Key 2 Care Limited

Cedar House

Inspection report

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Date of inspection visit:
30 April 2018
01 May 2018

Date of publication:
20 June 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Cedar House is an extra care facility where people have their own flats. People receive personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates the care provided, and this was looked at during this inspection. The service provides personal care for older people and younger adults. This was the first inspection of the service since it's registration in February 2017. It was a comprehensive inspection.

The inspection took place on 30 April 2018. The inspection was announced because we wanted to make sure that the registered manager was available to conduct the inspection. The registered manager stated that 26 people were supported by the service at the time of the inspection visit.

A registered manager was in post. This is a condition of the registration of the service. 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 and associated Regulations about how the service is run.

Risk assessments and staff practice was not comprehensively in place to protect people from risks to their health and welfare.

Staff recruitment checks were carried out to protect people from receiving personal care from unsuitable staff.

People and a relative told us they thought the service ensured safe personal care was provided by staff. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area but had not been comprehensively aware of how to report to other relevant agencies if necessary. Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the relevant safeguarding agency. The registered manager was aware these incidents, if they occurred, needed to be reported to us, as legally required.

People told us that staff supported them with their medicines, though records had not always evidenced this had happened.

Comprehensive assessments of people's needs had not always been carried out, which potentially left them at risk from issues affecting their safety.

Staff had largely received training to ensure they had skills and knowledge to meet people's needs, though training on other relevant issues had not yet been provided.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their

lives. Staff were aware to ask people's consent when they provided personal care. Capacity assessments were in place.

People told us that staff were friendly, kind, positive and caring. Not everybody told us they had been involved in making decisions about how and what personal care was needed their needs, though they did not feel this had any impact on the quality of care they received.

Care plans included important information on people's needs, which helped to ensure that their needs were met, though there was not comprehensive information in place on people's lifestyles and preferences.

People were confident that any concerns they had would be properly followed up. They were very satisfied with how the service was run and complimented team leaders who had organised the personal care.

Staff members said they had been fully supported in their work by the management of the service, and especially complimented their immediate line managers, the team leaders.

Management had carried out audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service, though not all issues had been identified or action taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff were not always aware of the detail in risk assessments to keep people safe. Risk assessments to protect people's health and welfare did not always contain sufficient information to protect people from risks to their health and welfare. Staff had not been aware of the full safeguarding procedure. It was not evident that medicine had always been supplied to people to safely protect their health needs. People said they had been provided with safe care and felt safe with staff from the service. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

Is the service effective?

Requires Improvement

The service was not comprehensively effective.

People had not always received a full assessment of their needs at the point of admission. Staff were trained to meet people's care needs, though some training was needed to comprehensively cover all care needs. Staff had received support to carry out their role of providing effective care to meet people's needs, though more systematic supervision was needed. Mental capacity assessment had been carried out, and people's consent to care and treatment was sought by staff. People's nutritional needs had been promoted and their health needs had been met by staff.

Is the service caring?

Good

The service was caring.

People told us that staff were kind, friendly and caring and respected their rights. Staff respected people's choices, privacy, independence and dignity. Not everyone thought they had been involved in setting up their care plans, though this was not of concern to them as they said they had received a service that was very good and suited them.

Is the service responsive?

Good

The service was responsive.

The care plan contained information on how staff should respond to people's assessed needs, though did not always include their preferences. People were satisfied that staff provided a service that responded to their needs. They were confident that the service would act on any complaints they made. The complaints procedure had not included detailed information to help people to take their complaints further if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People thought it was an organised and well led service. Staff members said that management provided provide good support to them. Services had been audited in order to measure whether a quality service had been provided, though action to deal with issues had not always been indicated.

Cedar House

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 and to look at the overall quality of the service and provide a rating for the service.

Cedar House provides personal care for people living in their own homes within an extra care housing scheme. This inspection took place on 30 April 2018. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector 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.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No information of concern was held about the current provision of personal care to people using the service.

During the inspection we spoke with seven people and one relative. We also spoke with the registered manager, the care manager, a team leader and three staff members employed by the service.

We looked in detail at the care and support provided to the person who used the service, including their care records, audits on the running of the service, staff training, three staff recruitment records and policies of the service.

Requires Improvement

Is the service safe?

