Anchor Carehomes Limited

The Cedars

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 18 January 2019 and was unannounced. At the last inspection completed on 19 and 20 October 2017 we rated the service Requires Improvement.

At this inspection we found improvements had been made and the service was rated Good overall with Requires Improvement in Well-Led.

The Cedars is a Residential Care Home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Cedars accommodates up to 42 people in one adapted building. At the time of the inspection there were 41 people using the service.

There was a registered manager in post at the time of our 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.

The governance systems had not ensured staff consistently followed the procedures for safeguarding people. The system had not ensured risk assessments were not consistently updated following a change in people's needs.

People's medicines were administered as prescribed. Risks to people were assessed and planned for to keep them safe. Staff were safely recruited. People were protected from the risk of cross infection. The provider learned when things went wrong.

Staff were supported in their role and had access to training. People were supported to live in an environment which was suitable to meet their needs. People could choose their meals and were supported to eat and drink. People were supported to maintain their health and well-being.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People had their privacy and dignity protected. People were supported to make choices and staff promoted people's independence. People's communication needs were assessed and planned for.

People's preferences were understood by staff. People had access to a range of activities. People were clear about how to make a complaint and these were responded to. There was nobody receiving end of life care at the service so this was not considered during the inspection.

Notifications were submitted as required and the registered manager understood their responsibilities. People and their relatives were engaged in the service and felt able to approach the registered manager.

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 were supported by sufficient staff.

People were safeguarded from potential abuse.

People's risks were assessed and plans were followed by staff.

People had their medicines administered safely.

People were protected from the spread of infection.

There were systems in place to learn when things went wrong.

Is the service effective?

Good

The service was effective.

People had their needs assessed and planned for.

People were supported by staff that were trained.

The environment had been designed to meet the needs of people.

People's rights were protected by staff that worked within the principles of the MCA.

People could choose their meals and were supported to have their needs for food and drinks met.

People had support to monitor their health.

Is the service caring?

Good

The service was caring.

People received support from caring staff.

People could make choices about their care.

Independence was encouraged and people's individual communication needs were met.

People had their privacy protected and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences were understood by staff.

People could follow their interests and had access to support with meaningful activities.

People understood how to make a complaint.

People's futures wishes for end of life care were considered.

Is the service well-led?

Requires Improvement

The service was well led.

The systems in place to ensure quality care were identifying concerns and driving improvements

People were able to share their views about the quality of the service and were kept up to date.

Staff were supported by the management team.

The provider notified us of incidents.

The Cedars

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 unannounced inspection visit took place on 18 January 2019. The inspection team consisted of two inspectors and an Expert by Experience. 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, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with six people who used the service and six relatives. We also spoke with the registered manager, the deputy, the director of care, the district manager and four staff.

We observed the delivery of care and support provided to people living at the service 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 the care records of four people. We looked at records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

At our last inspection on 19 and 20 October 2017, we found the provider was in breach of regulations relating to safe care and treatment and protecting people from abuse. This meant we rated safe as Requires Improvement. At this inspection we found improvements had been made and Safe was rated Good.

People were safeguarded from abuse. People told us they felt safe living at the home. One person said, "The care that the staff give me here is second to none and I love them all. I do feel safe because the staff do the care as they should do." Safeguarding procedures were in place and understood by staff, they could describe how to recognise abuse and what actions they would take to report any concerns they may have. One staff member said, "I would make the person safe, write down what happened and report it straightway." The staff member went on to describe how they could escalate any concerns to other agencies if they were worried about actions not being taken. Records showed where concerns had been raised, these had been investigated and reported to the local safeguarding authority as required. We saw notifications had been sent to us regarding safeguarding concerns which had been reported to the local authority. However, on the day of the inspection we found one person had some unexplained bruising that was a few days old. Staff had not followed the correct procedure. The registered manager took immediate action to raise this with the safeguarding body.

People and relatives confirmed there were systems in place to manage risks to people's safety. One person told us, "I am comfortable being assisted when I walk. Staff support me to use my walking frame, they stay close by to me as I am learning to walk again." Staff could describe in detail the support people needed to help them manage risks to people's safety and there was clear guidance for staff in care plans to help them keep people safe. For example, one person needed equipment to support with transfers as they were unable to stand. The care plan guided staff on the correct procedure and equipment to use, with advice being sought from relevant health professionals. We saw staff followed this guidance whilst supporting people.

