Cedar Tree Care Home Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service in April 2017 and rated the service as Good. After that inspection we received concerns following a specific incident at the service which had a serious impact on a person using the service. This incident indicated potential concerns about the management of risk in the service. As a result we undertook a focussed inspection on 16 January 2018 to look into these concerns. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedar Tree Care Home Limited on our website at www.cqc.org.uk.

Cedar Tree Care Home Limited is a care home with nursing for older people, many of whom are living with dementia. People in care homes receive accommodation, nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both of which were looked at during this inspection.

Cedar Tree Care Homes accommodates up to 40 older people in one purpose built building, fully accessible throughout. At the time of our inspection there were 39 people using the service.

The service 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.

Staff understood how to recognise the signs and the many different types of abuse. They knew how to report any concerns they may have and were knowledgeable about how to contact external agencies with their concerns.

Potential risks people were exposed to were identified and regularly reviewed. Records included detailed information and guidance to support staff to carry out their role. Accidents and incidents were analysed, reviewed and actions taken to improve safety across the service.

There were robust recruitment processes in place. These helped to ensure staff were suitable to provide care and support. There were enough staff available to meet people's needs as assessed in their care plans.

People received their medicines safely and as prescribed.

Staff followed infection control procedures to control and reduce the risk of infection for people.

The management and leadership within the service had a clear structure and the registered manager was knowledgeable about people's needs and key issues and challenges within the service. Staff felt supported and enabled in their role. Diversity was recognised and supported within the service.

People and their relatives were supported to share their views about the service and these were respected and used to drive improvements and develop the service.

The registered manager and the provider had systems in place to monitor the quality of care and ensure the values, aims and objectives of the service were met. This included audits and checks of key aspects of the service, Outcomes were used to ensure people received good, safe care.

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.

Staff were knowledgeable about the different signs and types of abuse and knew how to report concerns. Risks were managed, reviewed regularly and lessons learnt to keep people safe from harm or injury. People were supported to take their medicines safely and as prescribed. People were protected from the risk of infection by staff that followed procedures to help prevent and control infections.

Is the service well-led?

Good

The service was well-led.

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care. People and their relatives were able to share their views and these were used to drive improvements and develop the service. Audits and checks were completed regularly to review the quality of the care provided.

Cedar Tree Care Home Limited

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 focussed inspection took place on 16 January 2018 and was unannounced. The inspection was prompted by an incident which had a serious impact on a person using the service and this incident indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, which may be subject to criminal investigation, we did look at associated risks.

The inspection team inspected the service against two of the five questions we asked about services: is the service safe and is the service well-led? No risks or concerns were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in the overall rating in this inspection.

The inspection team consisted of one inspector, a Specialist Advisor and an Expert-by-Experience. A Specialist Advisor is a person with professional expertise in care and nursing. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our inspection we spoke with the registered manager, the clinical lead nurse and five staff members. We also spoke with four people using the service and five relatives. We reviewed care records for six people which included care plans, risk assessments and medicines records. We also looked at the systems used by the provider to monitor the service, which included records of audits undertaken in regard to checking the quality and consistency of the care provided and records relating to the day-to-day management of the

service.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One person told us, "I can't do much on my own now. It feels good to have staff who can help me whenever I need it. I never have to wait long for them to come." Another person told us, "They [staff] keep me safe. I did have trouble using my [walking] frame for a while but the staff were good and persevered with me until I got the action right. I'm okay now and I can walk around if I want to. If I'm feeling a bit wobbly they [staff] come with me." Relatives told us they had no concerns about their family member's safety. One relative told us, "[Name of family member] is safe. He has an air mattress and bed rails to keep him safe at night and staff check on him regularly." Another relative told us how their family member required a hoist to help them move around the service and they saw there was always two staff to support them during transfers.

People were protected from the risks of abuse as the provider had systems in place to safeguard people. Staff were able to describe the different types of abuse and harm people could face, and how these could occur. One staff member said they would raise any concerns or worries they had about people's safety with the registered manager and felt confident these would be taken seriously. Staff were able to explain how they would raise concerns with relevant external agencies if they felt they needed to. Staff told us and records showed they had undertaken training with regards to safeguarding and protecting people. Further training was planned to ensure staff had the skills and knowledge they needed in line with current guidance.

The provider had recently updated their safeguarding policy. This included details of how staff should report and respond to safeguarding concerns, and details of where staff could share concerns outside of the service.

