Caretech Community Services (No.2) Limited

Cedar House

Inspection report

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27 June 2017

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 21 and 27 June 2017 and was unannounced.

Cedar House is registered to provide accommodation with nursing and personal care, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 12 people. There were eight people living in the home at the time of this inspection and three people using the service for regular respite care.

The people living in the home all had multiple disabilities and needed full support with all aspects of daily living. The home is registered as a nursing home and there is one nurse on duty 24 hours a day plus support workers. The home is fully wheelchair accessible and has appropriate bathroom and hoist facilities for people with physical disabilities. Caretech Community Services (No.2) Ltd run this home and are referred to in this report as "the provider."

The home has a registered manager. 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.

In October 2015 we rated this home inadequate and placed the home in Special Measures as the care was unsafe. Since then the provider and the management team have worked hard to improve the standard of care at the home. Prior to this inspection, we carried out an unannounced comprehensive inspection of this service on 10 June 2016 and served a warning notice on the provider requiring them to make improvements and become compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe Care and treatment. We carried out a focused inspection on 30 September and 5 October 2016 and found that the service had made the necessary improvements and met the requirements of the warning notice.

At this inspection we found that people's representatives (relatives, advocates and professionals involved in their care) felt people received safe care and were happy with the quality of the service.

Staff supported people with their health conditions and ensured they received safe care and treatment. Medicines were managed safely. People's mobility and medical equipment was safely maintained.

We made a recommendation about improving people's emergency evacuation plans to ensure each person would be supported safely in the event of a fire. We also made a recommendation that the provider improves recruitment of new staff as they had not followed their own policy about references to ensure new staff were suitable to work with vulnerable people. Other recruitment checks had been carried out in accordance with legal requirements.

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. We found the service to be compliant with the legislation.

Staff gave people good support with their dietary needs and made the mealtime experience safe and enjoyable for people. Staff had formed good relationships with people knew their likes and dislikes and were able to understand their forms of communication which for some people meant observing their facial expressions and body language. There was a homely atmosphere in the home and staff engaged with people. With one exception, we could see that people felt comfortable and were smiling during our inspection.

We made a recommendation to improve the care for one person who was not receiving person centred care. The registered manager and provider acted immediately to make improvements as soon as we raised this concern. Other people were provided with personcentred care which met their needs and staff supported them to have a good quality of life.

The registered manager, clinical nurse manager and deputy manager monitored the health and safety, quality of service and worked well together. We received positive feedback from people's representatives about the management team who said they were responsive, acted quickly on any concerns, were respectful and ensured the home ran smoothly.

The provider was monitoring the service and carrying out comprehensive audits to encourage improvements. We were satisfied that the provider had robust systems in place to monitor the home.

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 had risk assessments detailing all risks to their health, safety and wellbeing and advising staff how to reduce the risks. Staff were monitoring people's health and safety during the day and at night.

Medicines were managed safely and there were regular audits to pick up any minor errors. The safety and cleanliness of the medical and mobility equipment was checked and recorded regularly to ensure it was fit for use.

The provider took out checks on new staff but didn't follow their own recruitment policy.

Personal emergency evacuation plans did not all include important information for each person to ensure staff know how to support people safely in the event of an emergency evacuation of the building.

Is the service effective?

Good

The service was effective. Staff received suitable training and supervision to carry out their role effectively.

People's dietary needs were met well. Staff worked in accordance with the Mental Capacity Act and ensured decisions were made in people's best interests.

Staff worked effectively with healthcare professionals to carry out recommended care and treatment.

Is the service caring?

Good

The service was caring. Staff knew each person's needs, likes and dislikes well. Staff had formed good relationships with people and understood their methods of communication by observing facial expressions and body language.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People received good quality person centred care from staff who understood

their needs. There was one exception to this where one person's care was not person centred and we made a recommendation to improve this person's care.

Relatives of people living in the home said the provider and management team were responsive and acted quickly to resolve any concerns. There had been no complaints since the last inspection.

Is the service well-led?

Good

The service was well led. The management team worked well together and provided good leadership. Quality monitoring systems were in place. The provider was checking on the home and carrying out comprehensive audits.

Staff, families and professionals involved with people's care all thought highly of the management team and told us that the service had improved significantly since 2015 and they no longer had any concerns about the care.

Cedar House

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.

We carried out this unannounced comprehensive inspection of Cedar House on 21 and 27 June 2017. The inspection was undertaken by one inspector, a specialist professional advisor who was a nurse and a pharmacist inspector. An expert by experience made telephone calls to relatives and representatives of people using the service to seek their views. An expert by experience is someone who has personal experience of or cares for someone who has used this type of service.

Before the inspection we reviewed all the information we had about Cedar House including notifications and safeguarding alerts made by the provider as well as information provided by other interested parties.

