

Cedars Care Ltd

Cedars Care Ltd

Inspection report

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11 February 2020

12 February 2020

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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

Cedars Care Ltd care is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Nottingham and surrounding areas. At the time of the inspection visit there were 14 people using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and nutrition. Where they do we also consider any wider social care provided.

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

People and their relatives told us they or their relative felt safe when receiving care and support. Staff were aware of measures to take to prevent and control the spread of infection. There was a procedure to record, monitor and investigate any accidents or incidents which may occur, though none had occurred in the last twelve months.

People were supported by a small group of staff who knew people well, which allowed relationships to develop. People and their supporting relatives gave positive feedback about the staff and management team.

People were supported to have maximum choice and control over 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 these practices. Staff were trained to support people with their individual needs.

People were provided information about the complaints process and knew the procedure to follow if they had concerns. There have been no recorded complaints about this service.

People were treated with kindness, respect and staff involved them in decisions about their care.

The service was well-led. The provider had ensured that safe recruitment, governance and quality assurance procedures had been fully established. The provider continued to develop the agency and planned changes in advance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was good (published 18 September 2017).

Why we inspected

This was a planned inspection based on the previous rating. 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Cedars Care Ltd

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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 announced, this was to ensure someone would be in the office to assist us with the inspection.

Inspection activity started on 4 February 2020 when we phoned people using the service, where they were unable to speak with us we spoke with people's relatives. We then visited the office location on 11 February 2020 where we spoke with the provider and looked through records. We made phone calls to staff on 12 February 2020.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information received from the provider, such as statutory notifications about events the provider must notify us about. We took all the information into account when we inspected the service and making the judgements in this report.

During the inspection

We spoke with one person and four relatives prior to visiting the agency offices. We reviewed the care records for two people using the service, and other records relating to the management oversight of the service, such as staff training and medication records, staff rotas, incident recording and complaints.

Following the inspection

We made phone calls to three staff employed by the service and continued to seek clarification from the provider to validate evidence we found on inspection. The information which the provider sent has been used in the report.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The person and supporting relatives we spoke with told us they or their family member felt safe when staff visited them in their home. When we asked if people felt safe, one relative told us, "Yes, absolutely, it's [named] first care service, when meeting staff at first they took time to build up a trust." A second relative told us, "We've had the service two years, it's safe, they're [staff] very supportive and friendly [named] has a good relationship with them."
- The provider's safeguarding policy provided staff with guidance on what they should do if they felt the safety of people was at risk. That included the provider reporting any concerns to the local authority and the CQC when they had been notified of any allegations of abuse or neglect
- Staff were knowledgeable about the reporting process and felt confident that the provider would act on their concerns.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were assessed prior to any service being commenced, these were well detailed and regularly reviewed. Where risks had been identified, detailed assessments were put in place, supported by a detailed care plan. That informed staff how to reduce the risk to people's safety.
- Environmental risk assessments had also been completed. These were very detailed and reviewed regularly and highlighted potential risks around safety in people's homes.

Staffing and recruitment

- The provider followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate pre-employment checks in place.
- Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs.
- Staff confirmed there were enough staff rostered to support people in a way they preferred. The registered manager regularly worked with staff to ensure their working practices reflected their training and people remained safe.
- The registered manager completed some of the personal care calls. They said they used the opportunity to review people's needs and the efficiency of the staff.

Using medicines safely

- Staff prompted and assisted people with their medicines safely.
- Medicine administration records were used to record when people were prompted, or staff had prompted or administered people with their medicines. These records were reviewed every month which enabled the management team to ensure staff completed these in line with their training.

- Staff's competency when administering medicines was regularly assessed. That enabled the provider to address any concerns with staff performance before it impacted people's safety.

Preventing and controlling infection

- The person and their supporting relatives confirmed with us staff used and sometimes stored personal protective equipment (PPE) in people's homes.
- Staff had been regularly trained to help reduce the risk of the spread of infections. Staff confirmed there was plenty of supplies of PPE to protect people from transfer of infection.

