I have no concerns at all". We saw from care plans that people were supported to access a variety of health and social care professionals. For example,

psychiatrists, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were caring and compassionate. A person we spoke with told us, "It's lovely here, the carers [staff] are very good". From our observations we could see that people enjoyed the company of staff and they were relaxed in their presence. We saw that staff were attentive and had a kind and caring approach towards people. A relative we spoke with said, "You know you're at a 'home from home', so many of the staff are wonderful". We observed a person become unsettled and agitated; staff supported them with kindness and compassion. A member of staff sat with them, holding their hand and saying, "I'm your friend [person's name] I'm here to help you". The person's agitation fluctuated for about ten minutes until the member of staff had helped them to relax and was able to leave them sitting calmly.

We saw that people and relatives were involved in developing care plans that were personalised and contained detailed information about how staff would support people's needs. A relative we spoke with explained how their family member could become agitated when they were getting up in the morning and their behaviour could be seen as challenging. They told us that their family member stayed in their room and ate breakfast there, which made them feel more relaxed and they would then integrate into the lounge area with the other people using the service. They told us, "We're involved in the care plan". Another relative told us, "The manager wants what's best for the patients [people using the service], by hook or by crook". A member of staff told us, "We talk to family and get to know peoples life history. Their care plans have a section called 'Life before you knew me' which shows their [people using the service] likes and dislikes". People's care and support needs were supported by staff who knew them well, providing a consistent understanding of what people wanted.

Everyone we spoke with and observations we made showed us that people were treated with dignity and respect. A member of staff we spoke with explained to us how they promoted people's privacy and dignity within the home. They gave us an example, "If [person's name] want to go to the toilet, I'll whisper to her, 'do you want to go to the toilet'? I won't shout it out across the lounge". Another staff member told us how they ensured that visitors were asked to leave and curtains and doors were closed when they were providing personal care and support. A visiting health care professional told us, "Staff were changing a person's catheter, so they asked me to leave the room whilst they did it". We observed staff supporting people to move by using a hoist and that they ensured that people's dignity was upheld by adjusting their clothing.

Staff told us how independence was encouraged as far reasonably practicable. A member of staff we spoke with said, "[Person's name] for example, we [staff] encourage her to feed and drink for herself". Throughout our visit we saw that people's independence was supported by staff. For example; we saw people being encouraged to walk rather than being moved in wheelchairs.

People were supported to maintain relationships with their friends and family. Everyone we spoke with told us there were no restrictions on visiting times. A relative we spoke with said, "There's no restriction on when you can visit". Another relative told us that they and their family were able to visit their family member as often as they liked

Good

Is the service responsive?

Our findings

We saw that staff knew people well and were focussed on providing personalised care. We saw that people were encouraged to make as many decisions about their care and support as was practicable. A person we spoke with told us how staff were responsive to their request not to have their feet or legs covered when sitting in the lounge, they told us, "The carers [staff] are good and they help me with my legs". A staff member we spoke with told us how they consulted people on how the liked to be supported, they said, "I ask what they [people using the service] want to wear, what they'd like to eat".

Relatives we spoke and records we looked at showed that people and those that were important to them, were involved in the planning and review of their own care. One relative told us that they had been involved in their family members care plan and that they were pleased with the care and support offered by the home and the registered manager. We saw that the home had regular meetings with people using the service to identify how they wanted their care and support to be delivered. The registered manager told us, "We have regular individual meetings with residents [people using the service] as well as topic based meetings to focus on things like, meals and activities". We saw records of care planning meetings involving people and their relatives. We saw detailed, personalised care plans that identified how people liked to receive their care.

Everyone we spoke with and records we looked at showed us that the provider was responsive to people's changing needs. A relative we spoke with gave us an example of this and told us about a time when staff had responded to their family members changing health needs, they said, "She [person using the service] had difficulty swallowing her medicine, so staff arranged with the doctor for the medicine to be in liquid form".

We saw that there was a timetable of activities for people to be involved in and staff told us how they supported people to maintain their hobbies and interests. A member of staff we spoke with said, "Some [people] like music, play instruments, dance or get involved with jigsaws, 'Jenga' or word searches". They told us of peoples individual interests, "[Person's name] loves cricket, [person's name] is mad about boxing and [person's name] enjoys colouring". Another member of staff told us, "[Person's name] loves reading, I bring him the newspaper every morning". Throughout our visit we saw people engaged in activities, for example reading and using colouring books.

Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. They told us that they knew the complaints procedure and how to escalate any concerns if they needed to. A staff member we spoke with said, "If I could deal with a complaint there and then I would, and I'd let the manager know what the complaint was about". We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. The complaints process was in accessible formats and staff supported people to make complaints when required. At the time of our visit there were no complaints that required attention by the provider.

People and relatives we spoke with told us that they had completed questionnaires to inform the provider of

their views on the service provided. People and relatives also had access to regular newsletters to keep them informed of events taking place within the home. Relatives we spoke with told us that they could contact the registered manager at any time for information about their family member.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.

We saw that the provider supported staff and that the staff were clear about their roles and responsibilities. We saw evidence from house [staff] meetings that people and staff were involved in how the home was run. We saw that there was a good relationship between the registered manager, people using the service and staff. A relative we spoke with told us how they were confident in how the registered manager ran the service, they said, "The manager sold it to us, nothing is too much of a problem for her, she wants the best for the patients [people using the service]". Staff we spoke with told us that they were happy with the way the location was managed, that the manager was approachable and that they felt they were listened to and valued by the manager. A member of staff told us, "I love working here. The place [home] is managed well, [manager's name] is strict but fair. She's helpful, supportive and very 'hands on'". A relative told us, "She [manager] is excellent, I couldn't wish for a better person in charge. The staff respect her and she keeps us informed". Relatives we spoke with told us that they felt there was a positive attitude at the home between the registered manager, staff and their family member.

We saw that quality assurance and audit systems were in place for monitoring the service provision at the location. This included sending surveys to people and relatives where they were encouraged to share their experiences and views of the service provided at the location. We saw that the location had systems in place to collate information received form people and relatives and use it to develop the service. For example, we saw completed questionnaires from relatives which were collated by the provider to identify service provision themes and trends, which were then used to form an action plan for any development needs. We saw that the homes décor looked tired and in need of refurbishment. We raised the issue with the owner who assured us that they had recognised the need for refurbishment and were consulting the registered manager for a list of areas for improvement.

We saw that the provider had a whistle-blowing policy in place. 'Whistle-blowing' is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to. A staff member we spoke with told us, "If I have any concerns I can raise them confidentially with the manager, the council [Local authority] or CQC". Prior to our visit there had been no whistle blowing notifications raised at the home in the past twelve months.

We saw that the provider had systems in place for when the registered manager was unavailable to ensure that quality of service was maintained. Staff we spoke with told us that they knew who to contact in the registered manager's absence. A staff member we spoke with told us, "If [manager's name] is not around, the nurse is in charge or the deputy [manager]".