

Interhaze Limited

# Cedarwood Care Centre

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 2 March 2015 and was unannounced. This was the first inspection of this service since it was registered with CQC.

Cedarwood Care Centre is a residential care home providing accommodation for up to 21 people for reasons of old age. At the time of our inspection 20 people were living there.

The registered manager had resigned and a new manager had been appointed. 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.

Everyone who lived at the home told us they felt safe. Relatives and staff spoken with all said they felt people were kept safe. We saw that the provider had processes and systems in place to minimise the risk of harm to people.

We found that there was enough staff to meet people’s identified needs. The provider ensured staff were recruited safely and had the training they needed to meet people’s needs..

# Summary of findings

The provider had made appropriate applications under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation so that people's rights could be protected. However, not all staff understood what restrictions were in place for people.

We saw that people were supported to have choices and received food and drink at regular times throughout the day. People spoke positively about the quality of the food available.

People were supported to access other health care professionals to ensure that their health care needs were met. People's medication was well managed.

People told us the staff were very caring, friendly and treated them with kindness and respect. We saw staff were caring and helpful.

People told us they were confident that if they had any concerns or complaints, they would be listened to and addressed quickly.

The provider had management systems to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service, their relatives and health care professionals. The provider had identified that these systems could be further improved and had implemented a more robust audit system.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe. Procedures were in place to manage risks and this ensured people's safety.

There were sufficient numbers of staff to provide care and support to people.

People received their medication safely.

Good



### Is the service effective?

The service was not always effective.

Some staff had limited understanding of the Deprivation of Liberty safeguards.

Arrangements were in place that ensured people received a healthy diet.

People were supported and had access to health care professionals.

Requires improvement



### Is the service caring?

The service was caring.

People said staff were caring and kind to them.

Staff took the time to speak with people individually, encouraging them to make decisions about their care.

People said the staff maintained their dignity.

Good



### Is the service responsive?

The service was responsive.

People had their care and support needs regularly reviewed.

People were supported to participate in activities that they liked.

The provider had a system to respond to complaints appropriately.

Good



### Is the service well-led?

The service was well led.

People were happy with the quality of the service they received.

People said the manager and staff were accessible and friendly.

New quality assurance processes were been introduced so that people received a good quality service.

Good



# Cedarwood Care Centre

## 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.

The inspection took place 2 March 2015 and was unannounced. The inspection team included three inspectors.

Prior to our visit we reviewed the information we held about the service and the provider. This included notification's received from the provider. A notification is information about important events which the provider is required to send us by law.

The provider completed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We requested information about the service from the Local Authority who is responsible for monitoring the quality and funding people's care at the home. We used the information to inform our inspection.

During our inspection we spoke with six people who lived at the home, four care staff, two managers, the managing director and two relatives. We spoke to the manager of maintenance and looked at COSHH, health and safety and fire safety checks. We looked at safeguarding records, records, audits, complaints records, medication records and sampled three people's care records.

We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported during their lunch and during individual tasks and activities.

# Is the service safe?

## Our findings

Systems to keep people safe from the risk of harm were robust. All of the people we spoke with said that they would tell staff if they worried about anything and felt safe living in the home. One person said, “Staff are nice, they treat you nice and I feel safe.” Another person said, “I feel safe.” Another person said that staff never did anything that upset them.

Staff had received training so they had the skills and knowledge they needed to minimise the risk of harm to people. All staff spoken with knew the different types of abuse and how to recognise and respond to allegations. One member of staff said, “I have not seen anything that is abusive.” Another member of staff said, “If anything happened that I was not happy about I would tell the manager, and I am confident that they would do something.” Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe. All staff were confident that the managers would report and respond to allegations of abuse appropriately. The provider had followed safeguarding procedures where allegations had been made and notified the local authority and us appropriately.

People were involved in some decisions about their care and had some involvement in deciding and agreeing how risk would be managed. Staff spoken with knew the risk to people and the actions they needed to take to manage this risk. This was because the known risk to people had been assessed and they had the information they needed to minimise risk. We observed a daily handover meeting between staff and saw that any changes to people’s health or welfare were discussed so staff had up to date information about how to meet the person’s needs. Records of accidents and incidents were maintained and analysed so that steps could be put in place to minimise the risk of a reoccurrence.

Staff knew what action to take in an emergency situation because they had received training. Staff gave us examples of how they would manage different incidents. Records showed that staff had completed fire safety training and first aid training. This showed that staff had some knowledge and skills to ensure people would be supported safely in an emergency situation. Records showed that equipment was well maintained so that it was safe for people to use.

One person told us, “There are enough staff, there is always someone around.” Another person said, “There are enough staff, I don’t have to wait for things.” All staff spoken with said that generally there was enough staff. A member of staff said, “There is normally enough staff on duty, unless someone went off sick at short notice.” Staff told us that the provider hardly ever used agency staff and their own staff covered shifts themselves as they knew the people’s needs. We saw that there was enough staff on duty to meet people’s needs in a timely way.