Care plans were reviewed on a regular basis and where needs had changed updates were made. For example, one person was at risk due to sometimes presenting behaviours that challenged. We saw there was a clear risk assessment and plan in place to guide staff with supporting the person using distraction and de-escalation. Staff understood this and we observed them following the plan during the inspection. Where incidents had happened, these were clearly documented and assessed to help staff learn how to prevent future incidents. We did see one person had not had their care plan updated following a visit from a health professional this was bought to the attention of the registered manager who confirmed this was completed following the inspection.

People had mixed views about staffing levels. One person told us, "I don't' know – probably not. I suppose they are acceptable but not lavish. They've very good and pleasant to have around though the staff we have." Another person told us, "Well, I think there are enough staff the only thing is when they're not down here I miss them." A relative told us, "I think there are enough staff at least during the day, I don't know about at night." People also commented that they had to wait for staff to come. One person said, "Yes, they come, but I don't press my buzzer though if I know they're getting dinner or tea unless it's really urgent."

Other people told us they had to wait sometimes for a considerable time and this was worse in the evenings when people needed to go to bed. This meant people did not feel there were enough staff to offer support when they needed it. Staff told us things had improved and they felt like they had more time to support people over recent months. Our observations showed staff were available to support people when they needed it and they did not have to wait for their support. In the PIR the provider told us staffing levels are continually reviewed according to number and dependency levels of the people living at the service. We spoke to the registered manager about this and they confirmed this was in place and was regularly checked for accuracy. The registered manager said they would review the dependency levels of people to see if there were any areas which required a change. This meant people's experience of staffing levels needed to be reviewed and considered.

In the PIR the provider told us they had a recruitment and selection procedure in place to safely recruit staff. There was a recruitment policy in place and staff confirmed they had checks carried out before beginning their employment. The registered manger told us this was a system which would not allow a start date to be created until all references and checks had been completed. A Disclosure and Barring Service (DBS) check was carried out. The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed.

Medicines were administered safely. Staff had been trained to administer medicines and had their competency checked. One person told us, "The medicine is administered and the staff come three times a day." A relative told us, "I think so (have meds when should) because [person's name] would say if they hadn't had them." Staff followed individual plans for the administration of medicines, they sought consent and explained to people what the medicines were for. Medicines were stored safely. Medicines trollies were in use and these were secured. Checks were carried out on the temperature of the storage areas and the refrigerators in use. Staff could tell us what actions they took if there was an issue with the temperature. Stock checks were carried out and these were effective in ensuring people had an adequate supply of their medicines available. Guidance was in place which staff followed when administering people's medicines. For example, where people had medicines, which needed to be taken on an 'as required' basis for pain management or to help them when they became anxious, there were detailed guides in place for staff on how and when these should be taken. Medicine administration record (MAR) charts were in place and were completed accurately by staff. Checks were carried out daily, on the MAR charts and any missed signatures were investigated to confirm the person had received their medicines.

People were protected from the spread of infection. People and relatives told us the home was clean and well maintained. Staff could describe for us how they prevented the spread of cross infection and confirmed they had received training in this area. We saw staff using Personal Protective Equipment (PPE) when supporting people such as gloves and aprons. There was hand gel available for staff and we saw this was used. Our observations showed the home was clean during the inspection and there were no concerns regarding cross infection.

There was a system in place to learn when things went wrong. We found accidents and incidents were evaluated and peoples' plans were updated where needed to minimise the risk of reoccurrence. We saw analysis had been completed on accidents in the home to look for trends. The registered manger told us the analysis resulted in actions being taken to try and reduce the risk of things happening again. Safeguarding incidents and complaints were also monitored to look for learning.

Good

Is the service effective?

Our findings

At our last inspection on 19 and 20 October 2017 we found the service was not consistently effective. This was because staff were not skilled in some aspects of care and the principles of the Mental Capacity Act were not always followed. At this inspection we found the service had made the required improvements and Effective was rated as Good.

People had their needs assessed and plans were put in place to meet them. The staff could describe in detail how people needed to be supported. For example, staff could describe people's needs and care plans relating to specific health conditions, their mobility and dietary requirements. Assessments also considered people's diverse needs. For example, people's religious and cultural needs were considered along with relationships which were important to people. There were clear risk assessments in place and guidance for staff, which included relevant support from other health professionals. For example, where people were at risk of malnutrition, staff had clear plans in place to monitor the person's weight and raise concerns with the person's doctor where needed. Staff confirmed they used the care plans to understand people's needs and provide them with support. We saw staff were following plans for people, for example, with their food and drinks, mobility and medicines administration.

