Four Seasons Health Care (England) Limited

Cedars 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 inspected Cedars Care Home on 7 and 8 July 2015. The inspection was unannounced. Cedars Care Home was last inspected in August 2014, no concerns were identified at that inspection.

Cedars Care Home provides residential care for up to 66 older people, including those living with dementia. On the day of the inspection 48 people were receiving care services from the provider. The home had a registered manager. 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.

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

During our visit to the service we looked at the care records for eight people and looked at records that related to how the service was managed.

Summary of findings

People who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

People were treated with kindness and respect. People we spoke with told us, "Staff are smashing, I have no complaints."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work with vulnerable people. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a comprehensive, formal quality assurance process in place. Although these processes did not always identify areas of improvement or where mistakes had been made.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

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?

Good

The service was safe. There were appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse.

The care staff knew how to protect people from harm.

The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in a care environment.

Is the service effective?

Good

The service was effective. People received the support they needed to lead their lives as they wanted and remain as independent as possible.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and it's Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

Is the service caring?

Good

The service was caring. People were treated with kindness and received support in a patient and considerate way.

People who used the service, and those who were important to them, were involved in planning their care.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided.

People were treated with respect and their privacy, dignity and their independence was protected.

Is the service responsive?

Good

The service was responsive. People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

People were asked what support they wanted and could refuse any part of their planned care if they wished. The care staff respected the decisions people made.

People knew how they could raise a concern about the service they received. Where issues were raised with the registered manager of the service these were investigated and action taken to resolve the concern.

Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported.

Summary of findings

Is the service well-led?

Good

The service was well-led. There was a registered manager employed. The registered manager set high standards and used good systems to check that these were being met.

People who used the service knew the registered manager and were confident to raise any concerns with them.

The provider had systems in place to monitor the quality of the service provided. However they did not always pick up issues to be rectified.

People who used the service and their families were asked for their views of the service and their comments were acted on. Their views were actively sought and people told us they felt listened to.

There were good systems in place for care staff or others to raise any concerns with the registered manager. The registered manager took appropriate action when concerns were raised.

Cedars 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.

We carried out this inspection on 7 and 8 July 2015 and it was unannounced. The inspection was carried out by an adult social care inspector.

We observed care and support in communal areas and also looked at the environment. We reviewed a range of records about people's care and how the home was managed. These included the care plans for eight people. 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 four care staff, the regional manager and the registered manager. We asked people for their views and experiences of the service and the staff who supported them.

Before the inspection the registered manager of the service had 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.

Before our inspection, we reviewed information we held about the home, which included incident notifications they had sent us. We also contacted the local authority commissioners of the service.

Good

Is the service safe?

Our findings

People who used the service we spoke with told us that they felt they were kept safe. One person said, "Yes I feel safe here, I always have." We spoke with a visiting relative who told us, "We have found it safe and there seems to be enough staff."

The provider had safeguarding policies and procedures in place to reduce the risk of abuse to people who received the service. We spoke with four staff about their understanding of keeping people safe and how they would act if they had any concerns that someone might be being abused. All the staff we spoke with were aware of different types of abuse and the signs that could indicate that abuse had occurred.

Staff were aware of their responsibilities towards people and were clear how they would act on any concerns. One staff member told us, "I know I could raise any concerns with the registered manager or others within Four Seasons. I also know that I could go to the local authority." Staff were confident that the provider would take any action needed to make sure people were safe. The provider had a policy for whistleblowing. All four staff we spoke told us they were aware of the policy and how to whistleblow, should the need arise. One staff member told us, "We have a policy and there is always information for staff."

Discussions with staff and a check of records confirmed that staff were trained in safeguarding vulnerable adults. The registered manager was aware of the procedure for acting on potential safeguarding incidents. Our records confirmed that when such incidents had occurred they were referred to the local authority safeguarding team.

We looked at the arrangements in place for the administration and management of medicines and found that these were not always appropriate. Medicines were stored securely in a locked cabinet. Medicines stored tallied with the number recorded on the Medication Administration Records (MAR). However only two of the six bottles of liquid medication had 'opened on' dates written. We saw from training records, all staff had received medicines training.

Appropriate arrangements were in place for the storage of controlled drugs and medicines that required refrigeration. Medicines disposed of or destroyed were correctly recorded, however, we found one entry in the destroyed medicines book with only one staff signature for ten destroyed medicines. It is good practice for a second appropriately trained member of staff to witnesses the destruction of medication and both staff should sign the appropriate register. We pointed this out to the registered manager who said it would be addressed immediately.

We looked at eight care records which confirmed that the provider had risk management systems in place. These were individualised, taking into account each person's needs and wishes. Each person who used the service had an individualised personal emergency evacuation plan in case of fire. This described how to best assist that person to evacuate the building in the safest manner, taking into account individual needs, for example if they had restricted mobility.

Policies and procedures to keep people safe were in place to ensure staff provided care in a consistent way that did not compromise people's rights. Records showed that not all care plans or risks were reviewed regularly and updated for specific needs or activities. For example, most bedrails were regularly reviewed yet we found in one care plan that the last review of medication was undertaken in May 2015, yet the provider's paperwork expected that they be reviewed monthly.

