

Cedar Tree Care Home Ltd

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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

About the service

Cedar Tree Care Home is a care home that provided nursing and personal care to 38 people at the time of the inspection. The service can support up to 40 people.

People's experience of using this service and what we found

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

People received exceptional end of life care from a meticulously trained and informed staff group. Staff went out of their way to find out about people's previous life history, linked this to in house activities, special days and events both in and out of the home.

People told us they felt safe living at Cedar Tree Care Home. The risks to people had been assessed, and where appropriate some relatives had been involved in compiling and reviewing care plans. Staff had a detailed knowledge about the range of people's needs. People were supported with their medicines in a safe way. People accessed healthcare services when they needed them, and they were supported to eat and drink enough to remain healthy. Specialist medical appointments were arranged where needed.

People were involved in making decisions about their care and support and their consent about the care and services offered was obtained. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner.

Recruitment checks had been carried out to ensure staff were suitable to work at the service. Training relevant to people's support needs had been undertaken by staff. The staff team felt involved in the running of the home and were supported by the registered manager and management team.

There were systems in place to monitor the quality and safety of the service being provided. People's views of the service were sought through meetings, surveys and informal chats. A complaints procedure was in place and people knew what to do if they had a concern of any kind.

The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

More information can be found in the detailed findings below.

Rating at last inspection

The last rating for this service was Good. The last report was published July 2017.

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has remained at Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 remains good:

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains good:

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains outstanding:

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains good:

Details are in our Well-Led findings below.

Cedar Tree Care Home Limited

Detailed findings

Background to this inspection

The 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 checked 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.

Why we inspected:

This was a planned inspection based on the previous rating.

Inspection team:

The inspection was carried out by an inspector and an Expert by Experience. Our expert by experience's area of expertise was the care of elderly people and those with nearing end of life.

Service and service type:

Cedar Tree Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care, this home provides accommodation for up to 40 people. 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:

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with eight people using the service and four relatives. We also spoke with the registered manager, nurse on duty, two care staff, the cook, a cleaner and maintenance person. We observed support being provided in the communal areas of the service.

We reviewed a range of records about people's care and how the service was managed. This included three people's care records. We also looked at documents associated with people's care including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for three care staff. A sample of the providers policies and procedures and the quality assurance audits the management team had completed were also checked. Some of the records we viewed were sent to us following the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

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

- The registered manager had systems and processes in place to ensure people using the service were safeguarded.
- Staff received training in safeguarding people; they demonstrated they knew their responsibilities for keeping people safe.

Assessing risk, safety monitoring and management:

- Risks to people's safety were assessed and monitored.
- People and their relatives told us they felt safe. One person said, "Very much, there are never any problems." A relative said, "[Named] is as safe here as anywhere."
- Regular safety checks had been carried out on the environment and on the equipment used in caring and protecting people.
- Risks associated with people's care and support had been assessed when they had first moved into the service and were reviewed regularly. Reviews took account of professional advice and guidance.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Staffing and recruitment

- Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs. A relative said, "There is not a great turnover of staff." A second relative said, "There are enough staff, because they never leave the lounge unattended."
- People told us there were enough staff to assist them with their needs. However, relatives who spoke with us provided a mixed opinion about staffing numbers. One relative said, "There seems to be less staff here now than there was six months ago." A second relative said, "More staff would be advantageous because there seems to be a lot of sickness, two more staff would be good." We spoke with the registered manager who said, the staff rota had altered and a member of staff had moved to cover the ground floor as people's needs had increased. They also added if a staff member called in ill, they were replaced by another member of staff.
- Staff told us they felt there were enough staff to support people in a way they preferred.
- The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place.

Using medicines safely

- People were provided with their medicines in a safe way. A relative said they would know if their relative had not taken their medicine, and added, "I can't fault the system."

- Staff administered people's medicines safely and in line with the provider's policies and procedures.
- Detailed guidance was in place to assist staff in administering 'as and when required' medicines safely.
- Staff received training and their competency in administering medicine was checked regularly, which ensured they adhered to the training they received annually.

