RBS Care Limited

The Cedars

Inspection report

6 Russell Road
Clacton On Sea
Essex
CO15 6BE

Tel: 01255433619

Date of inspection visit:
01 July 2016
04 July 2016

Date of publication:
21 October 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 over two days on 1 July 2016 and 4 July 2016 and was unannounced.

The Cedars provides accommodation and personal care for up to 13 people who have mental health needs. The service does not provide nursing care. At the time of our inspection there were 12 people using the service.

There was a registered manager in post at the service. 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. The registered manager was supported to manage the service by regular input from the provider.

People were safe because the management team and staff understood their responsibilities identifying abuse. People received safe care that met their assessed needs.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively.

There were sufficient staff who had been recruited safely and who had the correct skills and knowledge to safely meet people's needs.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People's health and social needs were managed effectively with input from relevant health care professionals and people had sufficient food and drink that met their individual needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

The registered manager and the provider supported staff to provide care that was centred on the person and staff understood their responsibility to treat people as individuals.

People were treated with kindness and respect by staff who knew them well. Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy pastimes and interests of their choice and accessed the community so that they were not socially isolated.

Staff had good relationships with people who used the service and were attentive to their needs. People's

privacy and dignity was respected.

There was an open culture and the management team encouraged and supported staff to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

The provider had systems in place so that people could raise concerns and there were opportunities available for people or their representatives to give their feedback about the service.

The registered manager was visible and actively involved in supporting people and staff. Staff were positive about their roles and their views were valued by the manager and the provider.

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

Staff understood how to protect people from abuse or poor practice. There were processes in place to listen to and address people's concerns.

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

The premises were well managed to meet people's needs safely.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff received the support and training they needed to provide them with the information to provide care effectively.

Where a person lacked the capacity to make decisions, there were correct processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

People's health, social and nutritional needs were met by staff who understood their individual needs and preferences.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to their needs and provided care in a dignified manner.

Staff understood how to relieve distress in a caring manner.

People were encouraged to be as independent as they were able to be.

Is the service responsive?

Good

The service was responsive.

People's choices were respected and their preferences were taken into account when staff provided care and support in line with their individual care plans.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain family and social relationships with people who were important to them.

There were processes in place to deal with concerns or complaints and to use the information to improve the service.

Is the service well-led?

Good

The service was well led.

The service was run by a capable management team who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support.

There were systems in place to monitor the quality of the service, to obtain people's views and to use their feedback to make improvements.

The Cedars

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 1 July 2016 and 4 July 2016. The inspection was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the registered manager. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

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. The information in the PIR was clear and well detailed.

Some of the people who lived at The Cedars at the time of our inspection were unable to or chose not to speak with us because of their mental health needs. We used informal observations to evaluate people's experiences and help us assess how their needs were being met and we saw how staff interacted with people.

We spoke with five people who used the service about their views of the care provided. We spoke with the registered manager, the provider, three members of the care team and an activities co-co-ordinator.

We reviewed three people's care records, including medicines records and risk assessments. We examined information relating to the management of the service such as health and safety records, three sets of recruitment and personnel records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

People told us they felt safe. One person explained that they had lived alone in the past and they did not feel safe then. They said, "I feel very safe now."

Staff had received training in safeguarding and understood their responsibilities to keep people safe and protect them from harm. They were able to explain different types of abuse and the signs to look out for that would indicate someone was being abused. They knew what they should do if they saw or heard anything that concerned them. A member of staff gave us examples of the kind of things that would alert them to possible problems. The discussed observing changes in behaviour, sleeping patterns or unusual body language. Staff were confident that any concerns would be dealt with promptly.

People told us if anything was worrying them they would speak to staff to help them with their concerns.

We saw from people's care records that there were a range of risk assessments in place according to people's individual needs. There were clear and detailed risk assessments for behaviours that related to people's mental health needs. For example we saw risk assessments about people going out unaccompanied, unpredictable behaviour when meeting health professionals and actions that were unfriendly towards others. Where a risk was identified there were measures in place to reduce the risk for the person to an acceptable level without placing unacceptable restrictions on them as well as reducing the risk to others who may be affected by people's behaviour.

People received relevant support to manage their finances safely. For example, some people did not have the capacity to safely manage their finances independently and these were managed on their behalf by a public body that provides a service to handle financial affairs for people when they do not have the mental capacity to manage their own finances or if no suitable alternatives exist and the task can no longer be administered on their behalf by friends or relatives.

The provider had processes in place to carry out health and safety audits to assess that the premises were maintained in good order and were safe for the people who lived there. The checks included testing fire systems and emergency lighting. The environment was inspected regularly to identify areas for repair or refurbishment and we saw records to confirm where areas for improvement were identified, the improvements had been actioned..

