

The Cedars Healthcare (Midlands) Ltd

The Cedars Home Care

Inspection report

30 High Road
London
N2 9PJ

Tel: 03001245231

Website: www.thecedarshomecare.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Cedars Home Care provides personal care services to people in their own homes. At the time of our inspection 73 people were receiving a personal care service.

People's experience of using this service and what we found

People told us people they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people. Staff supported people to take medicines safely.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the manager.

The staff team was committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People told us that staff were able to meet their needs and were respectful of their individual preferences. Relatives told us staff who supported their loved ones were kind and caring.

People confirmed the service did not miss any care calls and that staff were usually on time.

People received care and support from a small group of staff, which provided consistency.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published on 27 March 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

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.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Cedars Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one 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.

Service and service type

The Cedars Home Care is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager who was in the process of registering with the Care Quality Commission.

Notice of inspection

We carried out the inspection visit on 10 February 2021. We gave the service short notice of the inspection as we were mindful of the impact and added pressures of the COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

What we did before the inspection

We reviewed the information we held about the home which included statutory notifications and safeguarding alerts. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the manager, the nominated individual and four care staff. The nominated individual is

responsible for supervising the management of the service on behalf of the provider. We looked at four care records and three staff records; we also looked at various documents relating to the management of the service.

After the inspection

We spoke to 11 relatives of people who used the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us that they felt assured and safe with the care and support that they and their family member received. Comments included "They have been quite magnificent at keeping her out of hospital, she is incredibly safe," and "Very safe, we have got now a core group of a few carers that are excellent."
- The agency had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- A member of staff told us "We must make sure vulnerable people are safe and well."
- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- Assessed risks included skin integrity, infection, specific health conditions such as diabetes, falls, moving and handling and behaviours that challenge.
- Risk assessments were reviewed and updated every six months or sooner where significant change was noted.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately.

Staffing and recruitment

- The provider followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and obtained references.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. Everyone we spoke with confirmed that they had regular carers which gave them continuity in their care. People also recognised that some changes in staff were unavoidable due to sickness and holidays.
- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so. A relative told us "They are consistent and efficient."
- Relatives told us they knew the staff well and had built good working relationships with them.

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

Preventing and controlling infection

- The agency had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment (PPE), for example, masks, gloves and aprons. This helped to minimise the risk of infections spreading. A relative told us "They are very good with PPE. They wash their hands, wear gloves, masks."
- This inspection took place during the Covid 19 pandemic. The manager reported that they had taken action to ensure staff followed appropriate infection control practices. This included ensuring there was a good stock of personal protective equipment which was provided to them by the local authority.
- A relative told us "With all the care she has its a testament to them that she has not contacted Covid and how careful the agency has been."

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team reviewed risk assessments and care plans following incidents to prevent re-occurrence.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and caring. Comments included "They really take care of my Mum; they take care of her like a daughter and Mother. I have real confidence and belief in what they're doing. Sometimes one of the carers on her off day has taken her to the dentist. I think they've saved her life in the last year." And "Very kind, in fact I get the impression that they respect her implicitly. They say, 'How are you?' they are very jolly, she knows what to do she doesn't have to ask."
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- Care staff spoke about how they had established positive and caring relationships with the people they supported and their relatives which helped them to deliver good, person centred care. One of the care staff explained, "I kind of know what they like and don't like, we get to know people well."
- People told us their individual needs and wishes in respect of their values, culture and religion were respected.

Supporting people to express their views and be involved in making decisions about their care

- People and their representatives were regularly asked for their views on their care and their plans.
- Care plans were personalised, and documented people's needs preferences, likes and dislikes and how they wished to be supported.
- Staff told us that they had enough time to engage with people to make sure that each person had everything they needed, and that travel time was kept to a minimum.
- People who used the service confirmed that they usually had their needs met by a small group of staff and that they always knew who was going to be visiting them.
- Many staff had worked for the agency for many years, this meant there was consistency and continuity in care.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values.
 - A relative told us "the most regular carer explains why she needs things done. For example, she makes sure special socks are put on to deter bedsores, she explains the need for them to be put on to her."
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this.
- One relative told us "They take it at their own speed. He can do it all himself now, he just needs support."

- People's personal information was kept secure and staff understood the importance ensuring people's confidentiality was maintained.
- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and closing the curtains.

Is the service well-led?

Our findings

, Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives expressed confidence that the service was well run. We received comments such as, "I don't regret having the company. The handful of main carers are wonderful, they're now like family friends. After all the stresses, because of these particular girls I couldn't ask for anything better." And "It manifests itself in the care Mum receives which is exceptional,"
- Comprehensive and robust care planning ensured people received care and support designed to support them as individuals.
- The manager and staff were clear about their roles and responsibilities and felt well supported by the nominated individual. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.
- The registered provider continually monitored the quality of the service provided to people. Surveys were sent to people and discussions held with them during reviews and unannounced spot checks on staff. This meant the provider was continually checking to ensure that people received the best possible care and support.
- The service valued and recognised staff contributions. We saw that staff were given financial rewards at Christmas time and carer recognition awards on a monthly basis.
- Records of staff meetings, quality assurance and audits showed that when issues were identified, these were shared appropriately with staff and action was taken to address any shortfalls.
- People and staff told us the manager and responsible individual were very approachable and that they would have no hesitation in raising concerns with them .
- Comments from staff included "if my client has any problem, they [the provider] fix it straight away" and "they are very approachable and friendly, it feels like a family."
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and responsible individual clearly understood their legal responsibilities in relation to being open and honest with people when something went wrong. Complaints and safeguarding records

confirmed this.

- The manager was also clearly aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- The number of missed calls were kept to a minimum by regular audits and an Electronic Call Monitoring system, everybody we spoke to told us they had not had any missed calls.
- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Quality assurance surveys were sent out to people annually. The most recent survey had been completed in August 2020. The report showed high rates of satisfaction. Feedback outlining actions taken as a result were sent out to all stakeholders.
- Relatives told us that they had all been involved in the care planning and review process. Regular telephone and written contact had also been maintained, especially during the COVID-19 pandemic, to check up on people's health and mental well-being and to give them relevant updates.
- Due to COVID-19 the provider had not held any formal care staff meetings in the last ten months. Care staff told us, and records confirmed that in the absence of meetings they received regular supervision, telephone calls, emails, and updates about relevant and current guidance which supported them in their role.
- The service worked in partnership with a variety of health care professionals such as GPs, district nurses and social workers, to maintain the health and wellbeing of the people they supported.
- Where referrals had been made, appointments held or there had been ongoing engagement with other health care professionals, this was clearly documented in people's care plans with details of outcomes and actions to be taken.