The Cedars Healthcare (Midlands) Ltd

Cedar Falls Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 25 and 26 January 2017 and was unannounced. Cedar Falls Care Home provides accommodation and personal care to up to 39 people. At the time of the inspection there were 33 older people living at the service. Most people were living with dementia and some people were living with mental health problems.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our last inspection carried out 18 March 2016 we asked the provider to make improvements to identifying and managing risks to people, medicine management, understanding and application of The Mental Capacity Act 2005 (MCA), the design and decoration of the service, quality assurance systems did not drive improvements and Closed Circuit Television cameras (CCTV) were in operation without the correct legal procedures having been followed. During this inspection, we found the provider has taken appropriate action to make the required improvements.

People were safe. Staff understood how to identify abuse and take appropriate action and could support people to manage risks to their safety. There was sufficient staff to keep people safe and the registered manager had systems in place to ensure staff were recruited safely. Medicines were stored, administered and managed safely. Staff supported people to have their prescribed medicines when they needed them.

People were supported by staff that had the required skills and knowledge. Staff could describe how they used the training to develop their practice. People had a choice of meals. Staff understood how to support people to manage nutritional and hydration risks. People were supported to maintain their health and wellbeing. Staff were able to access a range of health professionals as required to support people with their care.

People had good relationships with staff. Staff understood people's needs and took time to get to know them. People could make decisions and choices about their care and support and were supported by staff to decide about all aspects of their care. Staff made sure people's privacy was protected. They treated people with respect and maintained their dignity.

Staff understood people's needs and preferences. They could describe in detail peoples wishes, likes and dislikes. Staff ensured people were involved in planning their care and support and involved other people where appropriate. People had access to activities and were supported to pursue their individual interests. People knew how to raise a concern or complaint and the provider had a system in place to ensure all complaints were appropriately investigated and responded to. Complaints were used as an opportunity to

learn and improve the service.

People told us they had good relationships with the management team. People and staff were involved in developing the service. Staff were supported by the registered manager. Staff told us they received support to help them understand their role and provide effective support to people. The registered manager had systems in place to monitor the quality of service people received. The systems were used to drive improvements.

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 felt safe and staff understood how to keep people safe.

People were supported to manage risks.

People received support from sufficient numbers of safely recruited staff.

People's medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to support people.

People's rights were protected by staff that understood how to apply the principles of the mental capacity act 2005.

People had enough to eat and drink and received support to make choices in line with their nutritional needs and preferences.

People were supported to access health professionals and maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were supported to make decisions and choices about their care and support.

People were treated with dignity and respect and their privacy was maintained.

Is the service responsive?

Good

The service was responsive.

People received support from staff who understood their needs and preferences.

People were involved in the assessment and reviews of their care.

People were supported to follow their personal interests.

People understood how to make a complaint and there was a system to ensure these were responded to.

Is the service well-led?

Good

The service was well led.

The registered manager engaged people and staff in developing the service.

People said the service was well led. They told us feedback about the service was sought and this was used this to improve the service.

The registered manager had effective systems in place to monitor the quality of the service and deliver improvements to the care and support people received.

Cedar Falls 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 on 25 and 26 January 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor and an expert by experience. The specialist advisor was a qualified nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We reviewed this along with other information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with seven people who used the service and four relatives. We spoke with the provider, the registered manager, a senior care assistant, four care assistants and the cook.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about how people received their care and how the service was managed. These included eight care records of people who used the service, ten medicine administration charts, five staff records and records relating to the management of the service such as complaints, safeguarding and accident records.

Good

Is the service safe?

Our findings

At our last inspection we told the provider to make improvements to the way people were supported with their medicines and to how risks were assessed and mitigated for people. At this inspection we found the provider had made the required improvements.

People who lived at the service told us they felt safe. One person told us, "I have never had any problems. I just feel safe". Another person when asked what helped to make them feel safe told us, "The staff check on me when I am in my room". One relative said, "The staff here keep [my relative] safe". We saw staff checking on people throughout the day, making sure they were safe. Staff were continually present in communal areas to monitor people. Staff we spoke with were able to describe different types of potential abuse and knew how to report it. Staff told us they had confidence that concerns about people's safety would be appropriately investigated by the registered manager. Staff were aware of the processes for escalating concerns about people's safety to the local authority or CQC if appropriate action was not taken. One staff member said, "My job is to protect people from any sort of abuse and make sure they are safe". Another staff member said, "You have to look for changes to people's behaviour, any bruises or marks, changes in how they respond, this can indicate abuse". Records we looked at confirmed the registered manager ensured all incidents were reported to the local safeguarding authority. We saw the registered manager discussed safeguarding issues in staff meetings. For example, incidents were discussed with the wider staff team to ensure learning. This showed us people received support from staff who understood how to keep them safe.