The provider regularly undertook an environmental risk assessment which highlighted any risks the person may be exposed to by the physical environment. One member of staff told us, "It's really quite quick to get things fixed. If we noticed anything that was broken or needed repair we could inform the maintenance person and it would be fixed immediately."

The home was clean and tidy and free from offensive odours. Housekeeping staff ensured that all household and cleaning products which could be harmful, for example toilet disinfectants, were safely locked away when not in use. The housekeeping staff also used colour coded equipment, for example mops, for use in specific areas of the building to prevent cross contamination.

There was a recruitment and selection process in place. All the staff we spoke with confirmed they had gone through a formal recruitment process that included an interview and pre employment checks of references and a criminal records check.

We found staffing levels to be appropriate to those recommended in people's care plans to support their

Good

Is the service safe?

needs. Staffing had recently increased following a visit by the local authority. An additional staff member now covered the twilight time which covered the teatime meal and assisted those who wished to retire to bed earlier. The registered manager and staff we spoke with told us about the arrangements for staff sickness. This was covered by the existing staff pool agreeing to take on additional shifts. This ensured that staffing levels were always appropriate.

Good

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and it's Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad understanding of the Act's provisions and how it affected the people they provided a service to. They were aware of, and care plans documented, people's mental capacity to make day to day decisions about their lifestyle.

Staff told us they had received induction training and worked alongside experienced staff so they could get to know people's needs before providing care and support on their own. Four training and supervision records showed staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively as they had received training in areas essential to the service such as fire safety, infection control, safeguarding, moving and handling and medication.

Documents also showed that staff had completed training including first aid, nutrition and health, mental health and dementia. The manager had a system which identified when staff training updates were due, so these could be planned for in a timely way. Staff we spoke with confirmed they had undertaken the training and felt they received sufficient training to keep their knowledge and skills up to date.

Staff files showed that staff received regular supervision and annual appraisal. The provider's policy identified that supervision should be carried out bi monthly. We found this guidance was being followed. We saw supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people's needs. One member of staff told us, "I look forward to supervision, it's an opportunity to discuss all aspects of the service and my place in it."

We checked records in relation to food, and talked to people using the service. We saw that people were given information and choices in relation to the food offered to them, and the staff took time to understand people's preferences. One member of the kitchen staff told us, "Whilst there are always menu choices we always ensure that individual preferences and choices are met." Fresh fruit was also available and people could access snacks and drinks throughout the day.

During the lunchtime meal we saw one person who used the service expressed the wish for a meal which was not on the menu of the day. The care staff were understanding and informed the kitchen staff of the request. Kitchen staff were happy to meet the person's individual wishes. One person who used the service told us, "I think the food here is smashing, and there is always plenty if you want more."

Each care plan we checked contained detailed information about people's food and drink preferences, as well as details about how they should be supported at mealtimes. Where food allergies or specific dietary requirements were identified, these were consistently recorded so that people did not receive unsuitable food. Care staff and kitchen staff we spoke to were aware of those requiring specific diets.

People's files contained clear information about whether people were able to consent to their care. This had been considered in relation to all types of care and support provided and there were comprehensive records showing where people could give consent to some care tasks but not others. This meant that people's capacity to consent had been assessed in a personalised and thorough manner.

Communication amongst staff was good. Staff told us that they received an effective and informative handover at the

Good

Is the service effective?

beginning of every shift which brought them up to date with any changes to people's support and care needs. Care plans contained written correspondence and entries from visiting professionals such as district nurses..

The home was laid out in such a way that people had freedom of movement which maintained their safety and security.

Good

Is the service caring?

Our findings

We saw staff interacted well with people. People were given choices and staff were aware of people's likes and dislikes. We observed staff caring for people and supporting them around the home. We saw that whenever staff helped people they ensured they discussed with people first what was going to happen. For example, we saw some staff assisting people to mobilise around the home and move from chairs to wheelchairs. The staff doing this told each person what they were going to do, and why they needed to do it. This meant that people experienced staff supporting them in a reassuring and transparent manner, which met their needs.

We observed activities taking place in the home. The staff facilitating this took time to ensure that everyone taking part was included, and led the activity in a way that meant everyone was involved. The people we spoke with told us that they enjoyed this activity. We saw that some people did not want to be included in the activity and staff respected their decision. We pointed out to the provider that the activities board in the reception area was showing the activities for the week commencing 19 June 2015. The provider addressed this immediately and brought the board up to date.

We observed staff relationships with people living at Cedars were supportive and caring. One member of staff told us, "The people here are great, I love working here." People told us that their individual care needs and preferences were met by staff who were very caring in their approach. One person said, "Staff are smashing, I have no complaints." A relative told us, "The management and staff are all approachable."

Staff had completed training in equality and diversity in relation to treating people of different faiths, culture and beliefs fairly and equally. Care records evidenced that people had told staff what was important to them and how staff could support them, such as attending church.

