The Cedars Healthcare (Midlands) Ltd

Cedar Falls Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 1 and 2 December 2015 and was unannounced. At the last inspection completed on 29 October 2014 the provider was found to be meeting all legal requirements.

Cedar Falls Care Home is a residential home that provides accommodation and personal care to up to 39 people. At the time of the inspection there were 36 older people living at the service. Most people were living with dementia and some people were living with mental health problems.

The service is required to have a registered manager. There was a registered manager in place at the time of the inspection. 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.

People were not always protected as potential risks had not always been identified and managed. People were

Summary of findings

happy with the management of their medicines and they received them as prescribed. However, we found that medicines were not always stored safely and accurate records had not always been maintained.

People told us that they felt safe living at the service. Staff could describe how they would recognise and report any signs of abuse towards people. We found that not all incidents of concern were recorded and reported by staff to the registered manager. People were protected from potential harm by robust recruitment processes that ensured staff members were appropriate to work in a care setting.

People's rights were not always protected through the effective use of the Mental Capacity Act 2005. Decisions about people's care were not always made in line with this Act. The provider had not always considered people's needs in the design and decoration of the environment.

People told us that they enjoyed the food and drink that was available to them. We saw that people's day to day health needs were met and people were supported to see healthcare professionals.

People told us that they felt staff had the required skills to support them effectively. Staff told us that they felt well supported in their roles and they had access to training to enable them to support people well.

People told us that they liked the care staff and we saw positive interactions between staff and people living at the service. People told us that they were supported to make choices and to be independent. People's privacy and dignity was respected and protected. People were also encouraged to maintain relationships that were important to them.

People told us that they were involved in their care planning. People were happy with the activities and leisure opportunities available to them. People were able to complain if required and felt that their views were listened to. We saw that the provider took appropriate action where complaints were received.

People were not supported by robust quality assurance systems that ensured issues were identified in the service and managed effectively. We found that Closed Circuit Television cameras (CCTV) were in operation with the correct legal procedures having been followed. We have made a recommendation about this.

People spoke highly of the management team and told us that they felt managers were approachable and listened to them. Staff told us that managers were supportive and enabled them to perform in their roles. We saw that staff and people living at the service were involved in the development of the service. Improvements had been made as a result of feedback received from people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe

People were not always protected by robust risk management systems. Staff could describe how to protect people from abuse. People received their medicines as prescribed, however, the recording and storage of medicines was not always robust. People were supported by sufficient numbers of staff that were recruited safely.

Is the service effective?

Requires improvement

The service was not always effective

People's rights were not always protected when they lacked capacity to make decisions. People's environment was not always supportive to those living with dementia or visual impairments.

People were supported by staff who had the required skills to support them effectively. People enjoyed the food and drink that they received and they were supported to access healthcare professionals when needed.

Is the service caring?

Good

The service was caring

People were supported by staff members who were caring and supported them to make choices. People's privacy and dignity was respected and protected. People were encouraged to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive

People or their representatives were involved in the planning of the care they received. Care plans were regularly reviewed and updated. People were happy with the activities and leisure opportunities that were available to them.

People felt able to complain if required and complaints were managed appropriately by management.

Is the service well-led?

Requires improvement

The service was not always well-led

People were not always protected by robust quality assurance systems that identified and managed risks to people. Quality assurance systems did not identify and address areas of improvement required.

Summary of findings

People felt that managers were approachable and listened to them. People and staff were involved in the development of the service. People were supported by a staff team who were motivated and felt well supported in their roles.

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 1 and 2 December 2015 and was unannounced. The inspection team consisted of one inspector, two specialist advisors and an expert-by-experience. One specialist advisor was a qualified nurse who had experience working with older people. The second specialist advisor was a qualified nurse who was also qualified in health and safety. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked at a 'Provider Information Return' and statutory notifications sent to us by the provider. A Provider Information Return is a self-assessment of the service completed by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority and we also reviewed information that had been sent to us by the public. Before the inspection we had received information about a high number of falls occurring within the service. We used this information to help us plan our inspection.