At this inspection, we met with the registered manager, deputy manager, one nurse, three support workers and two relatives of people using the service. We also spoke on the phone with two people's social worker, two people's advocate and five people's relatives to get their views on the service.

As people were unable to tell us their views, 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 observed people at different times of the day including at lunchtime and dinnertime to check their experience.

We inspected the building, equipment and medicines storage and supplies. We looked at a range of records. We read mealtime support guidelines and medicines records for all eight people and four people's support plans, health action plans and risk assessments. We also looked at complaints, accidents and incidents, internal audit records, staff recruitment, training and supervision records, health and safety and maintenance records, fire safety records, menus, records of activities, records of audits carried out by the provider and by the management team in the home.

Good

Is the service safe?

Our findings

People's representatives (relatives, advocates, professionals involved in their care) thought the service was safe. Comments included; "Someone is with her all the time. They watch her all the time to make sure she's got support" and, "It is safe now. There was a problem but I think it's been resolved." One representative said, "[…..] is completely safe in the home. I visit often and have no concerns."

Staff were aware of safeguarding and whistleblowing procedures and felt comfortable using them. Information on what do in the event of abuse was displayed in the home. The provider looked after some people's finances and had clear policies and procedures in place to safeguard them from any financial abuse. The registered manager promptly reported any concerns to the relevant authorities.

A professional told us that they thought the home managed risks well and had suitable risk assessments in place. We saw that people had risk assessments which addressed areas such as taking medicines, nutrition, health, moving and handling, baths and showers, risk of choking, epilepsy and activities outside the home. As there were only two staff working at night they had video monitors for people at risk of having a seizure in the night so that night staff could observe people continuously and respond immediately if somebody needed support during the night. After the inspection we checked that best interest decisions had been made about use of these monitors to safeguard people's rights. The registered manager provided evidence of best interest records.

People in the home required support to eat and drink safely. Due to swallowing difficulties they were at risk of choking and aspiration. Staff were able to tell us how they used prescribed thickener measured into drinks to minimise the risk of people aspirating and choking on their drinks. Individual guidelines were available for staff to follow and they knew which people needed which consistency of drink. Staff had attended training from a speech and language therapist and occupational therapist on how to safely support people who have swallowing difficulties and we observed staff on the day of the inspection supporting people safely in accordance with their individual written guidelines to drink and eat.

The equipment people used on a daily basis was regularly maintained and cleaned. Nebulisers and suction machines were clean and managers also checked regularly that this equipment was cleaned. Wheelchairs and hoists were regularly inspected for safety. One person's wheelchair had a broken arm doing this inspection. This was not impacting on the person's safety and we saw evidence that this was to be repaired a few days after the inspection.

Staff tested the water temperatures in people's bathrooms weekly to ensure the temperature was safe to prevent risk of scalding.

One person had diabetes and we found staff were following the protocol for testing the person's blood glucose levels and giving insulin injections safely. The care of this person was monitored by the management team daily to ensure they received safe appropriate care.

Medicines were given safely and managed appropriately. All prescribed medicines were available and were stored securely.

Current fridge temperatures were taken each day (including minimum and maximum temperatures). The fridge temperature was found to be in the appropriate range of 2-8°C. This assured us that medicines requiring refrigeration were stored at appropriate temperatures.

People received their medicines as prescribed, including controlled drugs. There were no gaps in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed. We looked at antibiotics prescribed and found that people were receiving them as prescribed. We found that staff recorded the administration of topical creams, including the site of application .

Running balances were kept for medicines that were not dispensed in the monitored dosage system and we cross checked people's medicines with their MAR charts and found that there were no discrepancies. This meant that staff were aware when a medicine was due to run out and could make arrangements to order more. For entries that were handwritten on the MAR chart, we did not see evidence of two signatures to authorise this (in line with national guidance). We pointed this out to the registered manager.

Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor. These were monitored by the provider in their monthly cycle ordering process, which tracked the amount of medicines returned. Controlled drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities done by senior staff.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. We saw the PRN forms for epilepsy/emergency rescue. There were appropriate protocols in place which covered the reasons for giving the medicine, what to expect, time intervals between doses and the maximum daily dose allowed.

Medicines were administered by nurses that had been trained in medicines administration (through internal and external training). We observed a member of staff giving medicines and found that staff had a caring attitude towards the administration of medicines for people.

We looked at MARs for people who were administered their medicines covertly. We found that they had the appropriate authorisation and input from professionals to enable them to have their medicines covertly. For example, there was evidence of a medicines form which was signed and reviewed by the GP and the pharmacist. This assured us that people were administered medicines covertly in an appropriate manner in accordance with legislation and recommended guidance.