Preventing and controlling infection

- People were protected for the risk of infections by a well informed group of staff.
- Staff were trained in infection control and provided with personal protective equipment (PPE) to help prevent the spread of acquired infections.
- Staff regularly completed an infection control audit, which highlighted any areas that required to be improved.
- Equipment used in the cleaning and disinfection process was regularly cleaned and disinfected.
- Good practice around prevention of infections was shared as part of team meetings or supervisions.

Learning lessons when things go wrong

- Information from outcomes from investigations, complaints or updates was shared with the staff through individual or group meetings.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual needs had been assessed prior to them moving into the service. The provider had detailed assessment paperwork to ensure information was gathered from the point of referral through to the visit prior to admission.
- Risks associated with people's care and support had been assessed, reviewed regularly and reflected people's needs.
- Staff provided care and support in line with national guidance and best practice guidelines. For example, for a person living with diabetes, the signs and symptoms to look out for were included in their plan of care.

Staff support: induction, training, skills and experience

- People were supported by a well trained and informed staff group. One relative said, "I think the staff are suitably and well trained."
- Staff who were newly commenced in post received an induction and as with other staff, an ongoing training schedule to enable them to carry out their role.
- Staff demonstrated an excellent understanding of people's individual needs and subjects such as safeguarding and whistleblowing.
- Staff received support from the registered manager and management team with regular supervisions and spot checks to ensure they adhered to the training and provider's policies and procedures.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported with a diet that met their cultural and dietary needs.
- People told us there was plenty of food. Staff offered people choices at mealtimes, drinks and snacks were offered throughout the day. One person said, "We have plenty to eat." We saw where staff catered for people with specialised diets and where people were subject to weight loss ensured they were monitored and where required were provided with a fortified diet.
- People were referred to health professionals for dietary advice where people were at risk from malnutrition through swallowing difficulties.
- We observed the lunch time meal in both dining rooms of the home. People were encouraged to remain independent, though when required staff prompted and assisted people with their meal. Staff made the occasion sociable and maintained an appropriate level of conversation throughout. However, one relative told us the fluid charts were not always totalled correctly. We looked at a number of these and a small number were incorrect.

We recommend that where staff were keeping detailed records, they ensured the full information was included on the record and were audited thoroughly.

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

- People lived in a building that was purpose built to meet their individual needs. The home has three floors and access is legally restricted to protect people from unauthorised access to the stairwells.
- People and their relatives were consulted about changes and improvements to the home and décor. We saw decisions had been democratically decided and outcomes recorded in meeting minutes.
- People could choose to spend time in communal areas suitable for larger groups or areas where there were less people. Some of these areas had been designated 'quiet' areas, where people could sit and relax, without the need of retreating to their bedroom, where some had felt isolated in the past. People's bedrooms were personalised, and some people enjoyed time spent alone there.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare through their GP and other health professionals.
- People confirmed they could see the GP at any time. The GP organised regular visit surgeries in the home where health reviews were undertaken, and any required changes were made promptly.
- Staff knew people's individual needs; they recognised when people's health changed and made referrals to the appropriate healthcare professionals.
- People had oral health care plans and staff were aware how people's individual needs should be met.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The registered manager and staff worked within the principles of the MCA.
- People told us they were informed about the care they were offered from staff. A relative said, "I am aware of (my relatives) care plan and I am told of any potential changes."
- Staff involved people in decisions about their care; and ensured decisions were taken in people's best interests. Where restrictions were in place, staff applied for the appropriate DoLS authorisation from the local authority. People who did not have capacity to make decisions were supported to have choice and control over their lives.
- Staff had received training in the MCA and DoLS and they understood their responsibilities to report on any potential abuse.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant 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 were well supported by a compassionate and friendly staff group.
- People and their relatives commented positively on the staff being friendly, helpful and compassionate. They told us staff knew about people's individual needs. A relative said, "The staff even organised a Christmas Party just for our family because [named] couldn't manage to go out to the pub with the rest of the residents. The staff put on a full Christmas lunch of turkey with crackers."
- People's individual needs and preferences were recorded and updated on their records. A relative said, "We looked at eight care homes before we decided on this one. Yes, they [staff] are very caring, they looked after me as well as [named]." A second relative said, "They are very caring, tactile, and very gentle."
- People experienced positive caring relationships with the staff team which reflected their heritage and culture.

