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Cedric House EMI Residential 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 

Overall summary

We carried out our unannounced inspection of Cedric House on 24 November 2014.

Cedric House is a residential home, which specialises in providing care and support to people who have a diagnosis of dementia. The home is situated in a quiet

residential area of Rainhill, with easy access to public transport and close to local amenities. The service is registered to provide a service to 20 people. On the day of our inspection there were 19 people living in the home.

The service had a registered manager in post, however the registered manager had been absent for over two months and the owner had managed the service during

Summary of findings

the registered manager's absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with four members of staff and the provider about their understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). We found they had a good understanding and had acted in a lawful manner. We found that people, where possible were involved in decisions about their care and support. We saw staff positively interacting with people. At the time of our inspection there were 11 people who were subject to a Deprivation of Liberty Safeguards. People's care records contained information regarding DoLS and how it related to individuals.

We found that care plans were regularly reviewed, with people's social history backgrounds and people's

personal preferences clearly identified. There was documented evidence in place which showed that people's health care needs had been met, with records showing that input from health professionals had been accessed when needed. We saw that people's assessed dietary needs had been met.

We found the service had quality monitoring systems in place, which gave people who lived in the home, their relatives and staff the opportunity to voice their views and opinions of the service.

There was a complaints system in place and relatives we spoke with told us, they were aware of the complaints system and knew how to complain, if they needed to.

We found that the service had a robust recruitment process in place, with evidence of appropriate police checks and references being obtained.

We saw that some redecoration and refurbishment to the home had taken place, with the first floor in the process of being decorated and re-carpeted.

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?

The service was safe.

We found the service had satisfactory safeguarding procedures in place, with staff having received appropriate training.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people, with relevant checks having been carried out.

We saw that people's medication was managed safely, with only trained staff administering medication.

Good



Is the service effective?

The service was effective.

We found that the induction of newly recruited staff and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

The service had systems in place to ensure that people received the appropriate level of medical support when needed.

Some of the people were unable to tell us if they were involved in decisions about their care and daily life activities due to them living with dementia.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



Is the service caring?

This service was caring.

We saw care and support was provided to people with patience, kindness and understanding. We observed people being offered and encouraged to make choices with their preferred meals and daily living tasks.

People were treated with dignity and respect, with staff providing care in a dignified manner. People's care records gave clear guidance to staff of how people needed to be cared for and supported.

The staff knew the care and support needs of people and took an interest in people and their families, helping to show that individualised personal care was provided.

Good



Is the service responsive?

This service was responsive.

We saw that throughout the week there was a variety of activities available and people were encouraged and supported to participate if they wished to.

Relatives we spoke with said that they had been involved in the on-going care planning process. They informed us that they and their relative were consulted and kept up to date about their relative's care, support and health needs.

Good



Summary of findings

No complaints had been received by the service since the last inspection.

One relative said, they had raised a concern a couple of years ago and it was dealt with very quickly and satisfactorily.

Is the service well-led?

This service was well led.

The provider was managing the service in the absence of the registered manager.

The service had quality assurance systems in place to monitor the service provision. We saw that when any issues had been raised they had been appropriately addressed. We found there were systems in place to make sure that the service had learnt from previous events, such as incidents, accidents, safeguarding and investigations. This helped to show that potential future risks to people had been reduced.

The staff were confident they could raise any concern about poor practice in the service and these would be addressed to ensure people were protected from harm.

The provider had kept us (CQC) informed of statutory notifications including incidents and safeguarding concerns.

Good



Cedric House EMI Residential 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 24 November 2014 and was unannounced.

The inspection was carried out by one adult social care inspector. Before our inspection we reviewed all the information we held about the home. We contacted the local authority which commissions care from the service.

They told us that they carry out monitoring visits regularly and monitor progress against a set action plan. The local authority told us they were satisfied with the progress made.

The provider had completed a Provider Information Return (PIR) and this was returned to CQC before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

On the day of our inspection, we spoke with four people who were living in Cedric House, two relatives who were visiting, one visiting health professional, the providers and four staff members.

We looked at the care files of six people, at the staff training records and at the policies and procedures, including recruitment and safeguarding and whistleblowing.

Is the service safe?

Our findings

Relatives told us they felt that their relatives were kept safe in the home, some of the comments were, “I am so confident that [name] is safe here. I don’t worry like I used to” and “They look after [name] so well, can’t fault it at all”. One of the people who lived in the home said, “It’s a lovely place, it’s my home”.

We saw that some people required assistive technology and that the home had provided sensory mats to be used in their bedrooms according to their needs. This was specifically for people who had a risk of falling and the mats were in place to alert the staff, so they would be able to assist them or obtain treatment without too much delay. We saw that people’s care plans recorded their agreement to the sensory mats being used and for some other people we saw that best interest decisions had been taken and recorded, in order to protect and safeguard the individual person.

