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# Cedric House EMI Residential Care 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

### About the service

Cedric House is a residential care home that provides accommodation and personal care for up to 20 people living with dementia. 20 people were living at the service at the time of the inspection.

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

Risks to people's health and safety were assessed and well managed. The recruitment of staff was safe and there was the right amount of suitable staff on duty to safely meet people's needs. Medicines were safely managed. Learning took place following accidents and incidents.

An assessment of people's needs, and choices was completed. Staff received the training and support they needed for their role. People received the support they needed to maintain good health and a balanced diet. People accessed healthcare services when needed.

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.

Staff treated people well and respected their privacy, dignity and independence. Staff interacted well with people and were caring and attentive towards them.

People received care and support which was personalised and responsive to their needs. Care plans were kept up to date to reflect any changes in people's needs and wishes. People and family members knew how to complain, and they were confident about complaining if they needed to. Complaints were used to improve the service.

The management promoted a person-centred service. There was an open and positive culture and good partnership working with others. The quality and safety of the service was monitored through regular checks.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 09 June 2017).

### Why we inspected

This was a planned inspection to check that the service remained Good.

### 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 remained safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-Led findings below.

# Cedric House EMI Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Cedric House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

We spoke with six people who used the service and one family member about their experience of the care provided. We spoke with the registered manager and provider, the deputy manager, two care staff, maintenance person and the chef.

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 reviewed a range of records. This included three people's care records, and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- Staff had completed safeguarding training and were confident in recognising and reporting allegations of abuse.
- People told us they would tell someone if they had any worries about the way they were treated. Their comments included; "I'd tell someone right away" and "Oh yes I'd speak up."

Assessing risk, safety monitoring and management

- Risks to people were identified and plans were in place to minimise those risks.
- Staff had completed training in topics of health and safety and they were confident in dealing with emergencies. Each person had an up to date personal emergency evacuation plan (PEEP).
- Regular safety checks were carried out on the environment and equipment.

Using medicines safely

- Medicines were safely managed.
- Staff with responsibilities for managing medication had completed the relevant training and underwent regular competency checks.
- Medication administration records (MARs) provided instructions on the use of medicines and they showed people received their medicines when they needed them.

Staffing and recruitment

- The right number of suitably skilled and experienced staff were available to safely meet people's needs.
- People and family members had confidence in the staff team. They told us: "They [staff] are all brilliant" and "They are all very good at their job, no complaints at all."
- Applicants suitability was checked before they were offered a job.

Learning lessons when things go wrong

- There was a process in place for reporting accidents and incidents which occurred at the service.
- Accidents and incidents were monitored and reviewed, and action was taken to reduce further occurrences.
- When something went wrong learning was shared across the team.

Preventing and controlling infection

- The environment was kept clean and hygienic. The service received the highest rating of 5 stars for food

hygiene

- Staff had completed training in the prevention and control of infection and they followed good practice guidance to minimise the risk of the spread of infection.



# 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.  
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At the last inspection this key question was rated as good. At this inspection this key question has 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

- An assessment of people's needs, and choices was completed, and this information was used to develop care plans.
- People and relevant others such as family members were involved in the assessment process.
- Medicare technology was used at the service to improve the delivery of effective care and support.

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

- Staff provided people with the support they needed to access healthcare services. A family member told us; "They [staff] are on the ball when it comes to [relatives] health."
- Care plans instructed staff on how to support people with their healthcare needs. A record was maintained for each person of all appointments and outcomes.
- Staff made prompt referrals to health and social care services where this was required for people.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to ensure people who lacked the capacity to make specific decisions, were supported in the least restrictive way possible.
- Staff had received MCA training and understood the principles of the act. They knew the importance of seeking a person's consent prior to undertaking and care or support.

- Authorisations were in place for people who had restrictions placed on their liberty and any conditions had been met. Care records held details of those who held Lasting Power of Attorneys (LPA), for people.

