The Cedars Partnership

Cedars Care Home

Inspection report

Church Side
Methley
West Yorkshire
LS26 9BH

Tel: 01977512993
Website: www.cedars-care-home.com

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20 September 2016

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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

This inspection took place on 14 and 20 September 2016. The first day was unannounced and the second day was announced because we wanted to make sure the registered manager was available. At the last inspection in April 2014 we found the service was meeting regulations.

Cedars Care Home provides care and support for up to 44 older people. The service had 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.

We received positive feedback from people who used the service and visiting relatives about the care and support provided. They told us the service was caring. Staff were kind, cheerful, and helpful, and made sure people's privacy and dignity were respected. People enjoyed the food and the meal experiences we observed were a pleasant experience. People received a varied diet and were offered plenty to eat. They received good support that ensured their health care needs were met.

Staff knew people well and responded to people's individual needs. Care plans were person centred and covered key areas of care and support. People were involved in making decisions about their care and support, and received appropriate support when they were unable to make decisions for themselves. People engaged in group and individual social activities.

People felt safe. Systems were in place to manage risk and keep people safe, which included protecting them from abuse. Members of the management team had specific responsibilities around safety and staff we spoke with clearly understood everyone's role and responsibilities. People lived in a clean environment and checks were carried out to make sure it was safe.

There were enough competent and experienced staff to meet people's needs. Staff received appropriate training and supervision which equipped them with the skills and knowledge to do their job well.

The service had good management and leadership. People who used the service and their relatives were complimentary about the management team and told us the service was well led. Staff enjoyed working at the service and felt valued. The home's management team promoted quality and safety and had good systems in place to help ensure this was achieved. People knew the management team and said they would be comfortable raising concerns. People were encouraged to share their views and contributed to the running of 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.

Systems were in place to help keep people safe, which included safeguarding them from abuse. Risk was well managed.

There were enough staff to keep people safe.

Staff managed medicines consistently and safely. Some minor issues with medicine management were identified, which were dealt with promptly.

Is the service effective?

Good

The service was effective.

People's needs were met by staff who had the right skills, competencies and knowledge.

People received appropriate support to make decisions and their human and legal rights were respected.

Other professionals were involved at the right time to help make sure people stayed healthy.

Is the service caring?

Good

The service was caring.

People told us they were cared for by staff who were very caring.

Staff were confident people received good care.

Staff knew people well and understood what was important to them such as their family, life history, and things they liked to do.

Is the service responsive?

Good

The service was responsive.

People received consistent and personalised care.

People were encouraged to engage in different group and individual activity sessions.

Systems were in place to respond to concerns and complaints.

Is the service well-led?

Good

The service was well led.

People who used the service and staff spoke positively about the management team. They told us the home was well led.

Everyone was encouraged to put forward suggestions to help improve the service.

The provider had systems in place to monitor the quality of the service.

Cedars Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days. On 14 September 2016 the visit was unannounced. We informed the registered manager we were returning for a second day on 20 September 2016 because we wanted to make sure the registered manager was available so we could access to some management documentation. An adult social care inspector and an expert-by-experience carried out the inspection on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. An adult social care inspector visited on the second day.

Before the inspection we reviewed all the information we held about the service, and contacted the local authority 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.
The provider had completed a Provider Information Return (PIR) in February 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also gathered more up to date information from the provider during the inspection.

At the time of our inspection there were 38 people using the service. During our visit we spoke with six people who used the service, four visitors, seven members of staff, the registered manager and the nominated individual. A nominated individual is responsible for supervising the management of the regulated activity provided. We observed how people were being cared for, and looked around areas of the home, which included some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at three people's care plans.

Good

Is the service safe?

Our findings

When we asked people if they felt safe living at Cedars Care Home they told us they did. Comments included, "Oh yes I feel safe here, they look after me very well", "I am safe here. I can lock my door if I want to". Visiting relatives comments included, "[Name f person] is safe here, she is very settled now", "Yes I believe she is safe living here. She would tell me if she was worried about anything", "I am sure he is safe. He would tell us if not", "Yes, [name f person] is very safe living here. We have no worries at all".