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. A relative said, "The staff do involve me (in care plan reviews) the next review is in Jan 2020."
- People and some relatives told us they were involved in agreeing their care plan.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected.
- People told us their privacy, dignity and independence was respected. One person said, "I wash and dress myself regularly, but I know there is help available if I should need it."
- Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them.
- People were encouraged and supported to maintain their independence whenever possible. We saw where people were prompted to eat their lunch by themselves, and where prompting was not successful staff assisted people to eat. That demonstrated staff promoted people's self-help skills and compassion where this was less positive.
- The registered manager and staff understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has reduced to Good. This meant people's needs were met through good organisation and delivery

End of life care and support

- The current group of people being supported did not have any end of life care needs. Files that we viewed had detailed information on people's final wishes. The registered manager said people's wishes were for their end of life care we vitally important and staff gathered this information sensitively usually with the person's close family and in some cases friends.

A relative told us, "Recently [named] was on end of life care, they [staff] were so caring. For example, they kept re-positioning pillows, so that [named] was comfortable and to avoid getting sores." A talk on 'end of life' and 'end of life care' was organised for relatives to provide them with a better understanding of the homes' role in end of life care and also the processes nursing and care staff promoted. This meant the service was particularly skilled at helping people and their families understand end of life care.

- The homes registered manager and staff have successfully retained the Derbyshire End of Life Care Quality Award (DELQA award) for excellent end of life care. This involved staff keeping detailed and exhaustive documentation on all people who were nearing their end of life. Care staff had received detailed and specialised training in how to support people at the end of their life and had a good understanding of this subject. They attended training in advanced care planning; symptom management training; and recognising pain and communicate the information to the nursing staff. Nurses also completed advanced training in syringe driver care, to enable them to minimise pain and distress for people near their life's end. The home also has regular visits from staff from the MacMillan unit and student nurses from the local hospital have experience placements in the home.

- There were a number of people who had been assessed they may require end of life care or support at some time. Anticipatory medicines had been prescribed by the GP and the registered manager was aware of the need for regular care plan changes to reflect the person's changing needs. This demonstrated the service worked closely with specialist healthcare professionals and provided outstanding end of life care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to continue their previous lifestyles and beliefs, whilst being encouraged to expand their interests. A particular favourite was the model railway which is cleaned and serviced weekly by a group of volunteer enthusiasts. This has provided a focal as well as a talking point and expanded the potential for people's interaction away from the home. People continue to build on their relationships, visits to the clubhouse and exhibitions organised by the group.

- As before at the last inspection staff continued to gather information about people's life history prior to entering the home. Staff recorded what was important to people, which helped staff plan and provide individualised care and pastimes based on their preferences. This has continued

- At the last inspection we saw people were encouraged to continue their religious preferences. People

continued to be supported to attend religious services in the home. These were now organised as individual as well as multi faith services and were well attended. Others preferred to attend their chosen faith service externally, which demonstrated a continued emphasis and development of people's religious needs. This ensured people's cultural and religious preferences were supported and enhanced by a caring group of staff. One person said, "I like to go to the church service." The staff have continued to recognise and develop activities around the many different cultures of people living in the home. Celebrations have included the two main Sikh celebrations, Vaisakhi celebrating the founding of Sikhism and the Sikh New Year and Diwali, the festival of light. The home also held a 'Bollywood' event with music and dancing. There were other opportunities such as St. Patricks day and St. Andrews day which also resulted in people having the option to taste food related items linked to the celebration.