During the inspection we spoke with eight people who lived at the service. Some people who lived at the service were unable to share their experiences so 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 spoke with the provider, the registered manager and six visitors who were relatives of people living at the service. We also spoke with seven members of staff including the cook. We reviewed records relating to medicines, eight people's care, three staff files and records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

We looked at how the provider identified and managed risks to people living at the service. We saw that risk assessments were in place but did not always effectively identify the risks to people or how to manage these risks. For example, we looked at the bedroom of one person who had experienced falls in their room. We saw several potential hazards that had not been identified and managed, including uneven flooring in their bathroom. We saw that where people demonstrated behaviours that could challenge, not all incidents were recorded as outlined as required in their care plans. The provider had not ensured that these incidents were effectively monitored and analysed in order to identify any potential trends or likely triggers. Care plans and risk assessments did not contain sufficient guidance for staff to help them manage risks to people. We spoke to the registered manager about their risk management processes and they began to make improvements to their systems during the inspection.

People told us that they received their medicines when they needed them. One person told us, "I have two little tablets and one big one, they bring them to me." Another person told us, "I am happy with the medicines." However, we saw that staff did not always accurately record the medicines that they had given to people. For example, we found that one medicine was being administered without a medicine administration record (MAR) being in place. We also found examples where MARs were in place but administration had not been accurately recorded when medicines had been given. The provider was not able to effectively monitor whether people's medicines had been given as prescribed. The provider had not ensured that all medicines were stored safely so that unauthorised people could not access them. We saw that the provider took action during the inspection to ensure that issues with storage were resolved.

People were protected from the risk of abuse or inappropriate treatment by a staff team who could tell us how they would identify and report any concerns. Staff told us that they knew how to whistle blow and contact the local safeguarding authority or CQC directly if required and were confident in doing this. One staff member said, "I wouldn't even think about it. I'd just do it." We saw that the provider knew how to make referrals to the local safeguarding authority if this was required. We did, however, witness one incident during the inspection that was not recorded by staff and was not escalated to the registered manager. As a result of staff not reporting this concern, the incident had not been investigated in line the provider's safeguarding policy. We discussed this incident with the registered manager who confirmed that they would reinforce the importance of reporting all incidents or allegations correctly.

People told us that they felt safe living at the service. One person told us, "It's as safe as houses, definitely." Another person said, "I am [safe]. They look after you well." People also told us that there were sufficient numbers of staff in the service to meet their needs. One person said, "I think there is enough staff". Another person said, "It's quite alright [but] they are busy." A third person told us, "I think there should be more male staff for the men." Most visitors also told us that they felt there were sufficient numbers of staff. One visitor said, "They have got a lot of staff which is good." Another visitor said, "It's almost one to one care [person's name] gets." We observed sufficient numbers of staff within the service and people's day to day needs being met responsively by the staff team.

We looked at the processes the provider followed to ensure that staff members were appropriate for the role they were recruited for. We found that the provider had a robust recruitment process that involved a face to face interview. They completed numerous checks on the suitability of staff members before they started work. These checks included obtaining references and checks on the staff member's potential criminal history. The provider demonstrated that they investigated any concerns with the checks they received to ensure that people were supported by appropriate staff members.

Requires improvement

Is the service effective?

Our findings

Principles of the Mental Capacity Act (MCA) 2005 were not always followed. The 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 who had the mental capacity to make decisions about their own care told us staff would always gain their consent to support them. Where people lacked capacity to make decisions about their care, we saw that decisions had been made been made on people's behalf without the principles of the MCA having been followed. Staff we spoke with, the registered manager and provider did not fully understand the requirements of the MCA and how decisions should be made under this Act in people's best interests. The key principles of the MCA had not been adhered to. Mental capacity assessments had not been completed when staff believed people lacked capacity to make specific decisions and therefore the provider had not established that decisions made were in people's best interests.