We spoke with staff about how they preserve people's dignity. One member of staff told us, "Encouraging people to be as independent as possible, knocking on doors and closing curtains are important, particularly during personal care."

The eight care plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences and identified people that were important to them. It was therefore evident that people were looked after as individuals and their specific and diverse needs were respected. Staff also knew relatives that visited very well and we saw that staff spoke to people using their preferred names.

We saw people's bedrooms and saw they were personalised with items they had brought from home. One person we spoke with told us, "It's nice to have my things around me."

Good

Is the service responsive?

Our findings

Care plans were well written and provided detailed information about how the planned care and support was to be provided. The plans provided details about the person's life history, their health care needs and the social activities they liked to participate in. The plans were person centred and had been written with the involvement of the person. Where possible people had signed to say they agreed to their plans. Care plans described how people should be supported with their, likes and dislikes. We saw staff supporting people in accordance with the assessed needs described in care records.

The provider's paperwork determined that care plans and risk assessments should be reviewed on a monthly basis. Most records had been kept under regular review or as people's needs changed and reviews involved the person, relatives and other healthcare professionals. However we found that some sections of the care plans we saw had not been regularly reviewed. For example one person's medication plan had last been reviewed in May 2015. We also found that progress sheets were not always completed every day. We spoke to the provider about this. They told us that the expectation was that there would be a minimum of two entries per day and would address this issue at staff meetings and individual supervisions.

We spoke with one person about how they were able to access activities. They said, "There is always something on but I don't always join in." During the lunchtime meal we saw staff responding quickly to people's requests. For example one person was offered a drink of orange or blackcurrant to accompany their meal. The person requested lemonade. The staff member ensured that the request was met without fuss or delay.

In addition to formal activities staff supported people in maintaining relationships with family members. All the care plans we saw detailed the support to be given to the person who used the service to maintain social networks.

We saw the service had a complaints procedure which was publicly displayed. People we spoke with knew how to make a complaint. One relative said, "If I was unhappy about something I would tell (manager) and I know something would change." Staff we spoke with were confident in their knowledge of how to respond to complaints, raise concerns or whistleblow. We saw that complaints were responded to quickly and in line with the provider's policy.

Both formal and informal meetings were held with people who used the service and relatives. We saw one person who used the service go to the managers office just to sit down and chat. The manager listened, talked and took this as an opportunity to gauge the person's experience of living at Cedars. We saw minutes of meetings with relatives where topics such as laundry and food were discussed.

We spoke to the relatives of one person who used the service, they told us, "We always know what is going on with (relative) and the home in general staff are good at keeping us informed."

A "We asked, you said, we did." notice board in the corridor displayed the results and responses from meetings and feedback with people who used the service and relatives.

A newly installed electronic system in the reception area gave another opportunity for people to leave feedback. The regional manager told us, "It's important for us to listen but also have multiple methods for people to be able to speak."

Good

Is the service well-led?

Our findings

The registered manager had recently moved within the organisation and a temporary manager was in place until a new manager had been recruited. People who used the service and relatives gave us positive feedback on the service, and told us that the manager and staff were approachable and accessible.

We saw, and the manager and regional manager told us about, audits to measure quality, such as reviewing care planning records, room/environmental audits, measuring staff competencies, medication, infection control and catering. These audits were completed on a frequent basis however they did not always pick up the issues we identified, for example days without entry on progress sheets or only one signature on the destroying of medicines.

People told us they were sufficiently supported by staff. Staffing had recently increased and was above the level indicated by the staffing tool. The staffing tool determined the staff required at the home based on the needs of people who used the service.

We saw staff were effectively deployed to deliver a high quality service. The lunch time experience for people appeared positive, with conversation and humour. People received support when required and there was always a staff presence in the lounge areas. This meant that staff were available when required to deliver the care expected. We reviewed staffing rotas and saw that there were an adequate number of staff on duty.

Staff told us how the handover system worked well and ensured that the staff coming on shift were aware of any particular concerns from the staff going off duty.

People and relatives told us they were happy with the service, and that they found the manager and staff helpful. For example one person who used the service told us, “They are all smashing.” When we asked people if they knew who the manager was and whether they could easily approach the manager and staff, they told us they could. We saw numerous examples of the manager and staff chatting to people and relatives in a relaxed manner. People responded to the manager with a smile or acknowledging them.

Staff we spoke to told us that the registered manager would listen and that they could raise issues to them. Staff told us that they could either approach the manager directly or they could raise issues with their immediate line manager and were satisfied that issues would be followed through. Staff were also aware of the provider and felt they could raise issues with them also.

The provider used annual customer satisfaction surveys to assess the quality of care provided and to plan improvements. We saw that an electronic comments system had been recently been placed in the reception area so that anyone could leave feedback on the service and the comments collated frequently.

In a corridor outside the manager’s office we saw a notice board which displayed, “What we asked, what you said, what we did.” This summarised the discussion and action taken following residents’ meetings regarding areas such as activities, visiting entertainment and social trips.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and appropriately recorded.