All staff spoken with told us that employment checks were carried out before they started to work at the home. These included a police check and references so that the provider could assess their conduct in their previous employment to determine if they were suitable to work at the home.

Most people required staff support to take their medication. One person said, “We get our tablets on time.” Staff told us that only staff who had been trained administered medication to people. We saw that medicines were given to people safely, and that records were completed at the time that the medicines were given to the person. Medicines were stored securely in locked cabinets and a trolley. We looked at some people’s Medicine Administration Records (MAR), to see whether their medicines were available to administer to people at the times prescribed by their doctor. We found that medicines were available to people as prescribed.

# Is the service effective?

## Our findings

People were complimentary about the staff and said they thought staff was knowledgeable and trained about people's needs. One person said, "The staff know what I like and ask you what you want." Another person said, "Staff knows what they are doing."

Staff had the knowledge and skills to meet people's needs. All staff told us they had received training from the provider to support them in their role so that they were able to meet people's needs. One member of staff said, "There is loads of training here." The provider had a training and development plan in place and a system to monitor what training staff had been done and when they were due refresher training to maintain their skills. However, we saw that the some information within the training matrix was incomplete and did not show when staff were due their next refresher training.

A staff member told us, "We do have supervision and the manager has an open door." Another staff member told us, "I feel really supported." The provider undertook regular field supervisions with staff to check their competence and to give them feedback on their performance. One member of staff said, "They do checks and ask us what we could do differently." New staff were required to complete an induction period to ensure that they had the knowledge and skills to undertake the role.

Staff was able to describe how they involved people in making choices about their care and asking them for their consent. Where people lack capacity the Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care. Most staff told us they had undertaken MCA training and knew how to support people to make a decision.

Where people lacked the capacity to make an informed choice about their care an application had been made for a Deprivation of Liberty Safeguards (DoLS). DoLS requires providers to submit applications to a 'Supervisory Body' for permission to deprive someone of their liberty in order to keep them safe. The provider had made some applications to the supervisory body and had others ready to submit. Some staff spoken with were unclear which people were

subject to a DoLS. Their limited understanding of who was subject to a DoLS showed us that staff may not always be aware of the restrictions in place for people so may not comply with the restrictions. Where people had formally nominated another person to act in their best interest the provider had not got copies of the agreement available to them so they could not be confident that they were acting in accordance with the persons wishes.

Most people told us that they liked the food. People told us that they get a cooked breakfast daily. One person said, "You don't get given anything that you don't like." One person said, "The food is good, if you don't like it they will give you something else." Another person said, "The food is alright." Food was prepared off site and delivered daily to the home. One member of staff said, "There are limited opportunities for people to change their mind, but we can do sandwiches."

Our lunchtime observations confirmed that people were given a choice of meal and food was well presented. Where people required help staff provided one to one support and we saw that people were not rushed which enhanced their mealtime experience. Cultural and special diets were provided. For example, pureed meals so that people's nutritional needs were met. People told us that they could have a drink when they wanted one. We saw that cold drinks were available and staff offered people regular drinks so that that they remained hydrated.

People's health care needs were met. One person said, "They look after you 100%." People told us if they were unwell staff would arrange for them to see a doctor. On the day of the visit we saw that a doctor was called for one person who was feeling unwell. Staff told us that people were escorted to hospital appointments by staff and the provider ensured that extra staff were available to enable them do this. Records confirmed that people saw health care professionals regularly.

Staff confirmed that each person had an assessment of their health needs. We saw that care records were in place to support staff by providing them with clear guidance on what action they would need to take in order to meet people's individual needs. We saw that care was delivered in line with people's care plans.

# Is the service caring?

## Our findings

People who were able to tell us said that they were happy with their care and that staff were kind. People told us that they would talk to staff if they were worried about anything. One person told us, "All the staff is nice, they make me feel that I am someone." One person told us, "Yes, the staffs are kind, very nice." Another person said, "The staff are lovely, I have never had a problem with the staff." A regular visitor to the home told us that it appeared to them that staff were genuinely fond of the people using the service.

We observed staff spoke to people in a kind and caring way. We saw that staff responded when people spoke with them in a friendly and respectful way. We spent time in communal areas and observed the care provided to people and their interactions with staff. We saw that staff were respectful, patient and spoke with people kindly. We saw that staff knew people and were able to respond to them in a way that ensured people could understand. One member of staff said, "I would put my mom in here, staff do care and take pride in what they do."

People told us that staff assisted them when they needed it. One person said, "There is always someone around to help you when you need it. I feel comfortable with the staff."

People told us that they were given choices about what time they went to bed and got up and what they wore. One person said, "They know what I like. They don't make you do anything."