There were clear systems in place to recruit staff and check their suitability for the role they were to carry out. Staff files confirmed that recruitment processes had been followed and appropriate checks had been carried out, including Disclosure and Barring Service checks and taking up appropriate references.

On the day of our inspection we saw that staffing levels were sufficient to meet the needs of people at the service. In addition to the registered manager there were two care staff and a senior member of staff as well as a cook and a cleaner. We observed staff providing support in an unhurried manner and spending time listening to people individually. A member of staff told us, "I'm happy with staffing levels. I can take time to

support people, I'm never made to hurry up." and explained that during busy times of if they had complex situations to deal with, additional staffing would be put in place. Staff said they were pleased to work in what they described as a 'family culture'. They told us that they worked as part of a team worked as a team and were happy to cover for colleagues when they were on leave or were ill.

The provider had systems in place for the safe receipt, storage and administration of medicines. Medicines were delivered from the pharmacy already dispensed in individual sealed pots. There was clear information about what medicines were in the pots, which were stored securely. We observed a senior member of staff administering medicines during our inspection. We saw that staff followed good practices, explaining the medicine and offering a drink. We noted that audits were carried out of medicines systems. People could be confident that they would be supported to receive their prescribed medicines by staff who understood how to follow safe procedures.

Good

Is the service effective?

Our findings

A person told us that they had lived at the service for a number of years and that staff, "Know me well. They're definitely experienced. They know their job."

A member of staff told us, "Training is good, we get updates regularly." They said that the palliative care training was particularly useful and gave them so much information to increase their knowledge. They discussed bereavement and said they got so much support to talk about and deal with such a stressful situation. Records confirmed that there was an on going programme to update a wide range of training for staff.

Staff felt well supported by the manager and the provider.

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. The registered manager had a clear understanding of their responsibilities under the MCA. People had MCA assessments that had been compiled with input from the GP. Where people did not have the capacity to make a particular decision a best interest decision was made on their behalf.

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 checked whether the service was working within the principles of the MCA and found that they were.

A person spoke to us about the food. They said, "Excellent food. We have a Sunday roast and on other days we get a choice of meals. There's things like lasagne or southern fried chicken."

We observed the lunchtime meal and noted that, where people required assistance, this was provided by staff who understood how much input was required. We saw that one person required full support to eat their food. This was carried out by care staff in an unhurried manner and the member of staff chatted with the person. Another person needed encouragement and prompting before they would eat and staff kept a watchful eye on their progress in case further prompts were needed.

People were asked individually what they wanted to eat and if they changed their mind they were offered something else. The food appeared well presented and people looked like they were enjoying the food and ate enthusiastically. One person told us, "I'm having fish and chips for lunch, but I'll have fruit afterwards because I'm on a diet."

The registered manager explained that one person had difficulties swallowing. They sought input from the GP, who made a referral to the Speech and Language Therapy (SALT) team. The SALT team carried out an

assessment and provided guidance about an appropriate soft diet. Care plans were in place so that staff had the information they needed to support people safely with their nutrition.

A person told us how staff had helped them when they had some specific health issues. They explained how they had been supported to go to the doctor and that they were referred to a specialist hospital for a diagnosis. Another person told us about their mental health needs and they were happy about the way staff helped them when they needed it. They told us, "This is the best home I've [lived] in." We saw communications from a health professional which said, "Great news to hear how well [named person] is settling in. That's a credit to you, your service and staff."

Feedback from professionals who completed surveys as part of the provider's quality assurance processes was positive and complimentary. A community health professional stated, "Very proactive home, they advocate for their clients. Staff asked very appropriate questions and followed advice given. Very well cared for patient."

Good

Is the service caring?

Our findings

One person said, "I'm very happy here. I've been here a long time. I get on with everybody." We observed light-hearted, joking banter between people and staff. One person told a member of staff that they looked lovely, the member of staff laughed and responded, "Thank you very much" which made the person chuckle.

We saw that staff chatted to people about things that interested them. For example a member of staff discussed football with a person and we saw them laughing and joking.

Staff knew people well and were able to tell us about situations or events that could cause distress to people because of their mental health needs. They explained the specific ways they supported individuals to reduce their anxieties. They also understood signs to look out for that could signal someone was becoming agitated and knew how to respond to try to avoid the situation escalating.

We saw that staff were polite and respectful when they spoke with people. When staff were providing support with personal care, they were discreet and made sure they treated people with dignity and respect when meeting their care needs.

Staff explained that people were encouraged to be as independent as possible and to take part in the day-to-day running of the service. One person told us that they had not had a job for a number of years as they were retired, but they liked to keep busy. They said, "I make my own breakfast and I feed the cat."