Our findings

A risk assessment was in place which showed in detail how the person was assisted to transfer and to support them in their every movement. Risk assessments detailed equipment that was needed to provide safe care. However, when we asked staff how they would assist a person to eat, they were not aware of the specific position that the person needed to be in to prevent the person from choking. There was no evidence that any unsafe situations had occurred. However, there was a risk to the person's safety if the position for feeding was not followed. The registered manager said this issue would be followed up with staff.

A risk assessment had identified that a person was at risk from diabetes. The risk assessment stated the person should be encouraged to have a healthy and balanced diet. However, there was no detail as to what this diet should consist of, which was a potential risk to the person's health. The registered manager said the person's relative did their shopping and bought food of the person's choice. However, this issue would be followed up and discussed with the person and their relative.

Staff members had been trained in protecting people from abuse and understood their responsibilities to report concerns to management but were unclear on reporting to other relevant outside agencies if necessary, if information had not been acted on by the management of the service. The registered manager stated this would be followed up to ensure that all staff were aware of the full procedure to keep people safe. This evidence was provided after the inspection visit.

From medicine records it appeared that a person had been without one of their medicines for a week in March 2018, which did not safely protect their health. The registered manager followed this up after the inspection visit and stated the person's relatives were responsible for ordering medicine and the person had received this medicine. This was not evident from the record.

People told us that they felt safe with staff from the service. Those who needed assistance to move using equipment told us that staff supplied this support in a safe way. A relative also said that there family member felt safe with staff, "They are very good and my [family member] really likes them coming." They told us staff ensured their family member was safe when using a hoist to transfer from the bed to a chair.

One person said they felt safe as all staff were very kind and if they needed more help, she wouldn't hesitate to ask. People who needed assistance with equipment told us that staff were gentle and caring when helping them. One person told us that staff were "Very caring and considerate" when they supported with using a catheter.

Everyone we spoke to told us that they felt their human rights were respected by the staff. One person said, "I am very content because I know I can come and go as I like in my home."

Detailed information was available to staff to follow for a person who was living with dementia. This detailed measures to safely assist the person to prevent them from wandering and getting lost and making sure they were able to have staff support to go to the on-site restaurant and have a meal. Staff were aware of how to

provide this care.

Care plans contained risk assessments to reduce or eliminate the risk of issues affecting people's safety. For example, the risk assessment for a person who needed assistance with a catheter was detailed and showed staff how to safely provide this care. Detailed information was in place for staff to follow for the person who needed assistance with equipment to help them to feed.

Staff members were aware of how to check to ensure people's safety. For example, they checked rooms for tripping hazards. There was a system to risk assess some facilities in people's homes which included relevant issues such as tripping hazards, issues with heating and lighting systems and equipment.

There was information contained in people's care plans such as ensuring that people wore pendants so they could alert staff at all times. Door sensors were in place to alert staff to ensure that people were safe if they were at risk of falling or going out and getting lost. The registered manager showed us information about setting up individual fire evacuation plans for people. This was planned to be carried out in the near future. After the inspection visit the registered manager sent us completed copies of evacuation plans for some people using the service.

There were sufficient numbers of suitable staff to enable people to stay safe. People told us that staff came on time unless there was an emergency. On those occasions, they were informed that staff would be late. One person said staff sometimes arrived 30 minutes earlier than the call time specified time, but this was not a problem to them. Another person said that staff were often 15 minutes late, but this caused them no concerns. The relative we spoke to told us that it was rare for staff not to arrive on time for all care calls.

A care plan identified that a person needed assistance to use the toilet. This detailed equipment needed to safely arrange this. Staff were also aware of how to prevent the person from developing pressure sores by using equipment and the application of cream.

For people who received support in taking their medicines, they told us that it was given on time and in a way that was supportive to them. One person said staff made sure that they took their medicines and that they appreciated this support. The relative did not have any concerns about how staff supported their family member to take medicine.

There was a medicine sheet in place for staff to record when they prompted or supplied people with their medicines. Staff had been trained to support people to have their medicines and administer medicines safely. There was a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people.

There was no information for when as needed medicines needed to be supplied to the person. This could mean inconsistent practice and some staff supplying at times when medicine was not needed. The registered manager sent us evidence after the inspection that this had been put into place. This meant that staff could consistently supply medicines when they were needed.