Learning lessons when things go wrong

- Processes were in place that ensured any incidents were recorded and reviewed and information fed back to staff.
- Learning from incidents was circulated to staff through group meetings or discussed with individual staff during personal meetings or supervisions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People were visited by the registered manager and their physical, mental health and social needs were assessed before they commenced receiving care. Assessments were reviewed to ensure they remained up to date and reflected people's choices.
- Assessments covered areas of people's individual care needs and the way they preferred the care to be delivered.
- People and their relatives told us staff arrived at or near the pre-arranged time and regularly commenced their call at the pre-arranged time.

Staff support: induction, training, skills and experience

- Staff were supported to undertake regular training. Staff confirmed they had undertaken an induction and a variety of training courses before shadowing permanent staff and being introduced to all the people in the service.
- The cultural background of the staff reflected the current people receiving a service from Cedars Care Ltd.
- People and their relatives told us they felt staff were trained to meet people's needs. One person said, "Yes, they appear to be, if I get anxious about anything they'll call [named relation]." A relative told us, "They are well able to meet the needs [named] has."
- Staff were subject to regular 'spot checks' by the registered manager. They were observed on care visits for their timeliness and wearing of the proper uniform and name badge. These checks were recorded and formed part of staff's development.

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

- People were supported maintain a balanced diet that met their cultural preferences and individual dietary needs.
- People's plans of care included information about their preferences regarding their likes and dislikes of food and drink.
- People and their relatives told us that staff provided drinks and food that met their individual preferences and dietary needs. One person said, "They [staff] prepare breakfast, lunch and evening meal, I am happy with the food and how it's served." A relative told us, "They [staff] make a lot of drinks and leave a hot drink and jug of orange."

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about other agencies and healthcare professionals who also

provided support, for example the person's GP, district nurse and psychiatric support.

- Care plan files contained information which staff were able to access in an emergency. This was updated to ensure the correct information was available for any anticipated emergency.

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

- People using the service were supported by their family members and on occasion staff, to access healthcare services. Staff were aware of the people's healthcare needs and supported families when required.
- Care plans included details on people's healthcare support needs and included oral hygiene information. Oral healthcare is prominently mentioned in the Service User Guide along with other information about the service people could expect.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- The registered manager demonstrated an understanding of the need to consider people's mental capacity in terms of making specific decisions and any made on their behalf, be made in their best interests.
- People and their supporting relatives confirmed staff sought consent before care was offered. There was a copy of a consent form in the care plan. The registered manager stated that everyone that had capacity to consent to their care had a copy placed on their file.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person and their supporting relatives told us staff cared for people well and supported and respected people's individuality. When we asked people if staff were kind and patient a relative told us, "Very, I've seen them in action they get on and do the job."
- The provider explained the detailed recruitment process which ensured they only employed people with a caring attitude. One person said, "They are friendly and care, they have almost become friends."

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

- People felt comfortable and at ease with care staff.
- Relatives explained how the care staff had built a good relationship with the people being supported with care
- People and when appropriate their relatives were encouraged to be involved in developing their care plan. A relative told us, "At the beginning I met with [registered manager] and looked at [named] needs. I just text for any changes and they always reply within 5 minutes."
- People were provided with information about advocacy support. That meant that people could have access to someone independent who could speak up on their behalf if they felt unable to or had no close relative to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect; staff respected people's privacy and encouraged people's independence whenever possible. A relative told us, "[Staff] provide a nice balance between professional and friendly, they engage [named] in conversation about grandchildren and social aspects as well."
- People and their relatives told us when staff provided personal care this was done in a way that protected their or their family member's dignity.
- Information on people's privacy and dignity is detailed in the Service User Guide.
- Staff spoke positively about how they were trained to ensure people's dignity. Staff spoke about placing towels over people, closing doors, blinds and curtains.
- People's independence was encouraged wherever possible. Care records contained guidance for staff on how to promote this and support people's individuality whenever possible.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure. Mobile phone communication was used between the management team and staff using an encrypted 'App'. That again ensured information was securely handled.

