

Cotswold Care Services Ltd

The Cedars

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 10 and 11 December 2015 and was unannounced. The Cedars provides accommodation and rehabilitation care and support for up to nine people who have a learning disability. They service is located near the centre of Gloucester close to a range of local amenities. At the time of our inspection eight people were using this 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 and associated Regulations about how the service is run.

People were not always safe as the premises were not always safe and secure. Areas of the building which posed a risk to people were not always secured, chemicals used for washing clothes were accessible to people. Risks identified in fire safety audits had not been acted upon.

People told us they felt safe within the home. Care workers had knowledge of safeguarding and knew what action to take to ensure people were kept safe and free from avoidable harm.

There were systems in place to enable the provider to gather feedback from people or their relatives. The registered manager and provider had systems to identify concerns in the service; however action had not been taken to rectify these concerns and make improvements to the service.

People were supported to make decisions around their care. Staff had knowledge of the Mental Capacity Act 2005. 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. However staff did not have knowledge around Deprivation of Liberty Safeguards. The registered manager had not considered Deprivation of Liberty Safeguard (DoLS) applications for people who may be being deprived of their liberty or under continuous monitoring.

Two people did not always receive support around their social and emotional needs, and went long periods of time without positive engagement from care workers. Other people had access to activities outside of the home, and clearly enjoyed the variety of activities and events they were supported to attend.

People's needs were assessed and any risks in relation to their care were identified. However, there was not always clear guidance for care staff to follow to ensure people's needs were met. People's care plans did not always reflect people's current needs.

People were supported by care workers who were knowledgeable and had access to the training they needed to meet people's needs. Care workers felt supported however they did not always receive supervision (one to one meetings with their line manager) which may limit their professional development.

People were supported and cared for by kind, caring and compassionate care workers. Care workers knew the people they cared for and what was important to them. Care workers supported people to stay as independent as possible.

Where people had specific dietary needs these were met by attentive care workers, who knew how to support people and the risks around their nutritional needs.

The service was responsive to people's changing needs and made sure people had their visits when they needed. People and their relatives were involved in planning their or their relative's care. Staff were trained to identify concerns or changes with people's needs.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. The environment was not always safe as people could access areas which were not safe or chemicals which could put them at harm. People's risk assessments were not always reflective of their needs.

People felt safe and staff had a good understanding of safeguarding. There were enough staff to safely meet people's needs. Staff understood the risks of people's care and how to protect them from these risks.

People's medicines were managed and stored safely.

Requires Improvement ●

Is the service effective?

The service was not always effective. Where people were possibly being deprived of their liberty the service had not applied to the supervisory body to approve this. Staff did not have knowledge of the deprivation of liberty safeguards. Not all staff had access to regular supervision.

People were supported with their dietary and nutritional needs. Where people had specific needs, staff ensured they received appropriate support.

Staff had knowledge of the Mental Capacity Act 2005 and supported people with their on-going healthcare needs.

Requires Improvement ●

Is the service caring?

The service was caring. People were positive about care staff. People clearly enjoyed the time they spent with care workers.

People had caring relationships with care workers and benefitted from these relationships. Care workers spoke about people in a kind and a caring manner.

People were involved in decisions about their care and were supported by care workers to make informed choices.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive. People were not always stimulated and did not have access to a range of activities personalised to their needs and preferences.

People's care records were not always reflective of their needs. Care workers did not always keep a record of the support and care they provided for people.

People's views were sought and the registered manager kept a log of complaints and compliments.

Is the service well-led?

The service was not always well led. The service had audits and quality assurance systems to identify concerns; however action was not always taken when concerns had been identified to improve the service.

The registered manager and deputy manager were approachable. Care workers told us the registered manager and provider were supportive. Care workers were supported to develop professionally.

Requires Improvement 

The Cedars

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 10 and 11 December 2015 and it was unannounced. The inspection team consisted of one inspector.

At the time of the inspection there were eight people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with a range of healthcare professionals, including social care commissioners.

We also looked at the Provider Information Return for The Cedars. 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.

We spoke with four people who were using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with four care workers, the deputy manager and the registered manager. We reviewed three people's care files, four care worker records and records relating to the general management of the service.

Is the service safe?

Our findings

People were not always kept safe from risks in the home's environment. On both days of our inspection we found a door to an area of the home which was unsuitable for people was unlocked. One person walked past this door occasionally and could be at risk of injury if they were to go through the door. Additionally, the home's laundry was unlocked, which meant people could have access to the room and its equipment throughout the day. On both days a box of laundry detergent was accessible to people. We discussed this with the registered manager who informed us they would remove the detergent immediately.