People and their relatives told us staff supported them to manage risks to their safety and took appropriate action when there was an accident or incident. For example one person said, "I don't have any falls now, the staff make sure I use my walking stick". A relative told us, "[My relative] has fallen over twice, and banged their head, the staff called the GP to come and check them".
During the inspection we observed staff working in ways to reduce risks, following peoples risk assessments ensuring their safety. For example, we saw staff using a stand aid to help one person move into a wheelchair. We also saw people who required a hoist to transfer were supported appropriately by staff to transfer safely. Staff could describe in detail where people were at risk and tell us the actions they had to take to keep people safe. Peoples care records contained risks assessments and plans to reduce risks. Staff could describe how they would respond if there was an accident or incident. One staff member said, "If someone has an accident we seek help immediately and get the appropriate health professionals to check people, we have to write a report on the circumstances". We saw records of accidents and incidents which had been completed, the registered manager told us they analysed all accidents to look for ways to prevent reoccurrence. We saw records which supported this. This showed there were effective systems in place to manage risks to people's safety and prevent accidents from reoccurring.

People and their relatives told us they felt there was enough staff to support people safely. One person said, "There are enough staff on duty". A relative said, "There are enough staff, [my relative] has regular visits from staff that check they are okay in their room". Staff told us there were enough staff on duty to meet people's needs. One staff member said, "If people are unsettled or more demanding for some reason the registered manager will always call more staff in to support us". We saw there were enough staff on duty to meet

people's needs safely and at the time they required. Staff were present in communal areas all day and people did not have to wait for care and support. For example, there was enough staff to take people for a walk when they wanted to go outside, and meals were served promptly. The records of staff rotas showed there were sufficient staff available to meet people's needs. This showed us the registered manager had enough skilled staff to meet people's needs and ensure their safety.

People received support from safely recruited staff. Staff told us the application and interview process included providing information about their work history and experience. They said two references and employment checks were also carried out. The registered manager told us they carried out checks with the Disclosure and Barring Service (DBS) to ensure people were safe to work with vulnerable people. We saw records which supported what we were told. This showed the registered manager had systems in place to recruit staff safely.

People and their relatives told us staff ensured people had their medicines as prescribed. One person said, "If my legs hurt I have paracetamol, as and when I need them". Another person told us, "The staff stay with me whilst I take my medicines". A relative told us, "The staff always stay with [my relative] whilst they take their medicines, I am happy with the way their medicines are managed". We saw people's medicines were stored safely and at the correct temperatures, for example the medicines trolley was locked to a wall, in a locked office and fridge temperatures were monitored daily. The records also included instructions for staff about how and when to administer as required medicines. We saw medicine administration records were completed and these were checked by the registered manager, action was taken where any issues with recording were identified. The registered manager had a system in place to ensure people had enough medicines and took appropriate action if stock was low. Staff could tell us about people's medicines and when they should be administered, for example one person needed to have one of their medicines weekly and staff said this should be taken before food and with a full glass of water. Staff told us they received training in the safe administration of medicines and the registered manager said staff had regular competency checks. Records we looked at confirmed this. This showed staff supported people to take their medicines safely.

Good

Is the service effective?

Our findings

At our last inspection we found the registered manager had not followed the principles of the MCA and had not ensured people's needs had been considered in relation to the environment. At this inspection we found the provider had made the required improvements.

People and their relatives told us staff had the skills to support them. One relative said, "They have all the answers to my questions". Relatives could give examples of the type of skills staff used. One relative said, "I have noticed they can calm people down when they are distressed". Another relative said, "The staff are very good they know how to bring the best out of people". Staff told us they felt they had the knowledge to support people. They could tell us about the training they had received and how this had helped them support people. For example one staff member described how the training they had received in dementia had helped them understand how to support people living with dementia. Another staff member said "The challenging behaviour training has helped me know how to adjust my tone of voice and communicate differently with one person". The registered manager told us staff all undertook and induction which included mandatory training and shadowing. This was then supported by annual updates to core training and additional training as required. We saw induction and training records which supported what we were told. This showed people were supported by staff that had the knowledge and skills to provide effective support.

