Cedars Care Home (Southend-on-Sea) Ltd

Cedars Care Home

Inspection report

14 Sweyne Avenue
Southend On Sea
Essex
SS2 6FQ

Tel: 01702236090

Date of inspection visit:
21 November 2016
05 December 2016

Date of publication:
28 December 2016

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

The Inspection took place on 21 November 2016 and 5 December 2016 and was unannounced.

Cedar Care Home is registered to provide accommodation and personal care for up to 46 persons some of whom may be living with dementia. There were 45 people living in the service at the time of our inspection.

There was a manager in post who was in the process of applying to be registered. 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 received good quality care and support in a way that ensured their safety and welfare. Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had care plans and risk assessments in place to ensure people were cared for safely. The service employed sufficient numbers of staff who had been safety recruited. People received their medication as prescribed, however some gaps in recording had been identified and these were addressed by the manager immediately. Staff had been trained and, where needed had received further training to refresh their knowledge. There were safe systems in place for receiving, administering and disposing of medicines.

Staff felt valued and supported and were trained to the necessary standard to meet people's assessed needs. The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed. People had sufficient amounts to eat and drink to meet their individual needs. People's healthcare needs were monitored and staff sought advice and guidance from healthcare professionals when needed.

People told us that staff were kind, caring and understanding and they clearly knew the people they cared for well. Staff ensured that people's privacy and dignity was maintained at all times. People were able to express their views and opinions and had participated in the activities and past times of their choosing. People were able to receive their visitors at any time and their families and friends were always made to feel welcome. People had access to advocacy services when needed. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People had their care needs fully assessed and their care plans provided staff with the appropriate information to ensure that their expectations were fully met. People were confident that their concerns or complaints would be listened to and acted upon swiftly.

People and their relatives were very happy with the quality of the service under the new manager. The

manager had recently made improvements to the quality monitoring system to ensure that it was effective in monitoring the quality of the service and to drive improvements.

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 protected from the risk of harm. Staff had been safely recruited and there were sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Overall medication management was good and ensured that people received their medication safely.

Is the service effective?

Good

The service was effective.

People were cared for by well trained and supported staff.

The manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by staff who knew them well and were kind, caring and compassionate in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good

The service was responsive.

The assessment and care plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good

The service was well led.

Staff had confidence in the manager and shared their vision.

The manager had implemented improvements to the quality monitoring system to ensure that it remained effective.

Cedars Care 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 21 November 2016 and 5 December 2016 it was unannounced and carried out by two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we 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 11 people, five of their relatives, the manager, the operations manager and 13 members of staff. We reviewed six people's care files and six staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse. They told us that they felt safe and secure and we saw that they were comfortable, relaxed and happy in staff's presence. One person said, "I feel safe living here. I know that staff would help me quickly and that I would not have to wait for any length of time before help was forthcoming. This makes me feel safe." People told us that they had lockable drawers in their rooms and that this meant they could keep their personal items and valuables safe. One person said, "Knowing that I can lock my valuable and sentimental items away in my room makes me feel more secure." Another person told us, "I've never felt unsafe, or at risk with any of the staff – I suppose that tells you something, doesn't it."

The manager and staff had a good knowledge of how to safeguard people and protect them from harm. There were policies and procedures in place for staff to refer to when needed and safeguarding information was available in both the staff and meeting rooms. Staff told us they had been trained and they knew the actions to take if they suspected or witnessed abuse. One staff member said, "I would report it to my manager after making sure the person was safe. Another staff member told us, "I would report it straight away and I would tell the CQC or social services. I have done this in the past and would not hesitate to whistle blow to protect people in my care."

Risks to people's health and safety were well managed. Staff had been trained in first aid and fire safety and they knew to call the emergency services if needed. Staff told us, and the records confirmed that weekly fire drills had taken place. There were detailed fire evacuation plans in place which were readily available for easy access in an emergency. People had risk assessments and management plans in place for their mobility, skincare, nutrition and falls. A visiting relative told us, "My relative was prone to falling. The staff tried everything; they put in floor mats, put up cot sides, and had them assessed by the right people to address the risk." Staff demonstrated a good knowledge of people's identified risks and they described how they would be managed. For example one person, who was at risk of falls had a completed falls diary in place and had been referred to the falls referral service. Staff told us, and the daily notes confirmed that they had been supported at all times when they mobilised around the home. This showed that people were supported to take every day risks and to maintain their independence.

People were cared for in a safe environment. Other risks, such as the safety of the premises and equipment had been regularly assessed and there were up to date safety certificates in place. The service employed a full time maintenance person who had carried out minor repairs and re-decoration. The records showed that repairs had been carried out quickly and effectively in a timely manner. There was a list of emergency telephone numbers available in the emergency folder for staff to contact contractors in the event of a major electrical or plumbing fault.