People were provided with consistent care. Staff told us they were informed of any changes to people's needs and their care plans. We saw people had a transfer record within their care plan which gave an overview of people's needs and preferences in case they needed to be supported in another location such as a hospital. The document was reviewed monthly and allowed staff to add important information at the point of transfer. Where other professionals were involved in people's care this was documented clearly for staff and we saw staff followed the guidance from these professionals.

People were supported by staff that had been trained and staff had the skills they needed to meet people's needs. One person told us, "The staff do seem to know what they're doing." In the PIR the provider told us all staff received an induction which included shadow shifts alongside experienced staff and all staff undertake mandatory training as well as role specific training. The provider said competency assessments were carried out with staff following training and all staff had access to supervisions and annual performance reviews to discuss their role and any training needs. Staff confirmed they had access to regular opportunities for training. This was supported by a visiting professional who told us, "Training for staff with medicines is in place and competency assessments are done on a regular basis." The registered manager told us there was a system in place to monitor training and ensure this was kept up to date. Our observations of staff supporting people and the records we saw supported what we were told.

People had a choice of meals and drinks. One person told us, "The food is very nice. I always say don't bring me a lot and then I eat it all. They ask you what you want and there's usually something I like and you have a choice." Other comments included, "The food is very good," "Lovely meals, really enjoy them." A relative told us, "The meals all look very nice and [person's name] has put weight on since they have been in here too." People were observed enjoying their meal, with support from staff when needed. They were given a choice of meals and had access to drinks throughout the day. Staff understood where people had risks related to

their meals. For example, one person was at risk of choking. The person had been assessed by the speech and language therapy team (SALT) and there was clear guidance in place for staff to show how the person should be supported when eating and drinking. Staff could describe this to us in detail and we observed the person being supported as set out in their care plan throughout the inspection. In another example, one person was assessed as preferring finger foods and needed to have snacks to supplement their diet. We saw the person helped themselves to snacks including fruit and biscuits in-between their meals.

The environment was suitable to meet people's needs. We saw there were signs to help people navigate around the home. Adapted bathrooms and toilets were in place for people to use and there were pictures on bedroom doors to help people find their rooms. There was technology in place to support people such as sensors to alert staff when people moved to support with reducing the risk of falls. There was a lift for people to access different floors in the home and people could move around easily.

People were supported to maintain their health and wellbeing. One person told us, "My leg was sore, and they asked the district nurse to come in and they are coming again. I have also seen a Chiropodist, to cut my toe nails." Another person told us, "The doctor comes once a week. I've seen an optician and a dentist and have an appointment to see a consultant." People had been referred to a range of health professionals. Details of the advice was recorded in people's care plans and was followed by staff. Care plans and records gave information about people's individual health needs and staff were aware of the plans in place and able to describe how to support people. We observed staff followed these plans when supporting people during the inspection.

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 had their consent sought prior to receiving care and support. One person told us, "The staff always ask me if I want to do this or that." We saw staff sought consent when people were offered their care and support. Staff described how they would leave people that refused personal care for example and return to them later to ask them again. Where people were unable to consent to their care an assessment was completed with decisions taken in people's best interests. For example, one person was assessed as lacking capacity to understand the need for their medicines and were given them without their knowledge or consent. A best interest discussion had been held to agree how the person should receive their medicines in the least restrictive way possible. Staff gave examples of decisions taken in people's best interests. One staff member told us about a best interest decision to protect a person's dignity by ensuring they went to the toilet on a regular basis to avoid incontinence. This meant the principles of the MCA were followed by staff.

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). People had their capacity assessed when they were having their liberty restricted. We found where there were restrictions in place applications had been made to the authorising body and the information was in people's care plans which ensured the least restrictive option was in place. For example, for coded doors and bed sensors to protect people from the risk of falls.

Good

Is the service caring?

Our findings

At our last inspection on 19 and 20 October 2017 we rated caring as Requires Improvement. This was because people were not consistently protected from potential abuse and end of life wishes were not considered. At this inspection we found the provider had made the required improvements we rated Caring as Good.