Staff recruitment practices were in place for new staff. Records showed that there had been checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons' known to the respective staff member. This meant systems in place to employ staff who were suitable to provide personal care.

The whistleblowing policy stated that staff could go to agencies outside the service and supplied details of relevant agencies so staff could contact them. However, this information was not available in the staff handbook. The registered manager said this procedure would be amended and inserted into the staff handbook. This would then mean that staff had ready access to clear information of how to whistle blow to ensure their safety.

People told us that staff protected them from infection as they always wore gloves and aprons when providing personal care. Staff washed their hands between each task. Staff members were aware of how to ensure people were safe from infection risks by wearing suitable equipment and carrying out hand washing.

The registered manager said that only one serious incident had happened since the service had started operating. They were aware of the need to analyse these situations when they took place to learn and prevent them from occurring again. The registered manager had acted by sending a memo to staff alerting them to their safety issue.

Requires Improvement

Is the service effective?

Our findings

The person who had recently come to live at the extra care facility had a review of their care within a few weeks. The review identified that equipment was needed to ensure the person was safe to use the bathroom. If this information had been available in an assessment on admission, equipment would have been in place sooner. The registered manager said that in the past local authority assessments were provided at the point of admission but this was no longer the case. Assessments of people's needs are required prior to people being provided with personal care so that all identified needs are met. This would then ensure that people's needs had always been effectively met.

People thought that staff were well-trained and knew what they are doing. They said their needs were being met because of this. Another person said that they didn't have to tell staff what to do because they always knew how to assist them.

Staff members told us that they thought they had received enough training so that they were able to meet people's needs. They said that they were reminded to complete training by management. Staff said that if they identified further training, this had usually been arranged. This made them feel supported in being able to meet the person's needs. Care plans included guidance for staff on how to carry out specific tasks such as how to move and support limbs to ensure people's safety and comfort.

We saw evidence that new staff were expected to complete induction training. This covered relevant issues such as infection control, moving and handling and keeping people safe from abuse.

Staff had not received training in a number of people's specific long-term health conditions such as Parkinson's disease, stroke, mental health needs, learning disabilities and end of life care.

Staff supervision had not taken place for one staff member who had commenced their employment over seven months previously, though there was evidence of a schedule of regular staff supervisions. This provides staff with effective support to discuss any issues they were unsure of.

The registered manager stated that new starters would receive care certificate training at induction. This is nationally recognised induction training for staff, to be introduced for new staff without relevant experience.

A staff member told us that when new staff began work, they were shadowed by an experienced staff member on a number of shifts. They felt this was a sufficient shadowing period to gain experience to meet people's needs. Additional shadowing would be arranged if new staff were not confident. This would ensure that they knew how to provide effective care to people.

Staff felt communication and support amongst the staff team was excellent. They told us they always felt supported through being able to contact their line managers if they had any queries.

People who received support with having meals told us that they were happy with how they were provided

with choice and the way it was done. A person said that staff always made sure they had enough to drink. Another person said staff looked in the fridge with them and then they decided what they wanted to eat and said; "They are very good at getting it all ready for me." They said that staff did this well, without rushing. There was detail in records about people having the choice as to what they wanted to eat and drink. This indicated that the service took account of people's food and drink preferences and needs.

People told us that staff were effective in responding to health concerns. They said if they became unwell or they had an accident, staff called a doctor or paramedic, informed their families and stayed with them as necessary. A person said that when feeling unwell, a staff member very kind and helpful and offered to ring the GP. Another person said that when they had a fall, staff called the paramedics, made them comfortable and continuously popped in to check they were okay. The relative said that when her family member has been in pain or unwell, staff have always informed them and contacted the GP if needed.

The relative told us that if staff had any concerns about the health of their relative, they would report this to them. Records showed that if the person was ill or in pain, they were referred to the GP. There was evidence of the person attending GP appointments and the district nurse. This indicated that staff knew how to ensure that people received proper healthcare and on going support.

We saw evidence of visits from health professionals in people's records. For example district nurses visits to check on pressure sores and communication from the nutrition nurse regarding feeding equipment. There was evidence that if people were ill or in pain then staff referred them to health professionals and called the ambulance service. Staff told us they would not hesitate to contact health services if people were ill.