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 and their relatives told us staff asked for consent before supporting them. We saw staff ask people for consent, for example we saw one staff member asking people if they were ready to move from the dining area before fetching equipment to help them move. In another example we saw staff asking people if it was ok to give them their medicines. Staff understood the principles of the MCA, they could tell us about how they sought consent. Staff could describe how capacity assessments were undertaken and about the decisions made in peoples best interests where they lacked capacity to make decisions for themselves. One staff member said, "We undertake an assessment if we think someone lacks capacity to make a decisions, this has to be decision specific". Another staff member said, "If someone lacks capacity decisions are made in their best interests". We saw people's capacity was considered and where required, best interest decisions were made with relevant people. For example one person was at risk of falls and lacked capacity to understand the risk, following a best interest discussion it was decided a movement sensor would be used to alert staff when the person moved.

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 are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had identified people that were possibly having their liberty restricted to promote their safety. The registered manager had made the appropriate applications to the local authority for a DoLS authorisation. Where DoLS were authorised we saw the

registered manager ensured conditions were met. For example, one person was referred to a health professional as a condition of the approved DoLS.

People and their relatives told us they had enough to eat and drink and could choose what they wanted. One person said, "The food is good. Yes there is enough, in fact there is too much sometimes". A relative said, "The meals look good, [my relative] has a special diet and does like the meals". We saw people could choose what they wanted to eat and drink throughout the day and they had enough to eat and drink. For example, at breakfast people could choose hot and cold options and could decide what time they wanted it. We saw people were relaxed during mealtimes and commented they enjoyed their meal. Meals were bought out to people promptly and tables were laid with appropriate crockery to meet people's needs. We saw staff supporting some people to eat their meal, they made sure they sat with the person and gave encouragement. We saw people were encouraged to maintain their independence with eating and drinking. Staff understood people's dietary needs and preferences. For example staff could tell us about people that needed a special diet and any risks associated to their nutrition. Where people had been assessed as having special dietary needs, we saw these needs were met. For example, people who required a soft diet or they were living with diabetes. Peoples care records details about nutritional or hydration risks peoples food and drink preferences. We saw staff followed people's care plans and could describe the support people required. People had access to a choice of food and drink and staff understood their preferences and how to support them effectively.

People and their relatives told us they had access to health professionals when they needed it. One person told us, "The chiropodists come in every two months to do my feet". Another person told us, "They call a GP out if I need them". One relative said, "They would call the GP or a Paramedic if needed". People's care records showed that appropriate health care was sought in response to concerns relating to people's health or well-being. For example, one person had been referred to a dietician following concerns about nutritional intake. Another person had been referred to a falls prevention programme. Staff could tell us about people's health needs and how these were monitored. For example, they told us about one person that required blood pressure monitoring. They also told us how they followed advice from district nurses to prevent pressure sores developing. This showed people were supported to maintain their health and well-being and had access to health professionals when they needed them.

The registered manager told us in the PIR submitted that work had been undertaken in 2016 to create a dementia friendly environment. We saw how these changes had enabled people to move freely around the home and recognise different areas, the registered manager told us this had helped people living with dementia and staff confirmed the changes had made people more familiar with their environment.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said, "The staff are always so kind, they can't do enough for me" Another person said, "Staff are kind on the whole, sometimes they can be a bit rushed but mostly take the time to chat when they can". A third person said, "I don't know [the staff members] name, but I like them and the tea they make". People and their relatives told us staff treated them with respect and they had good relationships with them. One person said "The staff are respectful they talk to me and listen to me". We saw staff supporting people in a kind and caring way. For example, we saw staff were calm and unhurried, giving each person time to walk at their own pace. In another example we saw staff chatting with people whilst supporting them to walk to their chosen seat and checking they were comfortable before leaving them. Staff took time to speak to people throughout the day, on one occasion we saw one person have to be reminded on several occasions by different staff what was happening that day. The staff all repeated the information on every occasion offering reassurance to the person in a calm way. We saw people smiled when staff approached them and spoke to them. We saw staff understood how to communicate with different people depending on their needs. For example, we saw staff communicating with people by bending down to be on their level and changing the tone of their voice to enable people to hear properly.