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 now 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

- Assessments of people's needs were carried out before staff provided support. A person centred, and detailed care plan was put in place before staff visited to offer care.
- People and their supporting relatives told us staff visited at the pre-arranged time, and felt they provided the care which was detailed in the care plan. One person said, "If they [staff] don't (arrive on time) I call them."
- Care plans included detailed information about what people expected during the visit from staff and how they were to provide individualised support. The registered manager has introduced 'at a glance sheets', which provides a snapshot of the person's care and support needs. These were kept up to date and could be used for staff to quickly update themselves.
- Staff knew people's support needs and were able to explain how they provided this.
- People were aware which staff were to visit and confirmed visit times. Staff told us visits were well planned and allowed travel time between each appointment which ensured they were able to get to their visits on time.

Meeting people's communication needs

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

- The provider demonstrated a broad knowledge of the types of documentation which could be provided to people who required communication in an alternative format. These included documents adapted in large print and special adjustments to provide pictures to accompany written text.

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

- The service supported people to maintain links with friends and families.
- Social activities were supported by staff and people were supported to access the community, though the registered manager said they were developing this part of the service and planned to do more in the future.

Improving care quality in response to complaints or concerns

- People and their supporting relatives said they had no concerns with the staff group and felt they were able to raise concerns with the provider or management team. People were confident their concerns would be taken seriously. One person said, "I did complain, and it was resolved." A relative told us, "It was not a

complaint, one carer in the beginning [named] didn't take to. We contacted the manager and the staff was changed."

- People were provided with a copy of the complaints policy along with the 'service user guide' when they commenced with the agency.
- The provider said they had not received any formal complaints to date. They said they had acted on people's comments and amended people's support staff and times of visits. All complaints would be recorded and analysed, and feedback provided in line with the company policies and procedures.

End of life care and support

- There were currently no people receiving end of life care at this time. Staff had been trained in the event of someone requiring this in the future.
- People's care plans included Do Not Attempt Resuscitation (DNAR) documentation when appropriate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People and their supporting relatives spoke positively about service management and staff and told us they felt supported by the staff and management team.
- All comments we received were positive and suggested a well-run service. We asked people and their supporting relatives what the positives about the service were. One person said, "It all." A relative told us, "They are a small company with a personal touch, they care a lot more than big businesses they go beyond picking up prescriptions and shopping."
- Staff spoke positively and told us they felt supported by the provider and management team. One staff member told us, "Both [company directors] always listen to what you have to say and are open to suggestions."

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

- The provider had documented the levels of risk within the service and where action was required to improve areas.
- People and staff felt that the service was open and honest. The provider understood their responsibility to be open about any incidents with family members and regulators when appropriate.
- The provider understood the regulatory requirements such as notifying CQC of certain incidents.
- The provider was aware they had to display the rating from the latest inspection at the agency's office and on the company website.

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

- The service was led by a well informed and pro-active provider who encouraged staff to familiarise themselves with the people using the service on a comprehensive level. They, along with the rest of management team, were committed to employing and retaining a well-informed staff group in order to maintain a high-quality service for people.
- When we asked people and their supporting relatives if the service was well managed. One person said, "[The company] is very well managed and all [staff] are very pleasant." A relative told us, "They seem very efficient, ask anything and they get back to you."
- The provider used quality monitoring and auditing in ascertaining how the business had been performing and provided an insight for future development. The provider completed regular audits on a number of

records used by staff and used the information to affect change and improvement.

- The provider had completed regular support visits from the management team to monitor staff performance and ensure staff adhered to the agencies training and their policies and procedures. Staff had access to regular supervisions and staff meetings were planned in advance, minutes of the meetings were distributed to staff.

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

- People had been provided with opportunities to share their views and feedback about the service through regular questionnaires since the company commenced.
- People were supported by a staff group that reflected their cultural background.

Continuous learning and improving care

- The provider had a wealth of experience in social care and had undertaken regular quality audits to determine where shortfalls or omissions had arisen. This provided the basis for planned, continuous improvements. There was evidence of spot checks on staff taking place to ensure staff continued to provide a good service.
- The provider stated that information from quality questionnaires was used to promote and develop good quality care.

Working in partnership with others

- Staff worked in partnership with other social care and healthcare agencies to provide care and support for all.