People said they were in agreement with the care provided by staff and staff always sought their consent. One person said that staff always asked their consent, despite this being routine. They said they were very appreciative of this.

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.

We checked whether the service was working within the principles of the MCA. There were assessments in place to evidence this and how staff should work with people. Staff had an awareness of this legislation and stated they always supplied choices to people even though they may lack capacity. This meant that staff had knowledge on how to provide effective care within the legal framework.

We saw information in care plans to direct staff to communicate with people and gain their consent with regard to the care they providing. Staff members told us that they asked people their permission before they supplied care. People confirmed that staff explained what they were doing and asked for their consent when people were provided with personal care.

Good

Is the service caring?

Our findings

People said that staff were friendly, kind and caring. One person said that staff were "Marvellous" and would do anything for them and said; "They even speak to me about my memories and my past, they're so kind."

People told us that staff were very caring and they felt listened to. One person said, "I think I'd be able to tell them anything." The relative agreed that staff were very friendly and helpful. They said that staff always had a laugh with their family member and that her family member liked all staff because of their care and kindness.

People said staff were good at ensuring their privacy and dignity was maintained when helping them to bath, shower and dress. They said staff totally accepted their lifestyle choices and how they lived. This was also supported by the relative we spoke with. A person said that staff, "Seem to like anything I do, even if it's not the way they would do it." Another person said staff made sure the bathroom door is closed when they assisted with personal care.

One person said that they went to church regularly, and staff were very supportive of the choice to do this.

People said they enjoyed being independent and they had not experienced anything from staff that acted against this. One person told us they had always done things for themselves and staff help them to become more independent rather than taking anything away from them. Another person said that they were able to maintain their independence because, "I know I can call someone at any time which means I can stay independent." Care plans included information about tasks that people could carry out, such as being able to use the controls of a profiling bed.

The service's information stated people would be involved in reviews and assessments of their care. People told us that they were not always involved in developing their care plan though we saw evidence that people had been involved in reviews of their care. No one expressed any concern about this, as the care they received was good and what they wanted from the service. However, the results of reviews and care plans had been signed by relatives, not people receiving a service. The registered manager said this issue would be followed up.

One staff member said that there was not always enough time to speak with people and socialise with them. The registered manager said this issue would be reviewed to see whether any initiatives could be introduced.

The staff handbook emphasised that people should be treated with respect, with their dignity and privacy protected. This helped to orientate staff in their approach towards people receiving a service. This was also included in the information pack for people receiving the service.

The information pack included a statement about antidiscrimination on the basis of relevant issues such as religion, sexual orientation and cultural needs. Care plans recorded people's religious practice though this

was absent for one person's care plan.

Staff told us they respected the people's choice in, for example, what food and drink they wanted and the clothes that they wanted to wear. One person stated in the care plan that they did not want to eat during the day and they preferred using their specialist equipment to help them to do this instead. This choice was respected. There was information about how people wanted their drinks to be made and what food they wanted to eat. Staff told us they respected all the choices made by people.

People told us their dignity and privacy had been maintained and staff gave choices such as with regard to the food they wanted to eat and the clothes they wanted to wear.

Staff members told us that they would always protect people's dignity and privacy by doing things such as leaving the person when they were using the bathroom, and closing doors when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. This was confirmed by people and the relative we spoke with.

Good

Is the service responsive?

Our findings

People and a relative said that needs were being met by the service. Although not everyone was aware of when or how their care was reviewed, this did not concern them.

One person told us that staff, "Appear efficient to me. It's a hard job putting the stocking on but they are very good and patient at it." Another person said that staff, before they left the call, asked if there was anything else that they wanted before they went. A person also said that staff went the extra mile and said "Do the odd jobs that I haven't told them to," which was appreciated.

There was relevant information in care plans. For example, it was recorded that the person liked to have their things in their proper place and they confirmed that staff respected this. Another care plan stated that staff should encourage the person to attend on-site activities to give the person stimulation and company.

However, not all information about people's personal history, likes and dislikes, goals and aspirations and preferences were included to help staff ensure that the person's individual needs were responded to. This meant staff did not have the opportunity to be aware of people's full preferences and lifestyle, to work with them to achieve a service that responded to the person's individual needs. The registered manager stated this information would be included and, after the inspection, submitted an example of this being carried out for a person's care plan. This meant that staff would have the necessary information to respond to people's needs.