For example, we found one person had recently been required to eat a soft diet due to their health needs. The person had expressed that they wanted to return to a normal diet. The registered manager and staff felt this person did not have the capacity to make this decision and had continued to provide a soft diet to protect this person's health. However, they had not followed the principles of the MCA in making this decision. In addition, we saw where staff believed people did not have capacity to be involved in developing their own care plan principles of the MCA had not been followed. Although they had involved family members in making decisions, people's mental capacity had not been assessed. The registered manager began to develop MCA compliant processes during the inspection.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had recognised when people were cared for in a way that may have deprived them of their liberty and sought the appropriate authorisations.

We saw that the provider and registered manager had worked to improve the environment of the home. They had developed sections within the lounge area to include an area that looked like a pub and they were currently working on projects such as developing a sweet shop for people. They had not, however, sufficiently considered how the physical environment could impact on the safety and independence of people who had dementia or a visual impairment. For example, we saw that the dining area had a dark wood floor and dark wood chairs were positioned around the dining tables. People who have dementia or a visual impairment may not be able to clearly see the chairs against the flooring. We also saw that in bedrooms, the walls, furniture and bathroom fittings were all of a light colour. These light coloured objects would not be visually clear to some people living in the service. The provider and registered manager began to look into ways in which they could enhance the environment during the inspection.

People told us that they enjoyed the food and drink that was available to them. One person said "The food's very good. I enjoy it." Another person said, "The food is lovely." Visitors also told us that they thought the food was good. We were told that people were given a choice of food to eat. One person said, "It's quite good. We get two choices every day." One visitor told us, "They do a selection every day. If [person's name] doesn't like it they will do him something [else]." Where people had special dietary needs, such as they required a soft diet or they were living with diabetes, we saw that these needs were met.

We spoke to the cook who had started working at the service just a few months prior to the inspection. They told us how they were redesigning the menu around people's preferences and dietary requirements. They told us, "I have to meet what the client wants. That's what I'm here for." We saw that there was flexibility around breakfast time. There was a range of meals including cereal and a full cooked breakfast brought to people when they wanted it. We saw that people had a long wait at the dining tables at lunch time and some people became agitated. One person said, "It's a good job this isn't a restaurant. They'd all get the sack." We saw that some people waited at the dining table for over half an hour before their lunch was served. We

Requires improvement

Is the service effective?

spoke to the registered manager and deputy manager who acknowledged this issue. They told us that they were considering a range of options to better meet people's needs, including looking at two different lunch time sittings.

People told us that they felt their day to day health needs were met by the service. One person told us, "If there is anything the matter with you they'd look after you. Another person said, "If anyone's ill they'll ask. They look after you here." We were told by people and their relatives that people had access to healthcare professionals such as doctors, nurses and the chiropodist when they needed them. One person told us, "Yes, they come regular anyway. The chiropodist comes in regular, the dentist is up the road and the optician comes in." We saw during the inspection that when staff had concerns about someone's health they discussed this with them and sought advice from healthcare professionals. We saw from people's care records that they had regular access to these professionals. We saw an example of staff identifying a breakdown of someone's skin and they sought assistance from the community nursing team. We saw that staff followed the instructions given by the nurses during the inspection. During the inspection we looked at the interventions that had taken place to support people who had experienced falls. We saw that advice had been sought from professionals such as falls specialists and occupational therapists in order to provide additional support to people.

People told us that they felt staff had the required skills to support them effectively. One person told us, "Oh yes, they are all good at their jobs." One visitor told us, "I think they look after [person] very effectively." Staff told us that they felt supported in their roles and that they received regular training and one to one meetings with their line manager. The provider told us in their information return that they used a combination of written and face to face training. They also told us that they had implemented the Care Certificate for all staff members new to care. We saw this reflected in care practice and records relating to the training of staff. The Care Certificate is a nationally recognised standard for staff working in care.

Good

Is the service caring?

Our findings

People told us that they liked the care staff and were happy living at the service. One person told us, "We're all like family here. I'm satisfied." Another person said, "They're (staff) all very caring." Visitors told us that they felt the service and staff were caring. One visitor told us, "I think it is very caring, attentive and respectful." Another visitor said, "We have a good relationship with the carers and so does [person's name]." We saw positive interactions between staff and people living at the service during the inspection. Staff told us that they felt it was important that people felt cared for. One staff member told us, "You've got to make them feel worthy, loved and like this is their home", "It's how they want it, not how staff want it." Another staff member told us that they try to, "Treat [people] as an individual. Every single person is different. Talk to them about what they like, their family, past job, wedding day. It makes them feel special when you can and have a conversation."