In the PIR the provider told us, 'The fundamentals of choice, rights, independence, dignity and fulfilment is at the core of what we do and is represented in our staff policies and procedures, induction, training and development. Also, simultaneously the need to protect and safeguard from physical, psychological and other forms of abuse, harm and discrimination. An example is that as part of the home's on-going training programme all staff receive safeguarding training covering all aspects of abuse, including how to recognise and respond to possible or actual abuse. Staff also read the home's safeguarding and whistle blowing policies on an annual basis, along with other policies and procedures. The sole aim is to be proactive to prevent any form of abuse and if ever suspected to deal with this efficiently and effectively.'

All the staff we spoke with told us people were safe. They understood safeguarding procedures and knew they should report any concerns to the management team. They were confident any concerns would be acted on promptly. We looked at safeguarding training records which showed every member of staff had completed safeguarding training. Information about safeguarding was displayed in the home, which helps ensure people know how to stay safe and report any concerns.

The provider had effective arrangements in place to manage risk. Members of the management team had specific responsibilities and staff we spoke with clearly understood each manager's role. For example, one manager monitored accidents and incidents, and carried out assessments which related to areas of risk such as falls, and moving and handling. Another member of the management team covered nutritional risk and another manager covered the servicing of equipment and the premises.

We looked at people's individual care records and saw risk was assessed and managed. People had assessments which identified the level of risk and measures in place to minimise the risk of harm. Assessments and care plans covered areas such as nutrition, pressure care, falls and behaviours that challenge. People had daily records, health monitoring charts and falls diaries; we saw these were completed by staff and used to monitor people's health and wellbeing. One person spent their time in bed. Their care plan stated they must be turned every two hours; we saw charts were completed by staff which confirmed the person received appropriate care. Some people required specialist equipment to keep them safe. This was clearly recorded in their care records and we saw the correct equipment was in use. For example, one person's assessment identified they were at risk of developing pressure sores and we observed staff made sure the person had pressure relieving equipment when they sat down.

Accident and incidents were clearly recorded and monitored. It was evident from the records that every accident was analysed by a member of the management team and action was taken to reduce the risk of

repeat events.

We looked around the home, which included some bedrooms, bath and shower rooms, and communal living spaces. The home looked well maintained, clean and tidy. We saw maintenance records which showed a range of checks and services were carried out. For example, hoisting equipment, the passenger lift and fire safety equipment had been serviced. The electrical installation certificate had expired at the beginning of July 2016; we saw from correspondence that the provider had tried to arrange for the electrical installation check to be completed and had a confirmed date for the end of September 2016. A gas safety record had been issued although some 'observations', such as labelling and pipework cover had not been completed. The provider contacted us soon after the inspection and confirmed these were being actioned.

People we spoke with said there were usually enough staff on duty. Comments included, "Yes there are enough staff around", "I think there are enough staff", "Yes I think so". Visiting relatives comments included, "There seems to be plenty when we visit", "Yes I think there are enough", "We never have a problem with staff levels".

We observed there were enough staff to keep people safe. At peak times staff were busy but people continued to receive appropriate support and did not have to wait for assistance, One person said, "I stay in my room but I have a call button if I really need them." A visiting relative said, "Staff are very busy but they are still attentive." Another visiting relative said, "My [name of relative] has a call button in her room and she does not have to wait very long for staff to go to her."

Staff we spoke with told us they did not have any concerns about the staffing arrangements. One member of staff said, "There's always enough staff and whenever we get busy there is management who are very supportive and work hands on." Another member of staff said, "Staffing's not a problem. It's always well planned and they arrange cover when any of us are off."

We spoke with three staff who had started working at the service in the last six months. They all said they had gone through a thorough recruitment process to make sure they were suitable. They said they had attended an interview and checks such as references, employment history and DBS were carried out. The DBS is a national agency that holds information about criminal records. We looked at three staff files which confirmed appropriate checks had been carried out before the members of staff were employed.

