The Cedars Healthcare (Midlands) Ltd

The Cedars Home Care

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to older adults living in their own homes. This was the first inspection for the service that was registered in August 2016.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The service helped people to stay safe. Staff knew about abuse and how to report it and other incidents or accidents which took place. Risks to people were regularly assessed and updated and there were systems in place to ensure there was enough staff to meet people's needs.

People were supported to take their medicines safely and in accordance with the prescribed instructions. Staff members received the training, support and development opportunities they needed to be able to meet people's needs.

People's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected.

People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on.

Staff were motivated and proud to work for the service. As a result staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service. Staff were respectful of people's privacy and maintained their dignity.

The service followed safe recruitment practices and carried out appropriate checks before staff started supporting people.

The registered manager demonstrated good leadership and an understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. We saw that regular visits and phone calls had been made using the service and their relatives in order to obtain feedback about the staff and the care provided.

The service worked in co-operation with other organisations such as healthcare services to deliver effective care and support

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. The service learnt lessons and made improvements when things went wrong.

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. People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

We found that medicines were administered safely

Is the service effective?

Good

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

Is the service caring?

Good

The service was caring.

Managers and staff were committed to a person centred culture.

People who used the service valued the relationships they had with staff and were satisfied with the care they received.

People felt staff always treated them with kindness and respect.

Is the service responsive?

Good

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning, decision making and reviews.

Staff were approachable and there were regular opportunities to feedback about the service received

Is the service well-led?

Good

The service was well-led.

The service promoted strong values and a person centred culture.

Staff were supported to understand the values of the organisation.

There were effective systems to assure quality and identify any potential improvements to the service.

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Detailed findings

Background to this inspection

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

This inspection took place on 27 and 28 March 2018. The provider was given 48 hours' notice because the service is small and the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

The inspection was carried out by two adult social care inspectors and an Expert by Experience, which is a person who has personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning people using the service and their relatives to ask them their views of the service.

There were 48 people using the service at the time of our inspection visit. During the inspection, we spoke with seven people and five relatives, and visited one person in their home. We also spoke to five care staff, the quality assurance manager, the care coordinator and the registered manager. We also spoke to the local authority quality team who had been working closely with the provider.

We reviewed the care records for eight people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at records for seven members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the

service, including complaint and safeguarding records, to see how the service was run.

Good

Our findings

People said they felt safe and that staff understood their needs. Comments from people included "My husband has had a stroke and I feel that he is completely safe." and "Yes I feel safe and when we go out the carer walks beside my scooter in case it throws me."

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. We were able to examine the provider's input into two recent safeguarding concerns and noted the provider had worked effectively with associated professionals and the respective people concerned to keep them safe. The provider had a safeguarding adult's policy. We found that all the staff had completed training in safeguarding. We spoke with staff with regard to safeguarding and all were able to describe different forms of abuse and were aware of the provider's policy. We were also able to speak with a person who used the service in her own home. She stated "the carers treat me well, I always feel safe."

Staff told us there was a dedicated whistleblowing telephone number they could access if required. This meant that arrangements were in place, and being used, to keep people safe from abuse and avoidable harm. One staff member told us "we protect people from harm, if somebody is withdrawn you know something is not right."

A senior member of staff visited people in their homes and conducted risk assessments on the safety of the person's home environment. Individual risk was fully assessed and reviewed. Positive risk taking was encouraged to improve people's skills and promote their independence. For example, we saw how the provider had assisted a person who had been housebound to complete physiotherapy and begin again to access the community to visit friends and relatives. There were also risk assessments in areas such as skin integrity, falls and nutrition. Each identified risk was noted along with steps for staff to take to manage and mitigate it.

We looked at staff personnel files and found that appropriate recruitment checks were undertaken before staff began work. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff commencing work. DBS checks consist of a check on whether people who might be employed by the provider had been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and records showed the date the prospective employee was interviewed. New staff were given a contract of employment and job description. Files also contained a comprehensive work history, interview notes and references. New staff had completed an application with a detailed employment record and two references, in line with the provider policy had been

sought.