People told us that they were supported to make choices and to be independent. One person said, "There was five of us talking until 12.30 am last week [in the lounge], because we just felt like it". A visitor told us, "Yes they always ask [person] – [they'd] soon say if they didn't". Other people told us that they didn't always feel able to make choices about their day to day care. One person said, "It's a case of take it or leave it". We saw staff offering choices to people throughout the inspection. We saw staff talk to one person about whether they wanted to see the doctor, we saw people were asked where they wanted to sit at lunch and we saw other options provided to people. For example, we saw people being offered a range of drinks to choose from.

We were told by staff that they tried to involve people in choices about their care. We were given an example of one person who wanted more private space when their visitors came to the service. Staff spoke to this person and they agreed to transfer to an apartment style room with a separate sitting room. Another person liked chocolate so they had a mini fridge in their room where they could store the chocolate that visitors brought in for them. People told us and we saw that people were encouraged to maintain relationships that were important to them. Visitors were able to see people throughout the day without unnecessary restrictions. One person said, "My [relative] visits me twice a week. My [spouse] comes every day and the other [relatives] visit me too."

We were told by people that they were supported to retain as much independence as possible. One person said, "I can do most things myself". A visitor told us, "They leave my [relative] to do what [they] can." Another visitor said, "[Person] is very independent. [They] would rather be left alone. [They] like to dress in private and yes they do that." We were told by people that their independence was promoted by staff encouraging them to get involved in jobs around the service. One person told us, "I have my jobs and I like that, being useful." Another person said, "I set out the tables and I am the DJ."

Staff told us that they protected people's privacy and dignity by promoting their independence. This was supported by what people told us. One person told us, "They bath us if we want. I can wash myself." People told us that they were happy with how they were supported with their personal care. One person said, "They take me to my room; they undress me and they put me to bed. They help me get up and dress me. Oh yes, I don't think there's anything to grumble about." We saw that people's privacy, dignity and independence were supported while staff completed day to day care tasks, for example when supporting people to the toilet.

Good

Is the service responsive?

Our findings

People who had the capacity to make decisions about their care told us that they were involved in their care planning. One person told us, "I do mine, I sign. Only a couple of times I've had to say I don't agree. They changed it. I show my [relative] as well." One visitor told us, "I signed a care plan a couple of weeks ago. I've got no problems at all." Another visitor told us "They took all his details, his needs, his likes and dislikes." We saw that care plans were reviewed regularly and changes were made as a result of reviews. We saw that staff and the manager had a good knowledge of people's preferences and health needs. Staff members were able to describe people in detail and told us how steps had been taken to recognise people's preferences, likes and dislikes. One staff member told us how one person liked to feed the birds so the registered manager obtained a bird table for them. They also told us how one person liked a certain car type and they had organised for someone to bring a car to the service for them to see.

An activities coordinator was employed by the service and people told us that they enjoyed the activities that were available to them. One person told us, "We do arts, crafts, reminiscence, play games, painting, cooking, watch films – there is a cinema afternoon. We did the flags (on the wall). I am never bored. We went on a trip as well". They added, "A man comes in once a month to play the organ. Each fortnight they do singing and dancing. We have plenty to do". We were told by people that the activities coordinator ran a church service in the lounge area once a fortnight. Visitors also told us that they thought the activities were good. Some visitors told us that they thought a wider variety of activities focussed on males living in the service would help to reduce the frequency of some behaviour's that challenged. We saw that there was a positive atmosphere in the lounge areas and people told us that they were happy socially. One person said, "I've made friends since I've been here."