The provider had systems in place to manage people's medicines. We found medicines were stored appropriately and regular checks were carried out to make sure storage met the recommended temperatures.

Most medicines were dispensed from a monitored dosage system which was supplied by a local pharmacist. Some people had their medicines dispensed from original packaging, such as boxes and bottles. We found medicines had been administered correctly although there was a problem with one person's medicine. The GP had changed the dosage of medicine but the records did not clearly reflect this, and it was difficult to establish if the person had received the right amount of medicine because the stock balance was not recorded. A member of the management team rectified this as soon as we brought it to their attention.

Some medicines had been prescribed on an 'as necessary' basis (PRN). People had PRN protocols to help staff consistently decide when and under what conditions the medicine should be administered. Some people were prescribed medicines where the dosage was not a specified amount, for example, one or two tablets could be given. On the first day of the inspection, people did not have protocols to help staff decide what dose should be administered. On the second day we were informed protocols for variable doses had

been introduced.

All staff who were responsible for administering medicines had completed training and most had completed competency assessments although these had not always been done annually as recommended in the NICE guidance. The manager who was responsible for overseeing medicines said they would ensure competency assessments were done at least annually. NICE guidance for managing medicines in care homes provides recommendations for good practice around management of medicines.

Good

Is the service effective?

Our findings

People we spoke with told us the staff who cared and supported them understood how to meet their needs. They also told us they thought staff were well trained and competent. Staff we spoke with said they had received training which covered topics that helped them do their job well. They told us they got good support from colleagues and the management team, which included monthly supervision. One member of staff who was completing their induction said, "I'm just finishing the 'Care Certificate' and we have gone through everything. I've learnt so much and everything I have to do is so clear." Another member of staff said, "Training is really good, I've done loads." Supervision is a formal process to support staff and the 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager kept a record of training that staff had completed. This showed staff had completed a range of training which included fire safety, food hygiene, moving and handling, first aid, dementia, infection control, nutrition, end of life care, safeguarding, equality and diversity, diabetes, mental capacity and Deprivation of Liberty Safeguards.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

In the PIR the provider told us, 'In terms of the Mental Capacity Act 2005 this forms a central theme to our work to ensure that individual human and legal rights are supported and respected and this includes 'best interest assessments' where appropriate.' The inspection findings confirmed this.

Staff we spoke with had knowledge of the MCA and DoLS and understood their responsibilities. For example, where people lacked capacity decisions were made in their best interest and where people had capacity they had a right to make unwise decisions. One member of staff said, "Everyone is encouraged and supported to make choices and I see this happening all the time. Where someone can't make choices about certain things they get additional support and this is when we have to make sure it is in their best interest."

People told us they could make decisions and choices about their care and support. One person said, "Yes, I make all my own choices about everything. I am quite capable." Another person said, "I decide what I want to do." A visiting relative told us they were consulted and involved in decision making when it was appropriate. Another relative told us they and other professionals had been involved in a formal process, where a decision was made to administer their relative's medicines covertly (hidden in food). We looked at the person's records and saw their medicine administration was clearly planned and formally agreed. Some people had DNACPR (Do not attempt cardiopulmonary resuscitation) forms. We saw the correct process was

followed and which included discussions with the person themselves or their relative.

During the inspection we observed staff encouraging people to make decisions and offering choice. People were asked where they wanted to sit and if they wanted to join activity sessions. People chose what to eat for their lunch the day before to give catering staff an indication of the number of meals to prepare. On the day people could change their mind and have the menu alternative. One person was clearly struggling to eat their meat and we observed staff asking the person on a number of occasions if they required assistance; the person stated very clearly they did not and staff respected their wishes.

People told us they enjoyed the food and the meal experiences we observed were a pleasant experience. Staff encouraged people to eat and drink, and after the main meal and dessert people were offered additional portions once they had finished eating. Throughout the day people were offered drinks and snacks.