A social care professional who completed a survey as part of the provider's quality assurance processes stated, "Service users seem to be treated as individuals and encouraged to keep independence skills."

The registered manager explained that some people have input from relatives but others do not. Where people did not have relatives who were in contact with them, some people had input from social care professionals. The registered manager said they had used advocacy services in the past so that people had independent support to make decisions. At the time of our inspection no-one had current input from an advocate but the provider confirmed that they would always ensure people received advocacy support when needed.

Staff told us about the support provided for people with end of life care needs. The provider put in additional staffing so that they could have one-to-one care and support. We saw that families had sent compliments and cards of thanks for the care and support given to their family members. One relative said, "We will never be able to thank you enough, really, you are all amazing." and another said, "Thank you for all the years of support, love and kindness you gave to [our family member] and the family. I hope you are all very proud of the way you care for the clients that you are responsible for. They are lucky to have you."

Good

Is the service responsive?

Our findings

A social care senior practitioner who completed a survey as part of the provider's quality assurance processes stated, "There is clear evidence of person centred planning within the care plan."

The senior care staff the registered manager and the provider were all able to provide details about how they assessed people's needs before they moved to the service. They took into account whether they could meet their needs and whether there was the possibility of compatibility issues with people already living there.

The provider, registered manager and care staff spoke with knowledge and understanding of people's individuality and this was reflected in the details in their care plans. We saw from people's care records that the background information was thorough and gave staff a good understanding of people's individual needs and preferences. The registered manager explained about the care for someone who had not been forthcoming with information and it had been a slow process to try to build up a picture of the person's history. Staff were patiently developing a good relationship with the person and winning their trust. Despite the initial reluctance to share information, the staff gradually built up a picture of their likes, dislikes and preferences. Eventually they were able to understand their past relationships and social interests. Staff told us, "We are still learning."

People were able to take part in pastimes in the home and within the wider community. There were two activities coordinators who each worked four days a week to provide group and individual activities. One of the activities coordinators told us that they offered a mixture of individual activities and planned entertainment. Individual activities included shopping trips and they had an in-house 'pub afternoon' with games. People said they enjoyed the pub afternoons.

We saw that people enjoyed a weekly music therapy group and there had been recent trips out to the local theatre. A person told us they had recently been on a trip to the theatre which they had enjoyed and there was another arranged in a few months' time. They told us they were not able to walk too far, so they enjoyed watching television, especially the sport.

There was a complaints procedure readily available so that people who lived at the service or visitors had the information they needed should they want to make a complaint. Although people had not made formal complaints, they told us they were able to speak to staff, the registered manager or the providers if anything was worrying them. They gave us some examples of minor issues that they had brought up and had been sorted out for them.

Good

Is the service well-led?

Our findings

We saw that the service operated on a 'family culture' and the providers visited regularly. The directors visited every week to talk to people. On the day of our inspection they came and asked if someone wanted to take a trip out to do some shopping and have a drink and a cake. Staff told us the directors were, "very hands on", knew people well and took an interest in their wellbeing.

All the staff we spoke with were very positive about the culture and told us that it was like being part of a big family. A member of staff told us, "I'm very happy to be part of the team." Another member of staff said, "This is a friendly place to work, it's like being part of a family." Staff morale was good and they told us they felt well supported by both the manager and the directors.

There were a range of policies and procedures in place that were audited and reviewed annually. Staff were aware of procedures such as whistleblowing and were confident that they would be listened to if a situation arose where whistleblowing was necessary.

Notifications about incidents were submitted to the Care Quality Commission (CQC) as required by regulations. Information in notifications contained sufficient details about how incidents were managed. and, where relevant, what measures were in place to reduce the risks of further similar occurrences.

The director had an annual development plan that had identified areas for improvement. This included maintenance and refurbishment of the premises, such as promptly rectifying a problem with tree roots making paving slabs uneven and an ongoing programme of decorating rooms. The manager was confident that the directors made resources available when areas for improvement were identified.

The provider had a variety of ways to encourage people to give them feedback. These ranged from informal discussions to completing feedback forms, with assistance when necessary. Where people raised issues we saw that actions had been taken in response and these were recorded. For example one person did not like to wait for their medicines and asked that they were given it first and this was put in the person's care plan. We also saw records for meetings held with people where they discussed issues like meals, trips out, activities and the choice of channels on the television.

There were systems in place for managing records. People's care records were well maintained and contained relevant information. All records examined including people's care records, personnel records and health and safety documents were up to date. All documents relating to people's care, to staff and to the running of the service were kept securely when not in use. People could be confident that information held by the service about them was confidential

We saw that accidents and incidents were logged and the manager collated the information so that they could review the information, identify the cause and what improvements needed to be made to reduce the reoccurrence of similar incidents.