People were able to spend time with relatives and friends who were important to them. We saw visitors coming throughout the day and the registered manager said there were no restrictions on when people could visit. The provider told us one person had a relative living abroad, so they had purchased a tablet to enable this person to speak with their family over the internet. We saw people had developed friendships and staff encouraged people to spend time talking to each other. On one occasion we saw a staff member engaging with one person and although unable to verbalise this the person was seen laughing happily. The registered manager told us they were confident staff had good caring relationships with people. They said they could tell from their observations of staff and their interactions with people. This showed the staff were respectful and understood how to communicate with people.

People were able to make choices about how their care and support was delivered. One person said, "I am able to do whatever I like". We saw people were encouraged to make decisions and choices for themselves. For example, we saw staff asking people about where they would like to sit in the lounge, we saw people being offered a choice of meals, drinks and how they wanted to spend their time. People were able to choose what time they got up and when they wanted their breakfast. Staff respected people's decisions. One person was asked by staff if they wanted to move to a comfortable chair after they had eaten, they declined. Staff respected this decision and left them sat at the table to read the paper. We saw another person request support from staff to go outside, the staff member asked them if they would like to have their coat on, the person declined and staff escorted them outside. Staff told us they made sure people had choices and could make their own decisions. One staff member said, "People can choose when to get up for example, we get to know what people prefer". We saw peoples care records showed where they had made decisions throughout the day. For example, one record showed a person had chosen to spend their day in their room, another care record said a person had chosen not to take part in a weekly activity that they usually enjoyed.

People were encouraged to maintain their independence. One person told us, "I can do most things for myself; staff only have to assist me with my shower at night". We saw people were encouraged to be independent with aspects of their care. For example, we saw people were encouraged to eat and drink independently, walk around the home and take their cups back to the kitchen. Staff told us they encouraged people to maintain their independence. One staff member said, "Wherever we can we encourage people do things for themselves such as washing their hands and face".

People and their relatives told us staff respected their privacy dignity. One relative said, "The staff always make sure [my relative] is covered up properly". We saw staff made sure they approached people discreetly to offer care and support. People were asked to go to private areas to discuss their care needs. We saw staff ensure they knocked doors and made sure people were appropriately dressed. Staff gave examples of how they maintained people's privacy and dignity such as closing doors and curtains when carrying out personal care tasks. The registered manager told us in the PIR "The statement of purpose which is available to all, promotes dignity, rights, choice and respect". We observed staff working in ways that supported this statement.

Good

Is the service responsive?

Our findings

People's preferences were understood and responded to by staff. Staff could tell us about people's individual preferences, likes and dislikes. For example one staff member said, "[A person] doesn't like the skin left on their jacket potatoes". Another staff member told us, "[A person] likes to wear shoes; they don't like wearing their slippers". Staff knew about how people preferred their personal care delivered. For example, who liked a bath or a shower their preferred time of day for bathing and the products people liked to use during personal care, such as the type of soap. People's care plans were reflective of what staff told us about people's preferences, likes and dislikes.

People and their relatives were involved in their assessments and care plans. One person told us, "I have been involved in my care plan with staff". A relative told us, "They have spoken to me about the care plan a few times". Staff told us they were involved in making sure care plans were up to date. One staff member said, "There are updates done by seniors but we are involved in discussions about changes to people's needs or preferences before the care plan is reviewed". People's care needs were regularly reviewed to ensure the care provided was reflective of people's changing needs. The registered manager told us staff were encouraged to talk to people about their needs and preferences before care plans were reviewed monthly.

People were able to choose how to spend their time and were supported to follow their interests. People told us they could take part in activities which interested them. For example, one person told us, "I like to do crosswords". Another person told us, "There is craft and cooking here in the afternoons". We saw one person had expressed a wish to be involved with animals, the person had been bought a pet by family into the home and staff supported them to look after it. We saw another person had said they loved to knit, so staff had made a variety of knitting items available to this person. Staff told us they tried to find out what people were interested in and helped them to follow their interests. For example one staff member said, "[A person] loves the football, so I spend time with them looking at the football results every day on my phone". The cook told us they had developed an activity with the activities coordinator to find out about peoples preferences for meals. The registered manager told us they had an activities coordinator and they would arrange a variety of different trips. People told us about these trips and said they were enjoyable. We saw the activities people took part in were recorded in their care records This showed people were supported to undertake activities and follow their individual interests.