There were sufficient staff employed to keep people safe. Feedback indicated visits were punctual and there had been no recent missed calls, people were always informed if a carer was running late. The registered manager explained that the provider had recently become an approved provider by the local authority which meant the service was actively looking to recruit more care staff. The registered manager however stated that they would not take on any more work until new staff had been recruited. Staff we spoke with told us they would never complete tasks alone which required two people, they also told us there was a rota to assist with staff sickness and that managers were always available to assist if required.

We saw calls to people were arranged in geographic locations to cut down on travelling time. The service's visit schedules included appropriate amounts of travel time between consecutive care visits. Staff said travel time was not normally an issue, that they never had to rush and there was plenty of time allocated to each visit to ensure people's needs were met. People told us their carers normally arrived on time and provided support at a relaxed and comfortable pace.

There was a new system in place where carers who worked with people who required two people to manage their needs worked in pairs throughout the day. This demonstrated how lessons had been learnt in relation to earlier incidents where two staff were not always arriving at the same time.

Accidents and incidents were recorded with the details of the accident, any apparent harm, the reason given for the cause and any action taken. These were investigated by the registered manager and were discussed with staff which helped to identify any potential patterns or trends.

Staff were trained in the administration of medicines and had their competency checked. Medicines were stored and administered in accordance with best-practice guidelines. We saw the practices for administering medicines were safe. We checked MAR sheets and could see that the records showed people were getting their medicines when they needed them and at the times they were prescribed.

The service protected people by the prevention and control of infection. Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons.

Good

Our findings

The registered manager spoke of the importance of recruiting care workers with the capability to learn and apply appropriate skills. Staff files contained evidence of training and supervision. Supervision of staff was being used to support staff and monitor performance. Staff said these supervision sessions were useful. We saw that supervision sessions occurred on a three monthly basis and included feedback to staff on their performance, details of any additional support the staff member required and a review of any training and development needs.

We saw that all staff undertook mandatory training in areas such as health and safety, safeguarding, mental capacity, food hygiene, moving and handling and infection control. Staff we spoke with felt the training was good and told us that were also encouraged and supported to carry out vocational training. The registered manager confirmed that all care staff had completed vocational training and were encouraged and supported to study higher levels of adult health and social care. They told us "we want staff to develop and to understand what social care is all about." Staff files contained training certificates and these showed staff training was up to date. Staff also received specific training to support people with more complex needs, for example, stoma care and PEG feeding (feeding using a tube). The provider operated a robust induction programme which consisted of five days of training and a further period of shadowing an experienced staff member. Staff told us they had enjoyed their induction and felt they had learned enough about their roles to give them the confidence and competence to begin working with people who used the service.

People's rights to make their own decisions, where possible, were protected. 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. The registered manager and staff we spoke with all had a clear working understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. People's care records contained signed documents of consent which confirmed agreement of the care that was provided to them. The registered manager told us how they respected people's choices even if they think it may not be the best decision. We saw evidence in people's care files that where someone might be unable to sign consent to care form either because of physical frailty or because of cognitive issues the provider had sought guidance from the local authority and held best interest meetings to act in people's best interests. There were records of whether anyone had formal arrangements in place under the MCA such as power of attorney.

People's healthcare needs were monitored. The care plans detailed people's medical history and known health conditions. Records confirmed that people had regular access to health professionals such as their GP or occupational therapist. Changes in people's health were documented in their care records. This information was also available to inform health professionals who became involved with their care, either through an identified need or an emergency situation. The management team told us they liaised with community health and social care professionals whenever people needed this, such as for trying to source more funding for care visits when staff told them there was not enough time.