People were supported by staff that were caring. One person told us, "The staff are all lovely." Another person said, "I get on with all of the staff generally speaking, some more than others." Another person said, "Yes, I like the staff sometimes they stop and talk but they have a lot to do but there's always someone if you want to say something to them." A relative told us, "They are all very nice and have a laugh and a joke with [person's name]." Staff told us they had good relationships with people and understood their needs and preferences. One staff member said, "I feel we have time to get to know people well and we understand their likes and dislikes." Our observations confirmed staff understood people's needs and had positive relationships with them. People recognised staff and spoke to them by name, there were conversations which involved everyone and people were seen laughing and joking with staff throughout the inspection.

People were supported to make choices about how and when they were supported. One person told us, "I choose myself what I want to put on – they show me what I've got in my wardrobe and I say what I want to wear." Another person told us, "The staff always say do you want this or want that and I'll say no or yes." We saw staff offered people choices at meal times, where to sit and whether to take part in planned activities.

People told us they were encouraged to maintain their independence. One person told us, "The staff know what I can do and what I can't do." Another person told us, "The staff bring my walking frame over and I stand up and they say can you get to there, but they are with you all the time too." We saw people were encouraged to do things for themselves. For example, people were pouring their own tea at breakfast and spreading toast. Others were observed supporting with folding the towels that had been washed. People appeared to enjoy this and were chatting with one another whilst sitting folding the laundry.

People had their individual communication needs assessed and plans were in place to meet them. People's needs were assessed and staff could describe how these were met. For example, one person's care plan showed whilst they could communicate verbally, they also used gestures and body language to let staff know how they were feeling. Staff could describe the details in the plan and we saw they followed the person's plan when communicating with them. We saw staff went down to eye level and maintained eye contact when communicating with people. In the PIR the provider told us they had implemented the required standards for information and used accessible formats for people to understand information and we confirmed this was in place and used during the inspection. Accessible information standards (AIS) were introduced by the government in 2016, it is a legal requirement for all providers of NHS and publicly funded care provision to make sure that people with a disability of sensory loss are given information in a way they can understand.

People had their privacy and dignity maintained and were treated with respect. One person told us, "The

staff are very good, they're fine, they close the door and curtains when supporting me." Relatives also confirmed staff were respectful when supporting people and protected people's privacy. Staff were observed protecting people's dignity. For example, by offering support in a discreet way. We saw staff respected peoples wishes about their care and support throughout the inspection.

Good

Is the service responsive?

Our findings

At our last inspection on 19 and 20 October 2017 we rated Responsive as Requires Improvement. This was because people were not receiving updates to their care plan when their needs changed and complaints were not responded to effectively. At this inspection we found the provider had made the required improvements and rated Responsive as Good.

People's preferences were understood by staff and these guided how care was delivered. One person told us, 'The staff don't change anything unless I want it changing. I have all my faculties to know what I want to do." Staff told us they had a good understanding of people's preferences around all aspects of their life. Staff could give examples of how they supported people with their individual preferences. For example, one staff member told us about how care plans identified people's specific needs relating to their religion, culture and important people in a person's life. We saw there was detailed information about people's preferences in care plans along with information for staff about people's life histories, including their interests, past employment and important people and places. In the PIR the provider told us they support customers human rights regarding faith and beliefs, cultural, ethnicity and relationships. The assessment and care plans contained information about people's protected characteristics. For example, we found care plans gave detailed information about peoples' cultural preferences and religious needs. Relatives confirmed these were considered by staff when they supported people.

People were happy with how they spent their time. One person told us, "Yesterday I stayed and listened to the children who came upstairs and I enjoyed that." Another person told us, "There are things that take place but I'd rather stay here (bedroom) and read my book but I do enjoy the talks here." We saw people had the opportunity to take part in group activities and entertainers came in to the home. During the inspection we saw there was a singer in the afternoon. People enjoyed this and were observed joining in with the songs and clapping. The registered manager told us they had introduced an intergenerational visit monthly involving teachers and primary school pupils who do a range of singing and dancing activities involving people, which people enjoyed. They also described a range of other external activities which took place including armchair fitness sessions and there were champions in the staff team for Activity Exercise and I Pad based activities. Staff confirmed they were excited about these roles and could share their knowledge and skills in these areas.

People told us they understood how to raise concerns and complaints and would feel these would be addressed. One person said, "When I joke with the staff about making a complaint, they say do you want a form then? I know how to do this if I needed to." Another person told us, "I haven't made an official complaint but I'd deal with it if needed, it would depend on what it was as to where I would go with it." We found where concerns or complaints had been made these had been investigated and responded to with action taken to learn from this and make changes to the service.