People were provided with the care and support they needed safely. Risks people faced had been assessed and were included in people's care plans. For example, risks associated with people's mobility, the environment or people's health conditions. Risk assessments were detailed and identified potential risks to people's safety and measures were in place to control these risks. For example, where one person was at risk from falls due to their health condition and poor mobility, measures staff needed to take to keep the person safe were clearly identified. These included use of specific equipment, numbers of staff required to support the person for specific tasks, staff training and frequency of checks on the person at night.

Risks people were exposed to were regularly reviewed to ensure people received safe care. Where measures to reduce risks, such as the risk of falling, had not been effective, staff took action to identify alternative measures. For example, one person had been assessed as being at risk of falling out of bed and as such required bed rails to keep them safe. Staff identified the person was at risk of climbing over the bed rails and had reviewed the risk assessment with health professionals and family. This had resulted in the bed rails being removed and alternative measures being implemented which helped to maintain the person's safety during the night.

Staff demonstrated they had good overall knowledge of how to keep people safe. We observed staff

following safe practices when supporting people to use equipment to move around the service. For example, ensuring people had the correct equipment as detailed in their risk assessments. Staff checked the equipment was in good working order, fitted correctly and the environment was safe before supporting people to move. Where people required the support of two staff to enable them to transfer, this level of support was consistently provided. Staff told us they had completed training in health and safety and manual handling and this was confirmed in records we saw. The registered manager and senior staff undertook competency assessments to ensure staff were following best practice in supporting people to move and transfer.

Staff respected people's human rights. For example, where one person had declined staff assistance to move around the building, staff respected this choice. A staff member told us, "[Name of person] has good days and bad days. Sometimes [name] can be non-compliant with care. We explain what we need to do and how we need to help and the consequences if they don't get the help they need. We give [name] time to calm and go back to offer assistance at a later time. [Name] usually accepts this but we do respect there are times when care is declined."

Accidents and incidents were clearly documented with actions taken and referrals to appropriate health professionals for guidance and support. Records showed that these were reviewed individually and action taken in the event of accidents or near misses to prevent further incidents or harm for each person. The registered manager told us they would develop systems to enable them to review this information collectively. This would enable them to identify trends and patterns that may impact on more than one person and demonstrate how lessons were learnt.

The building was maintained to support people's safety. There were certificates to confirm it complied with gas and electrical standards. Appropriate measures were in place to safeguard people from the risk of fire. Staff had completed individual fire protection plans [PEEPS] for people. These included the level of support they needed in the event they needed to evacuate the building. Staff were trained in fire safety awareness and first aid to support them to respond in the event of emergencies.

There were sufficient staff available to provide people with consistent care and support which met their needs. People and relatives told us they felt there were enough staff and they didn't have to wait very long for help. One person told us, "I need two carers to help me now and two carers always come. Things are done properly here." We saw the person was consistently supported by two staff members during our inspection. Staff told us they felt there was enough staff to support people and senior staff always supported when needed. Staffing rotas showed that staffing levels were consistent.

People were protected from the risk of unsuitable staff as the provider followed safe recruitment procedures. The provider undertook a number of checks on staff before they started to work in the service which included Disclosure and Barring (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with people using care services and helps employers to make safer recruitment decisions.

The registered manager had processes in place to support nursing staff to meet their requirements for revalidation as nurses. The registration status of nurses was checked before they began working in the service and systems were in place to check the on-going status of nurse's registration to ensure they were suitable to provide safe nursing care.

People received the support they needed to take their medicines safely. One person told us staff supported them to take their medicines in line with their preferences. They told us, "I get my tablet broken up on a

spoon and I take them with a drink. I always get them on time from a nurse who wears a special red tabard and it says not to speak to her (whilst administering medicines)."

We observed staff supported people to take their medicines safely. Staff identified themselves to people and consulted with them regarding their medicines. People were supported to take their time to take medicines.

We saw that medicines were stored safely, administered on time, recorded correctly and disposed of appropriately. This included the management of controlled drugs (CDs). CDs are medicines that require specific storage and recording arrangements. Protocols were in place for staff to follow and additional guidance on specific medicines which included known side effects or time-specific medicines. For example, where people needed to have their medicines 30-60 minutes before food and other medicines, protocols were in place to support staff to follow these specific administration instructions. Where people were prescribed medicines 'as and when required' [PRN] these were supported by detailed protocols to guide staff on stated dosages, maximum amounts and details of when they may be required. People's care plans included how they expressed if they were in pain which guided staff to determine if people needed pain relief. This was an example of staff following best practice guidance.

Some people received their medicines covertly (disguised in food or drink). This practice was supported by best interest assessments and decisions and authorisation from a relevant health professional. These were kept under review to ensure this practice remained in the person's best interests.