People told us that they felt able to complain if they needed to. One person said, "Yeah they do listen if you have to tell them something. Most people said that they hadn't had the need to complain. One person said, "I haven't had to complain but I think I would if I had to. I'd go to [registered manager]. She'd help you", "I know she'd listen to you and she'd sort it out." People told us that where they had raised concerns previously, these had been addressed and resolved. We saw that the registered manager kept a log of complaints received. Actions taken to resolve the complaint were recorded and the complaint was signed off as being resolved by the registered manager.

We saw that complaints and suggestions forms were made available within the reception area. A notice board outlined actions that had been taken as a result of comments received from people on the board in the reception area. For example, people had asked for a shopping trip and a trip to the local park and we could see these had been arranged. We asked people if the registered manager sought their views about the service they received. One person told us that they'd not been approached for their views but the registered manager always asked how they were. They told us, "I know some families had some questionnaires." Relatives told us that they had received feedback surveys. One visitor told us, "I know I did a questionnaire not long ago." Another person told us, "There's a suggestion box as well." We saw that where relatives had expressed any concerns on feedback surveys, these were followed up by the registered manager and resolved. We saw that the registered manager did seek people's views about the service regularly. They told us that where they sometimes do this with people informally they will consider how this is done to ensure people feel they are being heard.

Requires improvement

Is the service well-led?

Our findings

We looked at how the provider used their quality assurance system to identify and manage risks to people and also to improve the quality of the service that people received. We found that some quality assurance processes were in place. For example, we saw that systems were in place to ensure that care plans were checked and reviewed. We found that audit systems were not always identifying the issues that we found during our inspection. For example, although the provider was recording accidents and reviewing these on a monthly basis; they were not effectively analysing these accidents to identify any themes or trends that might enable them to manage and reduce the risks to people. There was no system in place to ensure that staff members were consistently recording incidents of challenging behaviour. As a result, safeguarding procedures were not always being followed. We also found that there was no analysis of incidents that had occurred in order to identify trends and triggers that might enable the provider to manage and reduce the risks to people as well as improve the quality of service provided. We found systems were not in place to ensure that notifications were always sent to CQC. The provider is required by law to send notifications to CQC to inform us of significant incidents or events.

We found that the provider was operating CCTV within the service without consideration of the impact this may have had on people. CCTV was operating in an area of the service where people had private consultations with healthcare professionals. The provider did not have a policy in place that outlined the purpose of the cameras and how people's data would be used and stored. The provider had not registered with the Information Commissioners Office (ICO) as required by law.

We recommend that the provider considers current and relevant guidance on the use of CCTV in care homes.

We spoke with the registered manager and the provider about the issues that we found during the inspection. We found that they were open, transparent and responsive to the feedback that was provided. We found that as a result, improvements were being made within the service during the inspection and the management team were keen to resolve issues that were identified.

Most people told us that they knew who the management team was in the service were. People told us that they were happy with the management. One person said, "They are very good. Very approachable." Another person said, "By hook or crook [the registered manager] will get you [what you need]." Staff told us that they felt well supported by managers. One staff member said, "I found them very helpful", "It's the first time I've worked somewhere where the owner gets really involved." Another staff member said, "If I've needed to speak I just go in and tell [the owner]. It's good that you can go in to the office and speak to them." Staff told us that they felt confident in questioning any areas of poor care practice within the service. We were told by staff that they were reminded of the whistle blowing policy and process during their one to one meetings with their managers.

We saw that the management team had developed a team of committed staff members who received positive feedback from the people living at the service and their families. One visitor told us, "If there is anything, you don't need to speak to [registered manager], you can speak to the carers. They are all very approachable and know what's happening." We were told by people and their relatives that they felt the service was well run. They told us that they were involved in meetings and that their views were taken into consideration. One visitor told us, "It is well run definitely. They have done loads, decorating upstairs, new windows. They have divided [the lounge] into three rooms, made the bar. They are going to put in an old sweet shop, that's progress." Another visitor said, "There was a family meeting, my [relative] went. It was a good meeting." We saw that minutes from the meetings held for people and their families were displayed on the notice board within the reception area of the service. We saw that the registered manager and provider had good relationships with people in the service and their families. We saw that they were committed to involving people in the development of the service and improving their experience.