We did not review end of life care as there was nobody receiving this at the time of the inspection. In the PIR the provider told us, end of life care assessments is available and staff are trained. End of life care is person-centred and referrals to the multi-disciplinary teams such as District Nurses, McMillan Nurses, Hospice

nurses are completed. We encourage families to be involved in the care as appropriate. Staff confirmed this was in place and they felt confident they could support people.

The registered manager confirmed discussions about people's preferences are held in these circumstances and we saw there were future wishes recorded in people's care plans.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 19 and 20 October 2017, we rated Well-Led as Requires Improvement. This was because the systems in place to monitor the quality and safety of the service were not effective. At this inspection, we found the provider had made improvements however more were needed to ensure the systems were consistently driving improvements and Well-Led was rated as Requires Improvement.

The provider carried out checks on people's care records to ensure they were up to date and accurately completed. However, we found despite these checks being in place one person had not had their risk assessment and care plan updated following information and advice from a health professional. The provider took immediate action to address this and confirmed for us this was in place following the inspection. The reviews and checks had taken place but had failed to identify the need for a change to the plan. The provider confirmed staff would be receiving updated training in this area.

The provider had a system in place to report any unexplained marks and bruising on people. Staff were aware of the system and we saw they used this effectively on many occasions. However, staff had failed to identify bruising and follow the system for one person. The system required staff to report any concerns and implement a care plan for the skin integrity of the person creating a body map and reporting the incident to the appropriate body. The registered manger took immediate action to report the incident to the local authority safeguarding team and implemented a care plan for the person.

The provider had systems in place to check the quality of the service. For example, there were checks in place to make sure people were receiving their medicines as prescribed. The checks included daily, weekly and monthly checks on stock levels and administration records. On the day of the inspection the pharmacist was completing their annual audit. The pharmacists told us, "A year ago there were lots of issues, they have now moved to a new system and I am now delighted with their progress." We saw the audits were effective in ensuring people had their medicines as prescribed.

The provider had a system in place to check people's dependency levels and used this to decide how many staff were needed to support people. The tool was updated on a regular basis and when needs changed.

The provider told us in the PIR had policies in place which aimed to provide people with person centred care and support. They said they catered for diversity; choices, preferences; any request from people or family are explored liaising with health professionals and other Community Networks as required. We found the provider did have polices in place which supported people to receive person centred care which reflected individual needs and preferences. Staff understood this and were supporting people to ensure they had their needs met in the way they preferred.

People told us they had positive support from the registered manager and others in the management team. One person said, "The registered manager and the deputy are very nice. They are ever so good and approachable. "Another person told us, "They are easy to talk to." Another said, "I get looked after, everyone is attentive, I have seen the registered manager today and if they are not here then the deputy is." People

told us there was a good atmosphere, one person said, "it is very warm and friendly. A relative confirmed, everyone seems very happy." Staff also confirmed the registered manger and management team were supportive and they felt able to approach them with any concerns.

The provider and registered manager understood their responsibilities. We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries. The registered manager was supported in their role by operational managers and the provider. A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate.

People and relatives were involved in reviewing the quality of the service and making suggestions. In the PIR the provider told us they held resident and relative meetings. People and relatives confirmed these took place. One person told us, "They do have meetings, yes but I haven't been to one yet. I might go sometime, we'll see." Another person told us, "Yes, they do ask for views and the things I've asked for have been put in place." The registered manger told us, "I hold monthly resident's meetings to discuss all aspects of the home and to obtain feedback and new ideas. Relatives are also welcomed to these meetings and I have received offers of voluntary support for activities in the home." We saw the outcomes from the meetings were on display in the home showing what changes had been introduced following feedback.

The provider sought ways to continuously improve the service. The registered manager told us they had a range of ways of keeping abreast with wider initiatives such as publications sent to the home to share with staff, email subscriptions from other agencies and attending networks and forums. The registered manger said there were a range staff acting as champions. Staff confirmed this and told us it was helpful to spread good practice. For example, one staff member told us about being the lead for some types of activities.

The registered manager told us they sought ways to work in partnership with other community groups and resources. For example, community groups and local schools, the local authority, councillors and police were all forming links with the home. We saw the registered manager had employed apprentices and were supporting them into a range of roles within the home.