People who used the service and visiting relatives told us systems were in place to meet people's health needs and they had access to healthcare professionals. Comments included, "I see the chiropodist here every few weeks", "The district nurse comes to look at [name of person's legs regularly", "They call the GP straight away if he is not well". Staff we spoke with told us people's general health and specialist needs were monitored and any health concerns were referred to the relevant health professionals promptly. We looked at three people's care plans. These showed other professionals had been involved in the person's care, and all health appointments were clearly recorded.

Good

Is the service caring?

Our findings

We received positive feedback from people who used the service and visiting relatives about the care and support provided. They told us the service was caring. Everyone spoke very highly of the staff. Comments included, "The staff are lovely", "[Name of member of staff] is so helpful. He will do anything for you", "Staff listen to you. They are so helpful", "Staff are nice to talk to", "Staff are very pleasant and helpful", "Staff are very good with [name of person], very respectful too", "There are some good staff here. They have a laugh and a joke with you", "Super staff here".

During the inspection we observed staff were unhurried, kind, cheerful, and helpful. People's privacy and dignity were respected. We saw staff talk to people and assist them discreetly with personal care. People told us they were encouraged to maintain their independence, for example, deciding to spend time in their room and choosing their day to day activities. Comments included, "I can stay in my room if I want, or come into the lounge it's up to me", "I prefer to stay in my room but go down for meals", "I do go out shopping, usually with a carer though". On the first day of the inspection we observed at lunchtime we observed one person who used the service assisting another person to eat. They were doing this to be helpful but at times they were insistent. On the second day of the inspection the person was encouraged to eat by a member of staff and responded well; they ate most of their meal independently. We discussed our observation with the provider who said the event on the first day was very unusual and they had already reviewed seating arrangements to prevent a similar occurrence.

Staff clearly knew people well and it was evident from our observations people were comfortable with the staff who were supporting them. Comments from people who used the service included, "They know me well and how I like my coffee", "I like to be on my own so they leave me alone unless I call them". A visiting relative said "[Name of person] can be awkward but staff know her ways now and cope very well with her."

Staff told us they enjoyed working at the home and were confident people received good care. It was clear that staff worked effectively as a team and we observed respectful relationships between them during the inspection. One member of staff said, "The staff and management are so lovely. People are really happy here." Another member of staff said, "We find out about people, not just what they need now but about what they have done in their life. It is a lovely home." Another member of staff said, "People compliment us on the care. There have definitely outstanding qualities. We offer a good service and people are well cared for."

We saw people had 'pen pictures' which provided information about what was important to them. For example one person's pen picture provided information about their family, life history, and things they liked to do now, such as enjoying a cup of tea. A member of staff said, "It's the small things we do that make the difference. For example, [name of person] always worries if she doesn't have her bag so everyone makes sure she has it. [Name of person] likes to carry a tissue and staff always check they have one.

Information was displayed near the entrance of the home to help people understand their rights and keep them informed of what was happening in the service. Leaflets and literature around safeguarding, complaints, mental capacity and advocacy were available. An advocate helps another person express their

views to make sure their voice is heard.

Good

Is the service responsive?

Our findings

People who used the service had varying needs; some had complex needs and were dependent on staff for mobilising and many aspects of personal care whereas others were more independent. During the inspection we observed staff were responsive to people's individual needs and flexible in their approach. For example, staff set a place in a different room for one person who moved away from the table. Another person needed to change their clothes but was reluctant. Staff were calm, encouraging, gave the person time and explained what was happening. Different staff tried different approaches and eventually the person was happy for staff to assist. The situation was dealt with throughout in a caring and sensitive way.

We looked at care plans which were person centred and covered key areas of care and support. They contained good detail about how to deliver care. One person's care plan stated they were deaf but chose not to wear a hearing aid, and needed to be talked close to their ear. We observed a number of staff talk to the person; each one spoke close to the person's ear.

We saw people who used the service or relatives had signed to confirm they agreed with the care plan. When we asked people who used the service about their care plan they were unsure although relatives told us they had been involved. One visiting relative said, "Yes, [name of person] has a care plan and we were involved and signed it." Another visiting relative said, "I do believe they have one."