A fire risk assessment had been carried out in April 2015, which identified some actions were needed such as ensuring fire extinguishers were accessible and that fire drills were carried out at night. No fire drills had been carried out at night, and the last drill was carried out in July 2015. One fire extinguisher was incorrectly stored on the floor next to a washing machine. Additionally, a fire exit in the building was blocked by one person's wheelchair on both days of our inspection. This posed a risk to people and care workers if the building needed to be evacuated in the event of an emergency. We discussed these concerns with the registered manager who told us they would take action to rectify these concerns.

These concerns were a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People's care plans contained assessments of all aspects of their support needs. Assessments included moving and handling, nutrition and hydration and medicines. However, where risks had been identified there was not always guidance for care staff to protect people or themselves from these risks. For example, one person's care plan stated they required assistance with their anxieties; however there was no information on how staff should assist this person.

Another person's care plans and risk assessments had not been updated to reflect changes in their mobility, and how staff should assist them with the risks associated with the equipment they now needed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person had a detailed risk assessment around seizure recovery. This assessment provided care workers with clear guidance on how to assist them in the event of a seizure. This included how to assist the person to ensure they were not at risk of injury, and when to administer recovery medicines. Staff were aware of how to assist this person and knew the support they required to stay safe.

People told us they felt safe in the home. One person when asked if they felt safe said, "Yes. I'm safe". Another person told us they felt safe, they said, "I'm good here". Two other people when asked if they felt safe, responded positively.

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible

abuse which included neglect, and their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "I would go straight to my senior manager". Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the Care Quality Commission (CQC). They said, "I know I can whistle blow. I would go to [CQC]". Staff told us they had received safeguarding training and were aware of reporting safeguarding concerns.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to local authority safeguarding and CQC. They also ensured action was taken to protect people from harm.

People were protected from financial abuse as their money was kept securely and a record of their finances was maintained by staff. Some people required support with the handling of their money which included the safe keeping and the management of their daily expenses. People's money was kept securely in locked cash tins and checked by staff and people's daily expenses and income were recorded correctly. The deputy manager ensured people's financial records were checked to ensure their expenses were recorded correctly and that no financial abuse had occurred.

There was a calm and homely atmosphere in the home on the day of our inspection. Staff were not rushed and had time to assist people in a calm and dignified way. Staff spent time with people and helped them with day to day activities, such as laundry, cooking and tidying the home. Where people were going out of the home, staff were deployed to assist them with travelling and participate in various activities.

Staff told us there were enough staff available on a day to day basis to meet people's needs. Comments included: "I think we have enough staff" and "We have enough staff. It's a busy home, sometimes it feels like there isn't enough staff, but there is". The registered manager had identified the number of staff needed to ensure people were kept safe. On the day of the inspection and other days the safe number of staff had been deployed to meet people's needs.

People's medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked daily by care workers. These checks showed staff monitored stock to ensure medicines were not taken inappropriately and people received their medicines as prescribed.

Is the service effective?

Our findings

Where people may be deprived of their liberty, the service had not always ensured people's rights were protected. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). An internal audit of the service (March 2015) and a review from the local authority (June 2015) had identified that the service had not considered if Deprivation of Liberty Safeguard (DoLS) applications were required for people living at the home. One person was living under continuous supervision and was being monitored using technology as they were at risk of seizures during the night. The service had not considered if a DoLS application was needed. Care workers told us if one person left the service independently they would bring them back. One care worker told us, "We'd stop them, as they don't have the capacity to understand the risks in the environment". This meant people were being deprived of their liberty.

We discussed this concern with the registered manager and deputy manager. They told us they would look into these concerns and ensured where people were being deprived of their liberty a DoLS application would be made.

These concerns were a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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. They showed a good understanding of this legislation and were able to cite specific points about it. One care worker told us, "People can make their decisions. Sometimes they need assistance to understand things". Another care worker said, "Everyone is deemed to have mental capacity, unless proven otherwise".

The registered manager carried out mental capacity assessments for people around big decisions, including finances. These assessments identified if people had the capacity to make an informed decision around a specific issue. Where people needed assistance with decisions, the registered manager sought an independent advocate to assist people. For example, one person had an independent advocate who helped them with decisions around moving to alternative living arrangements. This person responded positively when asked about the support their advocate provided.

Where people lacked capacity to make a specific decision the registered manager ensured a best interest assessment was carried out. For one person a best interest decision had been carried out in relation to the person receiving blood tests. The registered manager ensured healthcare professionals and people important to the person were involved in the decision.

People were supported by staff who did not always have access to regular supervision (one to one meeting)

with their manager. Some staff working at the service had not had an annual appraisal or supervision for nine months. Staff told us they felt supported and able to raise concerns or requests for support from the registered manager and deputy manager at any time.