Where people were prescribed transdermal patches (a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream) to manage their health conditions, we found records did not include a rotation chart to indicate where the patch had been applied and daily checks to confirm the patch remained in place. This is important as these medicines need to be rotated and can be pulled off or come away from the skin. Records for topical medicines, such as creams and lotions, instructed staff to 'apply to affected area' but did not provide detail of where the affected area was. The registered manager told us they would implement appropriate records to ensure staff had this information following our inspection.

People were protected by the prevention of control of infection. We saw people's rooms and communal areas were clean and well maintained with no unpleasant odours. Systems were in place to ensure the environment was regularly monitored for safety and hygiene. Staff followed infection control guidance when supporting people with personal care and demonstrated they understood food hygiene safety. Gloves and aprons were available in dispensers around the premises and hand sanitizer dispensers were sited in communal areas for staff, people and visitors.

Good

Is the service well-led?

Our findings

People and relatives were positive about the management and leadership of the service. One person told us, "I know the [registered] manager. She is always walking around the home and talking with people. I feel I could talk to her if I was worried." A relative told us, "The home communicate with us (family) really well. We have complete peace of mind when we leave here. [Name of family member] is in good hands." Another relative told us, "The home have a very good working relationship with other professionals and are on the ball and clued up about [name of family member] health condition. Subsequently there have not been any problems. Staff are very proactive here and often spot things before they become an issue, so often the care is seamless."

The service had a registered manager in post. They were supported by a clinical nurse lead. There was a clear leadership structure in place that was both supportive and encouraged others to be included in decision making and information sharing.

Staff told us the registered manager had an open approach, was supportive and easy to talk to. One staff member said, "The leadership is good; [name of registered manager] is all over everything. She gets stuck in. She has to spend time in the office but is in and out. If she sees someone needs help, she will get it or do it. She is very knowledgeable and a good manager. I feel I get the support I need in my role." Another staff member told us, "I feel supported by the [registered] manager. I have regular meetings with the manager. Overall, we work well as a team." Another staff member said, "The [registered] manager is approachable and visible. She is the best manager I have ever had." We observed the registered manager was visible throughout our visit and people, visitors and staff were comfortable approaching her.

Staff told us they felt supported in their roles and received the supervision and feedback they needed to develop in their role. Nursing staff felt particularly supported by the clinical lead who supported them to develop their skills and knowledge in clinical care.

Staff were supported to share their views through staff meetings. These included meetings with care staff, nursing staff, domestics and night staff. We sampled records relating to meetings held in September 2017 and saw a range of issues were discussed. Meetings were used to share, discuss and review best practice, clarify roles and responsibilities and identify where improvements were needed in working practices.

The registered manager and staff told us the staff team worked well together. The staff team was diverse and this was recognised and promoted within the service. For example, the service did not allow staff to wear jewellery whilst providing care as this presented potential hazards and infection control risk. The registered manager had recognised that some staff needed to wear a particular item of jewellery in line with their cultural needs. The registered manager had consulted with staff and agreed the jewellery could be worn on their body wear it did not present a risk. The registered manager supported and promoted equality and diversity within the service through staff training and discussing cultures within the staff team to raise awareness and understanding. The registered manager spoke about a culture where all staff were treated equally and this was confirmed by staff.

People and relatives were able to share their views through surveys and regular communications, including individual meetings and newsletters. These encouraged ideas which improved the quality of the services provided to people. For example, the development of a memory room and the on-going development of the gardens had been made as a result of relative involvement and suggestions. This demonstrated a respect for people's input into the service.

The quality of care was regularly monitored. Audits and checks were carried out to ensure health and safety standards were met and people received good, safe care. Audits and checks highlighted areas where the service was working well and which required development. Senior staff undertook spot checks to ensure staff working practices were in line with best practice and reflected the values of the service. The registered manager used outcomes of audits to develop and improve the care provided. For example, they were in the process of obtaining quotations to provide people with their own individual hoist slings rather than communal slings to ensure people were supported with equipment that was personal to them. The registered manager told us they would develop systems to enable them to review information about accidents and incidents collectively. This would enable them to identify trends and patterns that may impact on more than one person and demonstrate lessons learnt as a result of reviews.

The registered manager kept themselves up to date by linking with local agencies. They were supported by the provider who regularly visited the service and attended essential and development training to keep themselves up to date with best practice. Commissioners responsible for funding some of the people who used the service told us the provider had made a number of improvements following their audits and completed actions in a timely manner in line with their contractual requirements.

The registered manager demonstrated they were clear and understood their responsibilities and what was expected of them regarding their legal obligation to notify us about certain events. Appropriate notifications had been made about significant events within the service. It is a legal requirement that a provider's latest CQC report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their ratings at the service.