Staff support, induction, training, skills and experience

- Staff received the support and training they needed for their role.
- New staff completed an induction and were provided with ongoing training relevant to their role and people's needs.
- Staff were supported through regular one to one supervision with their line manager and team meetings. Staff told us they felt well supported.

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

- People received the support they needed to eat and drink and maintain a balanced diet.
- Staff obtained advice and guidance from dietitians and speech and language (SALT) where this was required for people.
- The chef had met with people to discuss their food preferences, likes and dislikes. People told us they were happy with the food. Their comments included; "It's tasty and filling" and "I get plenty to eat and drink."

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

- The environment was equipped with aids and adaptations to assist people with their personal care and mobility.
- Parts of the service had recently been improved to meet the needs of people living with dementia.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

People were supported and treated with dignity and respect; and involved as partners in their care. Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well and respected their equality and diversity. Staff respected people's lifestyle choices and addressed them by their preferred name.
- Interactions showed staff knew people very well and had formed trusting and positive relationships with them.
- People were treated with kindness and compassion. People described staff as kind and caring, their comments included; "They [staff] are very kind indeed" and "I think they are very caring."
- Staff greeted people and enquired about their comfort and wellbeing. Staff recognised when people needed emotional support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- Staff knocked on doors before entering bedrooms and bathrooms and they assisted people with personal care in private.
- A family member told us they were always welcomed at the service and offered refreshments with their relative.
- Personal records about people were kept secure and only shared with others on a need to know basis. Discussions of a personal nature were held with and about people in private.
- Care plans detailed people's level of independence and their independence was promoted. People who chose to, kept themselves busy around the environment.

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

- People were given opportunities to voice their views and opinions through daily discussions, care reviews, meetings and surveys.
- Staff supported people to access advocacy services and other support networks where this was needed.
- People and a family member told us they were confident about sharing their views and opinions and that they felt listened to.

# 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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs, and choices were clearly set out in their own personalised care plan.
- Care plans instructed staff on how best to meet people's needs to achieve the intended outcome in a way the person preferred.
- Care plans were kept under review and updated when there was a change in people's needs.

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

- People's communication needs were assessed and detailed in their care plans.
- Information was provided in different formats for people who needed it.

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

- Staff engaged people in meaningful activities.
- People were supported to maintain contact with friends and family members.
- Staff organised events and celebrations for people and their family and friends.

Improving care quality in response to complaints or concerns

- Information about how to complain was made available to people and others.
- A record of complaints was maintained. The records showed complaints were responded to and where needed action was taken to improve the quality of the service.

End of life care and support

- People were given the opportunity to discuss and plan their end of life wishes and others, such as family members, were involved where this was appropriate.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.
- Staff worked closely with health professionals to ensure that people experienced a comfortable, dignified and pain free death.

# 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 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.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- Checks were carried out on the quality and safety of the service and areas for improvement were made in a timely way.
- Managers and staff kept up to date with their learning and development.
- The registered manager worked flexibly so that they had good oversight of the service.
- The ratings from the last inspection were clearly displayed at the service and notifications required by law were sent to the Care Quality Commission (CQC) in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, family members and staff told us that the registered manager was supportive and approachable and promoted an open and positive culture.
- Staff worked well as a team to achieve good outcomes for people.
- People, staff and family members felt empowered to raise any concerns and were confident they would be listened to and that action would be taken to improve things.
- The registered manager operated an open-door policy and they encouraged feedback from everyone.

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;

- Managers and staff understood their legal responsibility to be open and honest with people.
- There were good lines of communication with relevant others, such as family members, following any accidents or incidents or following a change in a people's needs.
- Accidents, incidents and complaints were reported to the relevant agency and action was taken to minimise the risk of further occurrences.

Working in partnership with others

- The service worked in partnership with commissioners of the service, safeguarding teams and external health and social care professionals.
- The service also worked in partnership with family members and others, people had appointed to represent them.