People's needs were met by staff that had access to the training they needed. Care workers told us about the training they received. Comments included: "We have Foundation For Growth (FFG) training (the provider's mandatory training) which has been helpful"; "I think I have the training I need" and "I have the skills I need". Staff told us they had the training they needed when they started working at the home, and were supported to refresh this training. Staff completed training which included safeguarding, fire safety and moving & handling.

Staff told us they had been supported by the registered manager and provider to develop professionally. One care worker told us they were being supported to do a level 3 diploma in health and social care. One care worker told us, "We can request training. Always able to ask." All staff spoke positively about their ability to develop within the organisation.

People spoke positively about the food and drink they received in the home. One person told us, "I like my food". Another person responded positively when asked if they enjoyed the food they had in the home.

People had their dietary needs met by knowledgeable care workers. One person had been diagnosed with protein intolerance. This person needed support from care workers to maintain a diet which maintained their health and well-being. Care workers had clear guidance on how to assist the person; how their meals should be balanced. Information was available to care workers in the person's care plan and care workers knew how to support the person, and the risks to the person if they did not receive the diet they needed.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, records of appointments with healthcare professionals were clearly documented on people's records.

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of the service. One person said, "I like them [staff]". Another person responded positively when asked about the staff, they also told us, "I enjoy spending time with them [staff]".

People enjoyed positive relationships with care workers. The atmosphere was calm and friendly with care workers engaging with people in a respectful manner. We observed warm and friendly interactions. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes.

People were informed about the purpose of our visit by care workers who asked them if they would like to talk to us. Care workers reassured people who may find it unsettling to have visitors in the home that they were not familiar with.

Care workers interacted with people in a kind and compassionate manner. Staff adapted their approach and related with people according to their communication needs. They spoke to people as an equal. They gave them information about their care in a manner which reflected their understanding. For example, one care worker assisted someone in the kitchen with their lunch. They ensured the person had the information they needed to get themselves prepared for lunch and enjoy their meal.

People were cared for by care workers who were attentive to their needs and wishes. For example, care workers knew what was important to people and supported them with their day to day needs and goals (targets people set which were important to them). One person wanted assistance from a care worker to make a Christmas card for their relative. The care worker supported them with picking colours and helped them decorate the card. Later in the day the person smiled and proudly showed us the card they had made.

Care workers were supported to spend time with people and they spoke positively about this. Comments included: "Definitely have time to spend with people, help them with activities"; "We get to have quality time with people" and "We spend time with people in the home and out in the community. Having lunch with people and helping them be sociable".

Care workers knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. For example, one care worker was able to tell us about how one person, who was unable to express themselves verbally, communicated with other people and staff. They told us how it was important for the person's questions to be answered and the things the person liked to do.

People were able to personalise their rooms. One person had items in their room which were important to them, such as dolls. Care workers told us the person was being supported with their room; however they valued all of their dolls and had a name for each one.

People were treated with dignity and respect. We observed care workers assisting people throughout the

day. Care staff told us how they ensured people's dignity was respected. One care worker was assisting a person with personal care. To support the person's independence, the care worker waited outside of the room, until the person was ready for support. One person spoke positively about how they had a key for their room. Their care plan clearly showed how important their room was to them, and all staff needed to ask permission of the person to access their room.

Is the service responsive?

Our findings

People's care needs were documented in their care plans; however, there was not always clear guidance for care staff to follow to meet people's needs. This put people at risk of not receiving the care and support they need. For example, one person's care plan did not provide clear information on the support they needed within the home about their social and emotional needs. Information about their mood and items which were important to them were not documented. For another person, there was limited information about the support the person needed to access the community and with modern technology. When we discussed these people with staff, they were able to tell us about their needs and the support they were providing them.

People's care plans were not always current and often did not reflect their needs. One person's mobility needs had changed, and this had not been documented. This could put them at risk of receiving inappropriate care or treatment. Another person's needs had changed, and information around their support networks, including advocacy and friends had not been updated. Information on the support this person needed around employment and educational support had also not been updated. We discussed these concerns with the registered manager and deputy manager. They informed us that reviews would be ongoing to ensure people's care and support records reflected their needs.

People's ongoing review records had not always been completed consistently by care workers. For example, for three people there was not a consistent record of the support they had received in November and December 2015. This meant people may be at risk of not receiving the support they needed to meet their needs.

These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People were at the centre of the service and care workers were flexible and accommodating in meeting their needs. One person was supported with activities such as art and craft. Care workers ensured this person had the support to spend the day as they wished. There was a range of activities for people to enjoy such as music, arts and crafts. People were supported to access the community, including going to local gyms, going into town for food or going for a drive. One person told us they enjoyed going to the gym, "I use the machines. I have fun".