People told us there were enough staff to support them when needed. One person said, "The previous manager would not employ agency staff so staff were often very stressed but now the new manager employs them which makes a difference as staff are not so stressed." Another person told us, "The agency staff do not bath me or provide any personal care until I get to know them. They do other tasks, such as bringing round the tea trolley or handing out meals." Staff told us that there were sufficient staff on duty to

meet people's needs. One staff member told us, "It is much better now because if staff phone in sick at the last moment we can call on agency staff. This makes life so much easier." Another staff member said, "Staffing levels are good. We have housekeepers and laundry staff which make it better for us to just care for people as they should be cared for." The duty rotas showed that staffing levels had been consistent over the six week period checked and when we visited we observed that there were sufficient staff on duty to meet people's needs promptly.

Everyone we spoke with told us that staff were quick to respond to their calls for help. For example, one person who was in their bedroom at the time of our visit showed us how they summoned staff and they quickly came and offered the person the support they needed. They person told us that their call bell was always answered promptly and kindly. Another person said that call bells were answered even quicker at night and that they never had to wait too long for staff to attend them. We heard call bells being activated and responded to quickly throughout our visits.

There were robust recruitment processes in place to ensure that people were supported by suitable staff. The manager had obtained all of the appropriate checks in line with regulatory requirements, for example Disclosure and Barring checks (DBS) and written references before staff started work. Staff said that they had not been able to work until the checks had been carried out.

People's medicines were generally managed safely. People had been encouraged and supported to self-medicate wherever possible. One person said, "I am only here while my relative is on holiday. I take all of my own medication and have a locked drawer beside my bed to keep it in safely." Another person told us, "The staff helps me with my medicines, they look after it and make sure that I take it correctly." There was a good system in place for ordering, receiving, storing and the disposal of medication. We carried out a random check of the medication system and observed a medication round. We found that the majority of the medication was correct and that most of the medication administration record sheets (MARS) had been completed to a good standard. However there were some gaps in recording on some MAR sheets that had not been identified. We also found that one person's medication had not been given on two separate occasions. The manager has since carried out a complete audit of the medication system and has implemented additional checks and further training to prevent any further occurrences.

Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. Staff had been trained and had received regular updates to refresh their knowledge. Their competency to administer medication had been regularly assessed and they demonstrated a good understanding of people's individual medical history and medication needs.

Good

Is the service effective?

Our findings

People were cared for by staff who felt supported and valued. Although improvements were needed to ensure regular formal staff supervision took place, staff told us that the recent change in management had made them feel more supported in their work. One staff member said, "I feel so much more supported since [manager's name] took over. They are always available for support or guidance when I need it." Another staff member told us, "It feels so much better now. [Manager's name] gives me the help I need and is very supportive." The manager also confirmed, and minutes of meetings reviewed showed that they had already started taking steps to address the shortfalls in formal staff supervision with a plan of improvement.

Staff had the knowledge and skills to care for people effectively. People told us they felt that staff were well trained. One person said, "Staff always seem confident in their ability to deal with whatever situation they face, and this gives me a sense of confidence in them." Visiting relatives told us they had confidence in the professional standards of all of the care staff. They said they believed that staff were fully trained, and equipped to deliver care in an efficient, effective manner. Staff told us, and the records confirmed that they had received a wide range of training appropriate for their role which had been regularly updated. Staff told us they had completed a national qualification in care and the records confirmed that 49 of the service's 56 staff had either obtained or were working towards a national vocational qualification in care. People were cared for by well trained staff.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. There were information leaflets about DoLS available in the meeting room and staff room. Staff had been trained in MCA and DoLS and they had a good understanding of how to support people in making decisions. One staff member said, "I know that people are assumed to have capacity and that if they don't have it, any decisions must be made in their best interests."

Where necessary appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed. People told us, and we heard, that staff asked for their consent before carrying out any activities. Mental capacity assessments had been completed where necessary. This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People told us

that the food had improved recently due to a change in the catering suppliers. Several people said that the food had not been very nice and that the meat had been tough. They told us that as a result of them discussing this at a recent resident's meeting the manager had changed the caterers and the food was now good. One person said, "The food has now improved so much. Yesterday's roast pork was gorgeous." The lunchtime experience was a pleasant one. The atmosphere was good in all three dining areas, the tables were nicely laid out with condiments and sauces and we observed friendly banter between residents and staff. Where people needed support with their meal staff were on hand and they supported people in a sensitive and respectful way. Where necessary people's dietary intake had been recorded and their weight monitored to ensure that had enough food and drink to keep them healthy.