Staff spoken with knew the people they cared for. Staff told us that information was available in people's care plans for them to refer to so that they had the information needed to meet people's needs in the way that they wanted. One member of staff said, "The care plans tell us what we need to do, or if they can the person will tell you." In addition staff attended a daily handover where they were kept informed about how people were and of any changes to their care. Staff said that senior staff were always on duty to ask for guidance if they did not know about a person's care needs. This meant that staff had information to support people to meet the needs of people living there.

People spoken with told us that staff respected their privacy and dignity. One person told us, "The staff make sure that you keep your dignity." Another person said, "Staff always knock my door and wait before they come in." Staff were able to describe what they would do to maintain people's dignity, for example, ensuring people were covered up when supporting them with personal care, and not talking about a person in front of others. We saw that people were well presented in individual styles. Attention had been paid to hair, nails and make up which showed that staff understood the importance of looking nice to people's wellbeing.

People were supported to be as independent as possible. We saw that people had their mobility aids close to them so that they could move freely around the home by themselves. One person said, "I like to make my own bed and I do this each day, but staff would help me if I wanted."

# Is the service responsive?

## Our findings

People were satisfied with how their needs were been met One person told us, “I would talk to staff and ask them to do anything.” We saw that staff responded promptly to the requests made by people.

Staffs were able to tell us about people’s individual needs, interests and how they supported people. We saw this information had been set out in their care records and staff were aware of the person’s preferences and knew how to respond to the person’s needs. We saw that where people were looked after in bed they had call bells accessible to them and these were responded to promptly. One staff member told us, “We know the people that live here. “

People were supported to maintain the relationships that were important to them. One person told us “There are no restrictions on people visiting you they can come any time.” A relative confirmed that there were no restrictions on visiting.

People told us they could take part in some activities if they wanted to. One person said, “There is always something to do.” Another person said, “Activities are the same as, same

as .Pass the ball, skittles, music, quizzes.” We saw that people did activities with staff encouragement, including reminiscence and nail care. We saw that staff took the time to speak with people about things that they were interested in. Some people told us that sometimes trips were arranged, such as meals out or day trips. Staff confirmed that sometimes they took people out into the community. Staff said that in the summer they arranged a number of events such as sea side in the garden and Caribbean days which people had enjoyed.

Most people told us they knew how and who to complain to. One person told us, “I know how to complain but I have never had anything to complain about.” Another person told us, “I have no complaints at all.” Staff spoken with told us how they would handle complaints and confirmed they would follow the complaints process. Staff told us that they were confident the manager would respond to people’s complaints and concerns appropriately. We looked at the records of complaints there was only one recent complaint that was currently been investigated. The manager told us that they were going to meet with the complainant to discuss their concerns in person, initially.



# Is the service well-led?

## Our findings

People and staff were complimentary about the way the home was managed and the quality of the service. The registered manager has recently left the home and a new manager had been recruited and in post. They were aware of the need to register with CQC. Some people told us if they needed to discuss anything with the staff or manager, they would not hesitate to speak to them and believed that their views would be acted upon. The provider had notified us about events that they were required to by law.

Most people said they knew who the managers were and they could speak with them whenever they wished. One staff member told us, "If I have a concern the managers and seniors are approachable and I would be confident that they would act upon what I had said." Another staff member told us, "I am very comfortable talking to the managers and they listen to you. Staff and managers told us that they held role specific staff meetings where they discussed how the home was running and what they could do differently. This showed that management were approachable and prepared to listen to concerns raised.

Staff all said they were very happy with their job. One staff member told us, "I am very happy here, I love my job. I am never late." Staff confirmed that there was always a manager or senior staff available and that they could always contact a manager at any time for advice. Staff commented that there was a good morale and good team work in the home. One member of staff said, "There is a

lovely atmosphere in this home." Other staff said that there was good team work in the home. Some people told us they attended resident meetings. They also told us if they needed to discuss anything with the manager, they would not hesitate to speak to them and believed that their views would be acted upon.

The managing director told us that they completed an annual survey to gain people's feedback about the quality of the care provided, and a report was written identifying what action needed to be taken in response to the feedback. However on the day of the inspection the provider was unable to access this report as they were having IT issues and this was sent to us after the inspection. The provider told us and showed us a new process of internal audit as they had identified that their existing system of audit needed some improvement so that it was robust. The provider had delivered training for all managers in using the new audit system before it was introduced so that managers would be confident in implementing the system.

The provider had a plan in place to ensure that all applications for DoLS were submitted and reinforce with staff which people were subject to a restriction and how they needed to support the person. Field supervisions would be used to check staff understanding of this further.

Regular internal audits were completed, for example of health and safety, care records, staff training and medicines. This ensured the provider had procedures to monitor the service to enable them to continue to improve.