Most people in the home enjoyed the activities and events which were available to them. We observed people enjoying arts and crafts, music and reading. People responded positively when we asked them if they enjoyed accessing the local community. One person said, "We have a nice time". We observed two people who went long periods of time without engagement from care workers. Care workers put a movie on for these people to watch, however both people were disengaged. Support records for these people contained limited information on the support they needed with activities within the home. We discussed this concern with the registered manager and deputy manager, who informed us they would discuss these concerns with staff and look at how they could improve the situation.

People were involved in all decisions about their care. One person told us that they were looking at moving from the home. They said, "It's time for me to move on. I'm having a meeting". In the afternoon the registered manager met with the person and their social workers to discuss the support the person needed to move from the home to a different care environment. The person when asked was happy about the meeting. The registered manager stated it was important for the person and they were providing them with support to move on.

People knew how to make complaints to the provider. People confirmed they knew who to speak to if they were not happy. One person told us, "I can talk to [the manager]". The registered manager kept a log of compliments, concerns and complaints. The service had received no complaints in 2015.

The registered manager used a range of systems to seek the views of people and their relative's about the service they received. The home carried out "your voice" meetings on a regular basis, this discussed activities and events within the home. Recent meetings discussed Christmas events, such as organising Christmas parties and meeting Santa. People's views were clearly recorded and demonstrated what was important to them.

Is the service well-led?

Our findings

The registered manager and staff carried out audits around the service, such as fire safety and medicine management. Fire risk assessments in April and May 2015 identified some actions needed around access to fire extinguishers and fire drills needed to take place at night. We found actions had not been completed. Fire extinguishers on one floor were not easily accessible and no documented fire drills had been carried out since July 2015, which was carried out in the morning. We discussed this with the registered manager, who was aware of the concerns.

The registered manager arranged quarterly meetings to discuss quality and safety within the service. These meetings discussed actions which needed to be undertaken. The last meeting was carried out in March 2015 and discussed the need to review Deprivation of Liberty Safeguards for each person, and ensure where people were being deprived of their liberty an application was made. A completion date for this action had been set for May 2015; however at the time of our inspection, this action had not yet been completed. People were being deprived of their liberty or were under constant supervision and the service was not protecting people in accordance with the Mental Capacity Act 2005.

Representatives from the provider carried out an annual service review of the home. This review was carried out in March 2015. The review identified a range of actions around Deprivation of Liberty Safeguards, people's care and support records and safeguarding. This review identified similar concerns as we identified at this inspection. While some actions had been completed regarding safeguarding, the service had not taken action around people's care records and Deprivation of Liberty Safeguards. Additionally in June 2015, the local authority carried out a review of the service, which again identified concerns around Deprivation of Liberty Safeguards and people's care and support records. Action plans had been set by the local authority and the service, however these actions had not all been met.

The service carried out an annual service of people and their relatives. The last survey was carried out in June 2015. This survey identified people did not always feel they were able to make choices around their life and day to day support. There were no actions from this survey, to address people's views and use this information to improve the quality of service people received. We discussed the above concerns with the registered manager. They informed us due to a period of crisis in the service, a number of actions had been delayed.

These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The registered manager informed us they were monitoring incidents and accidents however they had plans to discuss incidents at future team meetings to help staff identify trends and discuss the triggers which caused incidents. This would enable staff to learn and develop and potentially stop incidents from being repeated.

Care workers were supported to take on responsibilities and make improvements to the service. In

November 2015 the registered manager had identified concerns around medicine management within the home. A care worker had taken responsibility to ensure people received their medicines as prescribed and staff documented the support they provided people. The care worker had implemented daily checks which enabled staff to ensure people were receiving their medicines and the number of medicine and recording errors had been significantly reduced.

Care workers told us about the registered manager and deputy manager of the service. Comments included: "They're always available and responsive", "They're supportive, they run the shift really well when they're around, we have great direction" and "Their door is always open. They are available to support and I can ask any questions". One person said of the registered manager, "They're lovely. Good to me".

The registered manager used team meetings to ensure staff had information they needed about people, day to day issues and concerns. In a recent team meeting the registered manager discussed issues around cleanliness in the home and implemented new checklists to ensure the home was kept clean and staff followed their duties. Staff were also thanked for their support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people did not have consent and were being deprived of their liberty, the registered person had not acted in accordance with the Mental Capacity Act 2005. Regulation 11 (3).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because areas which contained items which could harm people were not secured. Fire escape routes were not always clear and fire extinguishers were not always stored appropriately. Regulation 15 (1) (b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have effective systems to monitor the quality of the service. Where concerns had been identified, appropriate action was not always taken. The service did not maintain an accurate, complete and contemporaneous record in respect of each person using the service. Regulation 17 (1) (2) (a) (b) (c).</p>