People told us, and the records confirmed that they got the support they needed to help them to keep healthy. They saw a variety of healthcare professionals such as the dentist, optician, chiropodist, nurse and their doctor when needed. Staff were observant of people's healthcare needs. For example one person had been unwell earlier in the day and staff had continually monitored them. One staff member came into the person's room and said, "I thought I would just pop in to see if you are feeling any better." The person told us, "They'll [staff] always notice if I'm a bit 'off-colour' and if so they keep a closer eye on me." Other people told us, "They notice if I've got a sore or bruise anywhere, and they write it down in their book." Outcomes of healthcare visits and follow up actions had been clearly recorded and showed how and when people had received the support they needed.

Good

Is the service caring?

Our findings

People told us that the manager and staff were kind and caring and that their care was delivered in a personal and professional manner. People and their relatives told us how caring staff were and we received many positive comments which included, 'Staff are absolutely wonderful, they are kind and respectful.' And, 'There is a happy atmosphere here.' And, 'I'd say staff are first class, top notch!' One visiting relative said, "The best thing about this home is the care – for the staff it's not just a job, they love it, and you can tell they do." One person described the staff as, "thoughtful, kind, respectful and polite." People were very happy and relaxed with staff throughout our visits and it was clear that staff knew them well and had positive caring relationships with them.

People were treated with dignity and respect. They told us that staff never rushed them. All of the people we spoke with, without exception, told us how staff treated them with dignity and respect at all times. We saw people being supported and heard staff speaking with them in a calm, respectful manner and they allowed them the time they needed to carry out any activities. One person said, "I have a bath every day and they [staff] never rush me and it is always someone I know. They are all very respectful." Another person told us, "I have a shower every day and it makes me feel clean and ready for the day. The staff are so kind and caring." People told us that staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms.

People told us that they were able to practice their faith. They said that the vicar from a local church provided them with a weekly service in the home. They told us that they really looked forward to the service. One person said, "It worried me that I may not have been able to continue to practice my faith so I am pleased that I can." People's religious faith was respected and their cultural needs had been met.

Staff supported people to maintain their independence as much as they were able to. People told us that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed. One person said, "I value my independence and will continue to do as much as I can for myself. The staff here are very good at supporting me to do this." Another person told us how they liked to be left alone to have a soak in the bath. They said that staff encouraged their independence but supported them well, as they gave them the time they wanted and ensured that the call bell was close at hand should they need it.

Staff knew people well and recognised the importance of collecting enough information to enable them to support people in a way they would wish. Care files contained good information about people's past lives, their likes, dislikes and preferences. One person told us, "What I like is that staff always take the time to come and talk about things that interest me. They'll [staff] always listen and help me." Another person said, "The night staff are just as good, in fact they have more time. If I can't sleep at night, they'll happily make me a cup of tea or just sit and have a chat with me."

People told us that their visitors were made welcome. Relatives said that they felt welcomed at any time of the day and were always offered a drink when the tea trolley came round. One relative told us that they had

been given the code for the kitchen to enable them to make themselves a drink if staff were busy. Another relative said, "I eat with my relative several times each week. I just tell the staff the day before and they'll provide dinner for me too."

Where people did not have family members to support them to have a voice, they had access to advocacy services. There were advocacy leaflets available in the meeting room to explain what advocacy service's do. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Good

Is the service responsive?

Our findings

People's needs had been fully assessed before they moved to the service. They and their families had been fully involved in the assessment and care planning process. One person told us, "I have been kept involved from the very beginning. I was asked what support I needed and how I wanted it given." Another person said, "They [staff] made sure from the very beginning that I got the help I needed. They are also quick to respond when my needs change." There were detailed pre-admission assessments in place on all of the care files that we viewed. This showed that people's needs had been fully assessed to ensure they received a service that met their individual needs and expectations.

There were detailed end of life plans describing individual's wishes for their end of life care. The staff, people and their relatives told us, and the records confirmed that care plans had been regularly reviewed to ensure that people's changing needs had been met. People told us, that when needed, they had been provided with suitable equipment such as hoists, walking aids and wheelchairs to support their mobility. People said that staff were responsive to their calls for support and assistance and we saw that call bells were answered in good time during our visits. People received personalised care that was responsive to their individual needs.