The provider followed professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the provider and supplying pharmacy including safe storage of medicines, fridge temperatures and stock quantities on a daily basis. A recent improvement made by the provider included ensuring that any discrepancies between quantity orders from the supplying pharmacy were reconciled to the amounts shown on people's prescriptions, to avoid confusion when recording the administration of medicines. This had been highlighted from a previous medicines error and showed the provider had learned from medicines related incidents to improve practice. One person's medicines risk assessment was not up to date as their needs had changed. We pointed this out and the management team made the necessary amendments during the inspection. This did not have any impact

on the person as their medicines administration record was correct.

There were enough staff on duty and the staff rota was planned in a way to meet people's needs day and night. On the morning of the inspection we found three support workers, a nurse and support worker/driver on duty plus one staff providing one to one care to a person. There would normally be two support workers but extra staff worked to support people to go to their appointments and activities. An additional staff worked late evening and early morning to support people with their baths and showers, going to bed and getting up in the morning as each person needed two staff to support them with their personal care. This showed that the provider ensured staffing levels were higher at peak times of the day to meet people's needs.

We looked at recruitment records for the most recently appointed staff and found the provider was not following their own recruitment policy. The majority of checks had been taken out properly but they had obtained a reference from a friend when their own policy says that this is not acceptable. The provider rectified these matters following the inspection but we have raised this with the provider before and we recommend that they review and adhere to their recruitment policy.

The home followed good infection control practices and relatives and visitors commented that the home was always clean. The building was clean throughout and safe. We checked the most recent inspection certificates and found the gas and electricity supplies and all equipment was safe. First aid kits were suitably stocked and there was always a nurse on duty to deal with any medical emergency. Equipment such as hoists and wheelchairs were regularly serviced. One assisted bath was out of action but there was another one available so this did not impact on people. The most recent Environmental Health inspection was 2016 where the home achieved a 5 star rating which is the highest rating for food hygiene and safety.

At the front of the service is a car park and the service stored waste bins there including clinical waste. These bins were not closed properly so there was a risk of vermin getting in. Two visitors also commented on the bins being unsightly. The manager agreed to address this when we raised it at the end of the inspection.

The fire procedure was displayed in the home and Fire equipment was tested regularly. Each person had a personal evacuation plan but these were the same. Plans said that people could be taken from the building on a mattress in an emergency which would not be safe for some people. We advised the manager that these should be individual and address the issues for that person, for example percutaneous endoscopic gastrostomy (PEG) feed in place or potential challenging behaviour. We recommend that personal emergency and evacuation plans are reviewed in line with best practice to ensure staff and the Fire Brigade would know how to evacuate each person safely.

Good

Is the service effective?

Our findings

Staff completed mandatory training as well as other training appropriate to their role including specialist training on epilepsy and dysphagia so that they could work effectively.

Staff said they felt supported by the management team. The registered manager kept records which confirmed staff received regular supervision and appraisals. There were staff meetings where staff could give their views.

People received good support with eating and drinking. There were written guidelines for staff on how to support each person with their eating and drinking. Staff understood each person's needs and supported them to eat and drink safely and be as independent as possible if they were able to feed themselves. We observed two mealtimes and found staff helped people to have a good mealtime experience by explaining to them what they were going to have to eat, taking time and following good practice guidance for supporting people to eat.

We saw that people had a varied well balanced diet with fresh fruit and vegetables daily. Their representatives told us that staff knew each person's dietary needs due to their allergies, religious preferences and consistency of food they could eat safely. The provider employed a person to cook meals so that care staff were free to spend their time with people and not having to cook or clean. The menu was varied and we saw fresh ingredients used for the meals.

Three people had their food directly into their stomach via a percutaneous endoscopic gastrostomy (PEG) feed and the nurses on duty made sure they received the right feed at the right time. Records were kept to ensure those people received the correct food and amount of water.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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 were being met. The registered manager confirmed the service had carried out their responsibilities in relation to DoLS. Each person had either a DoLS in place or one had been applied for.

We saw evidence that best interest decisions had been made and recorded when a person did not have the capacity to make a decision. We saw that although most people could not give consent to some care tasks, staff followed good practice in explaining to them what they wanted to do and trying to check if the person consented, for example, "I am going to take you to your room to lie down. Is that ok?" and waiting to see if the person smiled.

Staff supported people with their health needs and followed the guidelines provided by specialists such as the diabetes nurse, epilepsy nurse and physiotherapist. When we arrived for the inspection staff were taking two people to dental appointments that day. Each person had a Health Action Plan and a hospital passport so that in the event of them going to hospital, staff would have all the necessary information about their health conditions, disabilities and medicines.

The building was fully accessible for people with a physical disability including a well maintained garden that people used during the inspection.

Good

Is the service caring?

Our findings

People in the home could not tell us if they thought staff were caring but all of their representatives told us they thought staff were very caring. Their comments included, "The staff are very kind" "they love the residents" and "the staff absolutely adore her."