One of the issues in an assessment of needs was the person wanted to socialise and their family were looking to see if there was a befriending scheme available. It also stated that the person wanted to go out to places such as the Cathedral. This had not been transferred to the care plan. The registered manager said that this information would be looked at so that this informed staff on how to support people.

Staff members told us that they always read people's care plans so they could provide individual care that met the person's needs. Care plans had been updated if people's needs had changed so that they could respond to these changes. The relative confirmed that staff always passed on information if their family member's needs had changed.

We looked at call times logs that showed when staff had responded to people's needs. Most calls had been on time though some were up to 60 minutes early or 45 minutes late. Although people we spoke with said this was not a concern to them, there was a risk that other people's needs would not be responded to by having late calls. The registered manager said this issue would be followed up.

All the people we spoke with knew how to raise an issue or make a complaint. The majority told us that they had not needed to make any complaints or raise any issues.

One person said they were impressed with the way they were taken seriously by the service. When they had a concern about the staff member, they felt very listened to and concerns were acted on immediately.

The provider's complaints procedure gave some information on how people could complain about the service. However, this did not contain details about the complaints authority or the local government ombudsman as the agencies who would handle complaints. The service user handbook did not include this information in the section on how to make complaints. The registered manager said this issue would be reviewed and the handbook would include this information.

The registered manager was aware of the new accessible information requirement. The accessible information standard is a law which aims to ensure that people with a disability or sensory loss are provided with information they can understand. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. This was not currently needed.

No one was currently receiving end of life care. The registered manager was aware that this care needed to be planned with the person and their representatives to ensure comfortable, dignified and pain-free care was provided.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well led.

There was an auditing system which included important quality issues such as staff recruitment, the supply of medicine, staff training and incidents. Some issues had been identified but evidence had not always been in place to see whether action had been taken, such as in a medicine audit of March 2018. The registered manager said this would be carried out in the future. After the inspection visit we were supplied with an action plan following the service users' survey in 2017 showing action had been taken. Auditing systems had not identified all relevant issues. For example that all people living in the service had a comprehensive assessment of their needs, risk assessments had not always been detailed enough to protect people's safety and staff support systems not being fully in place.

People told us that the service was well-led. One person said it was a well led service because staff do what they wanted them to do and assisted with keeping them independent. Another person said, "I receive everything on time and what I need." They could not think of anything staff could be doing any better. Another person said the service received so far had been, "Marvellous and perfect."

Everyone told us they felt confident about speaking to the management of the service should it be necessary. They found management to be very approachable. None of the people we spoke to could think of anything that needed improving the service. They would recommend the service to their family and/or friends. One person told us they would recommend the service because, "It is paradise."

The relative told us that, "The positive attitude stems from the team leaders and filters down to the carers [staff]." The relative said the service was open and honest. They added that the service contacted them if there was a problem, that team leaders were very approachable and are always clear in what they did.

People told us that senior management visited them in their flats and checked if they were happy with the service.

The service had a registered manager, which is a condition of registration.

A staff handbook set out information about the governance structure of the company. This showed information which ensured that the responsibilities of managing the service were clear so that everyone was aware of what they had to do.

Staff members told us that senior managers expected them to provide friendly and professional care to people, and always to meet the individual needs of people. They told us that they were well supported by their line managers. Staff were very complimentary about the way the service was run. One staff member told us, "The team leaders are brilliant. They always help us."

Staff said that they felt they could raise issues at staff meetings to discuss any issue. One staff member said

that the issue of lone working at night had been raised. A system had then been put in place to support staff on the shift. Acting on issues helped to ensure that staff were engaged and involved in providing a quality service.

Staff members practices were checked through unannounced spot checks to see whether they provided a quality service to people. Staff members confirmed that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people.

The registered manager was aware of their responsibility to notify the Care Quality Commission (CQC) of incidents. They were also aware of the legal requirement to display their rating from comprehensive inspections, once a rating had been issued from CQC.

We spoke with the local authority commissioners before the inspection visit. They stated that there were no issues of concern of with the service.