People told us that they were kept occupied and had enough to do. Several people said they enjoyed the range of activities that were available. Some of them told us that they particularly liked the quizzes, singers and musicians. One person said, "I only do things that I enjoy doing. The minibus is used more in the summer, we went to a relative's beach hut, and we went to a lovely pub in Paglesham for a very nice lunch." A visiting relative told us that the activities programme was full and varied. They said that people were encouraged to go out into the garden when the weather allowed. They told us that sometimes afternoon tea had been served outside in the garden. People had been to see pantomimes at a local theatre and the service had arranged 'boys' days out where the men would go out to the pub or to football. People were supported to follow their own interests and hobbies as far as they were able to.

People told us that the staff and manager regularly sought their views through discussions and meetings. They said that things had improved as a result of their involvement. For example the quality of the food had improved as a result of discussions at a recent resident's meeting.

People and their relatives told us they knew how to complain and that they were confident that their concerns would be listened to and acted upon swiftly. One person said, "I don't have any concerns but if I did I am sure that they would be sorted out as the manager is very good at listening and acting on what you say."
There was a good complaints process in place which described how any complaints or concerns would be dealt with and it included the contact details of CQC, the local authority and the Local Government Ombudsman. The complaints records viewed did not contain full details of the investigation as they had been dealt with at head office level. The manager was in the process of investigating a complaint and had all of the documents relating to the complaint in the file and available for inspection. They told us that they would ensure that full copies of investigations would be kept in the service in future. People were confident

that their complaints and concerns would be dealt with appropriately and in a timely manner.

Good

Is the service well-led?

Our findings

The registered manager left the service in July 2016. There was a new manager in post who was in the process of registering with CQC. Several people and staff told us that there had been problems with the service in the past such as with staffing levels and the quality of the food. They said that the problems had been resolved since the new manager took up their post. Everyone we spoke with was complimentary about the manager and the way that they managed the service. People told us that the staff were much happier and the food was much better. One person said, "[Name of manager] has been absolutely brilliant. Staff who left to have babies have come back. Relatives told us that the manager was approachable, always does what they say and always comes back to you with a solution. One visiting relative said, "[Name of manager] never looks hassled, and has always got time for you. Now I would recommend the home absolutely – I wouldn't have six months ago, it is very different now."

The manager had an open door policy where people, their relatives and staff could speak with them whenever they wanted to. People said they had confidence in the manager. Staff told us that the manager was very supportive and that they always made time for them and would help and guide them in any way. The manager knew people well as they had worked at the service as deputy manager prior to taking up their post. People confirmed that they were comfortable with the manager and that they felt they had made a big difference to the staff team. One person said, "The new manager is, "Understanding, never moody, always listens, doesn't take offence, and if they say something they do it. I think they are very fair and see both sides of things. I've never heard anybody say they don't like them." Staff told us that the manager was a good leader. One staff member said, "[Name of manager] is an excellent manager, they are extremely supportive and always there when you need them. If they say they are going to do something, they do it or have a good explanation as to why they can't." Staff meetings had been held where a range of topics had been discussed which included care practices and resident and staff's well-being. This showed that people and staff felt valued and supported by the manager.

Staff communicated well with each other as regular handovers took place between shifts and important information was recorded in the communication book. There was good teamwork and staff were kept up to date about people's changing care needs.

There were clear whistle blowing, safeguarding and complaints procedures in place and staff were confident about implementing them. Staff told us that they felt the manager was very pro-active and would act quickly to ensure that people were kept safe and their worries dealt with. One staff member said, "I have used the whistle blowing procedure before now and would use it again if I needed to. It is very clear about what you have to do."

People told us that they were actively involved in making decisions about how to improve the service. They said that resident/relatives meetings had taken place three or four times a year where they had discussed a range of issues. One person told us, "It doesn't need to be more frequent, as small issues are dealt with before they become big problems. The [manager's name] is happy to come to meetings, and will deal with things on the spot." A visiting relative said, "The meetings work fine. People listen to us, and it's a nice

atmosphere." This showed that people were fully involved in how the service was run.

Although the quality monitoring system was generally effective some improvements need to be made to ensure that errors or omissions were picked up and dealt with swiftly, for example, medicines recording and staff supervisions. The manager was aware of shortfalls and was working actively to ensure all areas of improvement were addressed. The manager had completed frequent audits on other areas such as health and safety, infection control, falls and activities. These were effective and ensured that the service continually improved.

People's views had been sought on a regular basis and the provider had carried out annual quality assurance surveys. Although the last survey was still in progress the comments received so far were positive and showed the service had improved recently. The local authority carried out a quality monitoring visit in April 2016 and they assessed the service and gave them an overall score of 94.5%. This meant that the local authority had scored the service as good and they were 0.5% under achieving an excellent score from them. People told us that they were very happy with the quality of the service they received.

People's personal records had been stored safely in locked offices when not in use but they were readily accessible to staff, when needed. The manager had access to up to date information and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.