The registered manager involved people's representatives in their care. One relative told us, "I am always invited to the meetings, about once every three months. Occasionally, I will go to the meetings. They will email me to ask me for my views. They always ring me if [….] is not well or if anything is going wrong." Another relative said, "The care is very good. I have no concerns. They always make us welcome. They make us a cup of tea. I am very happy with it. I would give it ten out of ten."

One relative visited every day and said they felt welcome and could visit any time they wanted and thought that staff were very caring. Two families joined people for Christmas dinner last year.

Each person had a communication passport explaining how they communicate and how to interpret their behaviours. These had been written by a speech and language therapist with staff and included detail such as for one person that they might be thirsty if they put their fingers in their mouth.The communication passports were very effective and helpful for staff to understand people's needs.

The deputy manager had a good relationship with people and was a good role model on how to engage appropriately with people. People were very comfortable with staff, smiling and enjoying their company. Staff engaged well with people throughout the day, chatting, laughing and singing and supporting people with their daily activities. Staff were very committed to providing good care and showed affection to people.

On the day of the inspection the weather was nice and staff supported people to spend time in the garden. Lunch and dinner was taken in the garden for those who wanted to and there was a friendly and happy atmosphere throughout. Relatives joined one of the meals.

The standard of personal care was good and individualised. People looked well cared for. Staff supported people to wear appropriate clothes and looked after their hair and nails.

Staff were aware of people's religious and cultural backgrounds and took advice from their families on how to support their needs. Staff supported one person to attend church regularly.

Requires Improvement

Is the service responsive?

Our findings

Feedback from people's representatives was that they received good personalised care and that staff knew their individual needs and preferences well.

We saw one person was not receiving person centred care at all times during our inspection and staff did not communicate appropriately with them. We brought this to the registered manager's attention. There was a lack of detailed written guidance on how to work with this person and of oversight of their care by the management team. Following the inspection the provider informed us that they had made immediate changes to ensure the care of this person was more responsive to their needs and wishes. We recommend that the provider seeks advice from a reputable source about best practice in providing person-centred care.

The provider's format for daily records was not person centred as it asked what you have talked about that day and the majority of people did not talk so staff had written what they themselves had talked to people about.

People had comprehensive support plans which detailed their needs, likes and dislikes. People took part in a range of leisure activities. On the day of the inspection two people went to a day centre and two others were supported by staff to attend dental and barber appointments then had a massage in the home by their visiting massage therapist who visited weekly. Six people had a weekly massage. One person had regular hydrotherapy. One person had private music therapy. Staff supported people to go out in the home's minibus, to take part in shopping and visit places of interest. Staff told us they had supported people on a boat trip, to the cinema, bowling, to a local wildlife park and to see sights in central London.

Staff made good use of the garden to sit with people and enjoy fresh air. Bedrooms were highly personalised with pictures and personal items. Where people had a favourite colour their room was painted in that colour.

There had been no complaints since the last inspection. Families said they had good relationships with the registered manager and could approach her with any concerns and were confident she would act immediately. The provider kept in touch with families and informed them of a proposal to change from a nursing home to a care home. Some families had some concerns about this proposal but this was not an imminent plan.

We noted that visitors had written compliments in the visitors book, including saying that the staff were friendly and the home was "exceptionally clean."

Good

Is the service well-led?

Our findings

People's representatives told us they thought the home was well led. The management team consisted of the registered manager, clinical lead who was responsible for supervising and leading nursing care and a deputy manager. Professionals and families gave positive feedback about all of these staff. One said, "The home has been good since the new manager took over. We're happy." Another told us, "The manager is good. She is a very kind person. The deputy manager is very nice. She is very good." Two people who visited the home regularly praised the deputy manager, saying she had good relationships with people and was a good role model to other staff. They also described the clinical lead as "respectful" and "very good."

The provider had a locality manager who visited at least monthly to supervise the management team and oversee the service. Staff attended regular staff meetings and said the could approach the management team at any time. They said that if they had any concerns they would go to the manager and feel confident that she would address their concerns.

The management team worked well together and worked to continually improve the home. There were regular audits and checks taking place to ensure the building and equipment was safe and clean. The management team had also carried out night monitoring visits to check on the quality of care at night.

The provider had also carried out a comprehensive audit of the service which demonstrated improved oversight of the home. There were some areas for improvement including improving the policies, procedures and care records but we were satisfied that the provider and another service run by the provider were giving guidance and support to the management team at Cedar House. They had identified improvements needed and were acting on the recommendations. This meant we were satisfied that the service would continually improve under the provider's supervision.

There had been some minor medicines errors which had no impact on people as they were administrative errors. The management team had made improvements in auditing as a result of this and were able to find issues that needed to be acted on.

Surveys were sent to people's representatives each year and the provider acted on the outcome of the surveys to ensure people were satisfied with the service. The representatives expressed satisfaction with the service.