- Some people told us they enjoyed spending time in their room. One person said, "I watch TV and listen to music." Other people enjoyed a varied range of activities both in the home and organised trips away. The two dedicated activities staff were employed throughout the week and have continued to expand the range of external visits. One was to the Donnington Grand Prix Collection prior to its closure. This allowed people to view the racing cars up close and also allowed them to see vehicles used in WW2. People found this a great interactive experience and were enabled to reminisce and discuss their experiences of the war and some, their time in the forces. Staff continue to organise the regular visits to the pub, but recognised not everyone could do so, so raised funds and opened a bar in the garden. That provided people with additional options to socialise with their relatives and friends. A summer house has been added close by so people and their families can benefit from an additional 'quiet' meeting area. One person spoke fondly of a visit out of the home, they said, "We went to a local Community Centre and joined some school children there." This visit to a school Xmas play resulted in staff recognising the enjoyment in people's facial expressions for those unable to verbally express their pleasure.

One person spoke about the craft activities they undertook regularly, they said, "I make different types of figures, using cotton wool." Another spoke how they enjoyed the 'communal' papers delivered daily and how that kept them up to date with topics they were interested in. Staff continued to demonstrate a wide range of in-house activities such as games and chair exercises for individuals and groups. People told us they enjoyed the interaction and ability to keep their fitness level and so their independence. One person told us, "I never get bored." There were regular visits from a local nursery for a 'boogie-beat' session. The staff arrange for external musicians to support a sing along with the people in the home and children. There are also regular visits by a local primary school, these musical and story sessions visits were well received by people in the home. One person particularly enjoyed the interaction who had previously had few chances to interact with this age group, which also provided a valuable experience for the children of an introduction to an elderly person's environment.

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

- People continued to receive individual and personalised care based on their assessed needs. The registered manager said, "It's all about person centred care," and explained that they believed people's care was based around a well detailed and regularly reviewed care plan.
- People, and where appropriate their relatives, had been involved in the regular development and review of care plans.

Meeting people's communication needs

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

- The registered manager and staff have developed and regularly use adapted documents and pictorial

information to communicate with and interpret what people are trying to communicate. Some documents such as the daily menus are adapted into a picture format. Staff regularly use the 'abbey pain scale' to understand people who have limited communication and the pain they are experiencing.

- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would be confident to raise concerns with the registered manager or staff. Only one person we spoke with had made a complaint about laundry going astray. They said, "This seems to be better now."
- The provider had complaints procedures displayed throughout the home for people's information. There had been one complaint about the service in the past twelve months. These were dealt with efficiently and people were responded to in writing.
- The complaints procedure was included in the service user guide. This had been recently updated to include the local authority details. The registered manager said these were being re-circulated to people and their relatives.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff were supported in an inclusive and empowering environment.
- People told us they felt the registered manager was open and honest and there was a positive and open culture. One person said this was due to the "registered managers ethos."
- People using the service spoke positively about the registered manager and staff and knew who to speak with if they had any issues. People felt the service was well managed and the registered manager and staff were friendly and approachable. A relative said, "There is never a problem, I even have their email address and mobile number."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities of what they need to report to safeguarding and CQC and understood they had a duty of candour to be open and honest about mistakes.
- The registered manager had excellent oversight of the service and people knew who they were. People told us they knew the registered manager and regularly saw them round the home.

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

- The service was well led. There was evidence of good levels of staff support they were encouraged to change roles within the staff team. The registered manager said, "Seeing staff progress is a great bonus."
- The provider had several detailed auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the home on a regular basis. The registered manager and staff also performed regular audits. The registered manager oversaw these and sent weekly reports to the provider.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events. The registered manager was also aware of their responsibility to display their rating when this report was published. The report from the last inspection was prominently displayed in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives and supporters were engaged and involved in developing the service. One recent suggestion was to provide drinks facilities on both floors for use by people and their families. As a result 'drinks stations' have been provided, and offer tea, coffee, cordials and water.
- Staff were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.

Continuous learning and improving care

- People were well supported by a proactive provider and staff group.
- The registered manager regularly reviewed the service provided for people. They said they used quality assurance outcomes, information from reviews and from meetings with people living in the home, their relatives and staff to inform change and improvements.

Working in partnership with others

- The registered manager demonstrated how they worked in partnership with local hospitals, commissioners and other healthcare professionals to ensure people received care that was consistent with their needs.
- The staff had succeeded in retaining the DEQRA award for excellence in caring for people who were nearing their end of life.