People and their relatives knew how to raise a concern or complaint and were confident concerns would be appropriately responded to. One relative told us, "I asked for a new mattress for [my relative], and it was replaced within two days". We saw people and relatives approach staff with concerns during the inspection. People were listened to and they had a response to their concerns. For example, one person was worried about their bed being made, staff responded immediately and took the person to see their bed had been made". We saw the complaints policy was on display in the main reception area concerns and complaints were documented and the registered manager had taken appropriate action. For example, one person had raised concerns about a piece of furniture and this had been replaced. Another person had raised concerns about some missing laundry and this had been located. This showed the registered manager had a system

to respond to people's concerns and complaints.

Good

Is the service well-led?

Our findings

At our last inspection we told the registered manager to make improvements to the way they checked on the quality of the service people received and to register the use of CCTV with the information commissioner. At this inspection we found the provider had made the required improvements.

People and their relatives told us they thought the registered manager and provider were approachable. People knew who they were and told us they could raise any concerns with them. Staff told us they had good relationships with the management team and felt about to raise any issues, concerns and make suggestions. One staff member said, "I have made a suggestion about using the food shaped molds for where people have to have a soft option diet, I am confident this will be put in place". We saw staff were able to approach the registered manager and records showed that staff were encouraged to discuss issues and make suggestions during team meetings. The registered manager told us they had a good relationship with the provider and they were involved in making decisions about the home. We could see there was a culture which supported what the registered manager told us in the PIR about key people's involvement in the service and how it was developed. This showed there was an open culture where people, staff and mangers worked together to improve the service.

People, relatives and staff told us they felt the service was well led. One relative said, "It is well run, the registered manager is very approachable". Staff told us the service was good and they were happy working here. One staff member said, "The service here is good, I would recommend this to people I know". Another staff member said, "The registered manager is always here, they chat a lot to people and are always visible". Staff told us there was a culture of teamwork and this was one of the best things about working at the service. The registered manager told us in the PIR that staff were supported through one to one supervisions and appraisals with competency checks in place for key aspects of their role. Staff we spoke with confirmed this and told us they had opportunities to discuss any areas for development. Staff told us they had regular opportunities to meet with the registered manager and we could see records of staff meetings which showed the details of the discussions. For example one record showed there had been a detailed discussion about safeguarding policies and procedures. People and staff felt the service was well managed and staff received appropriate support to carry out their duties.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had displayed the ratings from our last inspection.

People and their relatives told us they had opportunities to share their feedback about the service. One relative said, "They hold friends and relatives meetings, which we attend". The registered manager kept records of the meetings which had been held for residents and relatives. Records we looked at showed that feedback and suggestions were acted on. For example, one person had suggested a change of venue for a trip; the suggestion had been followed up. People were involved in making suggestions about the improvements to the décor of the home. People and their relatives were invited to complete questionnaires. The registered manager analysed returned surveys and used the results to make improvements to the

quality of the service. This showed peoples feedback was sought and used to make improvements.

The registered manager had quality assurance systems in place to monitor the quality and consistency of the service. The registered manager regularly completed a range of audits and checks to check on the quality of the care. These checks were documented and action plans completed. For example, checks on accident and incident records were completed which helped them to analyse incidents and look for any patterns. We could see how this had been used to identify mornings as a time when people were having accidents. As a result the registered manager had made more staff available in the mornings and we saw this had reduced the number of accidents. In another example there were audits undertaken of the environment and equipment. Audits of peoples care records and medicine administration records were also carried out to ensure staff were meeting people's needs and recording adequately. We saw where the registered manager had identified issues appropriate action had been taken. For example, we could see that a recent medicines audit had identified some recording concerns. We could see these issues had been discussed with staff, however this practice had continued. We discussed this with the registered manager and they said they would review the staff competency checks to ensure recording practices were checked. The registered manager sent us their revised competency checklist the day after the inspection. The provider used the recommendations from external audits. For example, a pharmacy audit had identified a change to the medicines policy was required. We looked at the policy and confirmed this change had been made. This showed the registered manager had system in place to check the quality of the service people received and make the appropriate changes to improve the service.