We checked the safeguarding and whistle blowing policy and procedures and we found they were up to date and satisfactory. When we spoke with four members of staff, they were fully aware of the issues relating to abuse and they knew what to do in the event of a suspicion or allegation of abuse. We saw that the local authority’s safeguarding flow chart was displayed in appropriate places throughout the home. The provider had made safeguarding alerts to the local authority and informed CQC of any safeguarding issues. The provider had improved some procedures in order to help reduce some of the previous safeguarding issues.

The provider informed us that they were fully staffed. We saw that was a sufficient number of staff on duty to meet people’s needs. We checked the staff rotas for the previous two months and we saw that there were enough staff on duty during the day and at night.

We saw that the service had the necessary recruitment and selection processes in place. We looked at the staff files for four members of staff, including the most recently appointed employee. We found that appropriate checks had been carried out, including evidence that pre-employment checks had been made such as written references, satisfactory disclosure and barring service clearance (DBS) checks.

We checked the process for the safe storage, recording and administration of medicines. We looked at the medication administration records (MAR sheets) for five people. We found them to be correct and up to date, with people’s photographs on the MAR sheet, which helped to avoid any potential errors. Some people were receiving controlled drugs (CD). We checked the CD register and found that it was accurately managed with two staff signatures for each medication administered. The controlled drugs were safely and securely stored in a separate locked cupboard. We found the storage of the other medicines to be well managed and safely stored.

We found the inspection of fire extinguishers was up to date and satisfactory, ensuring that they were safe and suitable to use in the event of a fire, the testing of electrical portable appliances (PAT) was up to date and all appliances had been checked and assessed to be safe to use. We saw that hoists, the fire alarm system and the emergency call system were well maintained and serviced regularly, helping to ensure that people were not put at risk.

Is the service effective?

Our findings

Some people who lived in the home were not able to make important decisions about their care due to living with dementia. Senior staff in the home were knowledgeable about the Mental Capacity Act 2005. Where people had someone to support them in relation to important decisions this was recorded in their care plans. Records we saw showed that people's ability to make decisions had been assessed. They showed the steps which had been taken to make sure people who knew the person and their circumstances well had been consulted to ensure decisions were made in their best interests.

We saw Mental Capacity Act assessments had been completed for 18 people and 11 deprivations of liberty safeguards (DoLS) had been implemented. We saw that the provider was fully aware and familiar of how to make an application for consideration to deprive a person of their liberty (DoLS). (DoLS) were in place for people who lived in the home, in order to keep them safe and protect them, because of their lack of mental capacity.

We spoke with a visiting health professional who told us, they had been visiting and treating people at the home for over 10 years. Some of the comments were, "The staff are always brilliant and very patient", "I have never had to complain about anything" and "people definitely get treated with dignity and respect". We saw records that demonstrated that people had received health care services, such as GP visits, dental care, chiropodist and district nurse services.

People's care needs were thoroughly assessed before they moved into Cedric House. We reviewed the care records of six people and found they contained information from a variety of sources including family members and health and social care professionals.

We saw that induction training had been provided to newly appointed staff, other training was provided such as, safeguarding, dignity and respect and dementia awareness. We spoke with four members of staff, they told us about the training they had received and how beneficial it had been. One person said, "I am still in my probationary period, I have had lots of training and it's really helped me".

We were informed by the provider that staff supervision took place every eight weeks. We were provided with copies of staff supervision sessions, which confirmed that staff had received supervision. This gave the provider the opportunity to monitor a person's performance and to discuss development and any training needs. One staff member said, "I have a supervision every couple of months. I am able to discuss anything with my manager".

We saw that food menus contained balanced nutritious meals, with people offered alternatives at each mealtime. We saw that some people had diabetes, with their care plans showing the correct diet they needed to receive. We found other people were on 'soft diets' for health reasons. Monitoring records were maintained for these people. We spoke with the cook, who was fully aware of people's likes and dislikes and any specific individual dietary needs.

We observed the lunchtime meal. We saw members of staff were patient, unrushed and skilful when they supported people with their individual meals.

Is the service caring?

Our findings

We observed people were cared for and supported by staff in a dignified, respectful and appropriate manner. People looked content and well cared for. For example, people's clothing were clean and well fitted, men were clean shaven. We heard staff speaking to people and listened to them in an unhurried and inclusive way. We overheard one member of staff telling a person of how much they liked their jumper. The person smiled and said, "oh thank you". We found there was a relaxed atmosphere throughout the home.

The six care plans we looked at contained good information about people's background history and their likes and dislikes. The information and guidance helped staff to meet people's needs. Personalised care plans help to demonstrate that individualised care and support is promoted and provided.

Some of the comments from visiting relatives and feedback from surveys were, "They provide excellent compassionate person centred care", "The staff and management can't do enough. They are all very caring", "The staff are so kind and they have a lovely manner. They allow residents to be individuals" and "The care provided by staff is wonderful, she feels it is her home".

The provider informed us that an Independent Mental Capacity Act (IMCA) advocate had been requested for one person who lived in the home. We saw documented evidence of this.

An Independent Mental Capacity Advocate (IMCA) - An IMCA is appointed to represent and support a person who is

facing a major decision and lacks capacity to make that decision at the time it needs to be made, and has no one apart from paid staff to be consulted as part of a best interests decision-making process. We also observed other information regarding an advocacy service and how to contact them.