A member of the management team co-ordinated activities. They told us the range of activities varied; some were facilitated by external entertainers and others were facilitated by staff and management at the home. People told us they enjoyed activities, which included entertainers, armchair exercises, watching videos, quiz, and arts and crafts. People said they also enjoyed individual activities. One person said, "I like doing the crosswords and watching TV. Another person said, "I like listening to music in my room" Another person told us they enjoyed knitting. The nominated individual told us they had taken people out into the community many, many times over recent years.

In the PIR the provider told us, 'Service users are encouraged to maintain their interest in hobbies and activities and involvement with the wider community. This is reflected in the variety of activities that take place in and around the home. This can vary widely - e.g. from the local Church visiting the home, to residents helping to grow vegetables in the dementia garden, to residents taking regular trips into town to go shopping.'

We saw people were comfortable talking to staff and management; it was evident people were familiar with members of the management team. People we spoke with told us they did not have any concerns about the service although they said they would raise any issues with staff or management if they did. We saw information about making a complaint was displayed in the home, and staff we spoke with knew how to respond to complaints and concerns. The registered manager told us the service had not received any formal complaints in the last 12 months.

We saw the home had received some written compliments which included the following comments:

'Incredible team. I cannot thank you enough for your patience and understanding and humour', Thank you and your staff for all they did for [name of person]', 'Her stay here went well and may I take this opportunity to thank each and every one of you'.

Good

Is the service well-led?

Our findings

People who used the service and visiting relatives were very complimentary about the management team and told us the service was well led. Comments from people who used the service included, "[Name of member of management team] is lovely. She sits and listens to you", "[Name of member of management team] is very nice", [Name of member of management team] is a nice man". Visiting relative comments included, "I think it is very well managed", "Name of member of management team] is brilliant", "Yes it is a well-managed home", "It is well managed. They are always on hand if you need them".

Staff were also very complimentary about the management team and told us the service was well led. They described the management team as approachable and visible. One member of staff said, "It's a nice place to work. There is strong management and that's what you need in a care home." Another person said, "Management are hands on. They do shifts and the admin bits. They are checking everything works well. There is open communication and staff feel valued."

We observed throughout the inspection the management team engaged with people who used the service and their relatives, and it was evident they were clearly known to them. We observed they also worked alongside staff, and provided support and guidance where needed. Staff we spoke with told us they were encouraged to read and write messages in the communication book to help make sure they were kept informed of events within the service.

The provider asked for the views of people using the service and others to help drive improvement. They held meetings with people who used the service, relatives and staff. We looked at meeting minutes which showed people were asked to put forward suggestions and were kept informed about the service. The last 'resident meeting' was in August 2016, and discussed what had happened since the previous meeting and plans for development. People had commented that the home was clean, and they enjoyed the meals and activities. Ideas for breakfast, main meals and dessert choices were discussed. The last staff meeting was held in July and everyone had discussed recording and completing personal care tasks, medication, room checks, handover, and health and safety issues.

The provider had carried out a quality assurance review in June 2016 where they had asked people to complete a questionnaire; 35 were sent out and 11 were returned. People were asked to comment on what the service did well and where the service could improve. We looked at the results and these showed people had provided positive feedback about the management, service and staff. The provider had developed an action plan to address the areas where people suggested the service could improve.

In the PIR the provider told us, 'The management team meet formally on a fortnightly basis but meetings can also be flexible and can be arranged as and when circumstances require. This is a forum where all issues and concerns relating to the home are discussed, including promoting sound leadership and good practice throughout the organisation.' Members of the management team we spoke with confirmed the meetings were effective and highlighted any areas where action was required and the service could improve. They also told us the provider carried out a range of audits to make sure the governance arrangements worked

well. We looked at various records which confirmed this; they included care plan, medication and health and safety audits.

We reviewed the information we held about the service before the inspection. The local authority told us they had no concerns about the service and said, "The owner is very proactive in making improvements and attending forums etc." The provider had notified us about significant events such as serious injuries and deaths at the home. Each notification was detailed and contained a clear explanation that helped us to understand what had happened and how they had responded to it.