The provider told us that people's care plans were reviewed on a monthly basis and they had monthly one to one meetings with people who lived in the home. We were provided with copies of the one to one forms. Some of the questions they asked were, Are the staff nice with you? Answer, 'all of the staff are nice'. Do you go to bed when you are ready? Answer, 'I can go to bed and get up when I like'. Did you have a nice lunch? Answer, 'too many peas'. We also saw that care plans had been reviewed and changes to people's needs had been recorded and acted on, in order to ensure that people's needs were met.

A visiting health professional was positive about the care provided at Cedric House and told us "The staff always insist on using the hoist for the person I have just seen. They always tell the person what they are going to do. They are really good" and "If a person has a pressure sore, the staff always work with us to heal the pressure sore".

We asked members of staff how they made sure that people's privacy and dignity was protected. Some of the comments were, "I always knock on a person's bedroom door before entering, and always ask their permission, before providing any personal care" and "Make sure curtains are closed and always cover the person with a towel when washing them and reassuring them all of the time".

Is the service responsive?

Our findings

Relatives were positive about the communication from management and staff. Their comments included “The staff are totally client focused. They always let us know if anything is wrong or if there is any health issue” and “When [name] needed medical assistance, they informed me immediately”.

We asked visitors if they had ever complained. The reply was no, but would know how to complain if needed to. Other comments included, “I visit my relative every day and have no complaints about anything” and “More than satisfied with the care provided, he is happy and more content in this lovely environment. It is a family friendly home”. One person who lived in the home said, “I have no complaints, I wouldn’t live here if I did”.

The home had an up to date policy and procedure in place, regarding any complaints. We saw the complaints process displayed on the home’s notice board. There was a suggestion box in the main corridor, which was also used for compliments. The provider informed us that the suggestion box is not really used. No complaints had been received by the home since the last inspection.

The provider told us that people’s care plans were reviewed on a monthly basis and they also have monthly one to one meetings with people who lived in the home to make sure

their needs were met. The care plans in place contained different sections, for example, social interests, physical wellbeing, personal care, communication, sensory needs [any hearing or sight issues], risk assessments and mobility and dexterity. The care plans were individualised with detailed information and guidance to assist care staff in providing the people who used the service with the care and support they required. We also saw that care plans had been reviewed and changes to people’s needs had been recorded and acted on, in order to ensure that people’s needs were met.

There was a programme of activities on display in the home, which included, bingo, arts and crafts and colouring and painting. We were informed that a volunteer comes into the home two or three times a week to do arts and crafts. We saw some of the paintings and other items made at the art and crafts sessions, displayed within the home. One person, said, “Don’t they look nice”. The provider said, “one person likes to brush the floor after lunch and another person likes to help with the laundry and folds the towels”. This helps people to be motivated and also provides some stimulation. The ministers from two local churches visited the home on alternate weeks. This helped to ensure the spiritual and religious needs of those who considered them of importance were met on a regular basis. There was nobody who lived at Cedric House at the time of our visit that belonged to a different faith or culture.

Is the service well-led?

Our findings

Cedric House had a registered manager in post, however the manager had been absent for over two months. The two providers had been managing the service during this period.

Some of the comments from relatives were, “Every time we come, we can see that standards in the home are slowly improving”, “There is always a lovely homely atmosphere when we visit” and “The management can’t do enough for (name). The owners are great, and they have also helped me. It’s a fantastic place”.

We spoke with four members of staff who told us that they found the providers of Cedric House to be approachable, supportive and understanding. Some of the staff comments were, “I can go to them about anything. Always listen and give advice”, “I think the home is run really well” and “We are kept informed of any changes within the home. They have an open door policy. I love working here, it’s great”.

Staff also told us they would have confidence in raising any concerns or issues with the management. We saw copies of recent staff meetings and issues raised by staff members had been addressed.

We found that there was a good level of leadership in the home and staff were fully aware of their immediate supervisor.

We saw that any incidents or accidents were recorded and reviewed to help ensure risks to people were reduced and falls were investigated. We saw records of referrals were made to the falls coordinator, with the advice being provided and acted on, for example for some people with a history of falls sensor mats were placed at the side of person’s bed.

The provider had kept us informed of notifiable incidents since the last inspection. These incidents included any deaths or injuries.

We reviewed the quality assurance monitoring system that was in place at the home. We saw copies of monthly medication audits, care plan audits and on-going maintenance audits. These audits identified some issues, for example the redecoration and refurbishment programme.

We were informed by the provider that they had sent out surveys to the relatives of people who lived in the home. We saw the returned survey’s (May 2014), they were all positive about the service delivery and complimentary about the management of the home. Some of the comments were, “The staff and management are excellent”, “I am very happy the way the staff treat my dad and care for his needs” and “The management and staff can’t do enough for him”.

We also saw returned surveys from health and social care professionals, which were all positive. One GP wrote, “Cedric House provide excellent compassionate person centred care”.