Care staff told us they supported people at mealtimes. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. Staff were clear about the importance of adequate fluids and nutrition and confirmed that before they left they ensured people were comfortable and had easy access to food and drink as appropriate.

Good

Our findings

Everyone we spoke with said they thought they were treated with respect and had their dignity maintained. Staff, we spoke with, were very clear that treating people well was a fundamental expectation of the service. Staff comments included "it's really important to respect people's dignity; I always encourage people to do as much for themselves as they can." And "we make sure we are person-centred. We get to know them and understand them."

Staff spoke of the people they supported with a genuine fondness and respect and encouraged people to be as independent as possible. A staff member commented "promoting independence is very important; we must encourage people to do as much for themselves as they can." They told us how they ensured they did not rush people and allowed time for people to do what they could for themselves. A relative told us," He has gained a lot of independence since he came out of hospital and this is down to our carer."

The care coordinator told us how they endeavoured to keep the same care staff with service users for prolonged periods, by using a permanent rota and use the same group of staff for people. 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. Staff was motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. A care worker told us "we always show people respect, we always ask people before doing anything; and we ensure their privacy by covering them and closing doors."

The management team told us if staff were running late, they were required to contact the office who then informed the person due to be visited or their relatives. Staff confirmed they did this. People and their relatives told they were kept informed if visits were running late. This demonstrated respect by keeping people informed.

Good

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

The service had initially received an assessment for each person from the local authority before visiting them to develop a person centred care plan. This included information of the person's medical conditions, their personal care needs, whether they required domestic support and other areas related to the person's wellbeing.

The care plans we reviewed were informative, detailed and provided staff clear guidance on how to meet the person's individual care and support needs. Staff were provided with details of the level of support the person normally required during each planned care visit and guidance on supporting people to be as independent as possible. Staff told us the care plans were well organised, accurate, up to date and full of useful information.

Staff had ensured people were as involved in the planning of their care and support as possible. Where required and appropriate, family members advocated on behalf of the person using the service and were involved in planning care and support arrangements. A relative told us "my husband and I have both been very much involved in the care plan."

People received a service based upon their individual needs. People's needs were assessed in relation to what was important to them. This meant the service was planned and delivered taking into account what people needed and what they wanted. We were able to visit a person who had recently moved to this provider. We saw how the provider had worked with the person and modified the care plan in a personalised manner to improve the person's quality of life. The person told us she was very happy with the provider.

During each care visit staff completed detailed daily records of the support they had provided. These records were regularly returned to the service's office for review by senior staff. These records were informative and included details of the care provided, staff arrival and departure time and details of any observed changes in the person's mood or care needs. Staff had used these records to share information with carers due to make subsequent care visits.

A care plan review involving the person and their family was carried out every six months or when required.

These reviews were based upon the views of people and their representatives. The provider continually updated by contacting all people who used the service on a regular basis. Formal reviews of people's care and support needs were completed as and when required. Reviews took place either through meetings in people's homes or via telephone discussions with people and their relatives and where appropriate, health and social care professionals.

People's confidentiality was respected. Staff were familiar with the provider's confidentiality policy and we observed that confidential information was securely stored at the provider's office. Files were divided into easily read sections which included the local authority assessments, provider care plans, risk assessments; person centred planning, mental capacity, review forms and consent to care.

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We saw examples where request for additional support were made during this inspection. Discussions with staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response.

We saw evidence on care records of multi-disciplinary work with other professionals.

We found that feedback was encouraged and people we spoke with described the managers as 'open' and 'transparent'. Some people we spoke with confirmed that they were asked what they thought about their service and were asked to express their opinions.

People and their family members knew how to complain if they were not happy and felt that the registered manager would take appropriate action if they did complain. Comments included " I would call the office, and they come round from time to time so I can talk then" and " my complaint has been dealt with, they have made the changes starting tomorrow." There were systems in place to record complaints and we saw that they had been handled appropriately. These acknowledged where service shortfalls occurred. The management team told us of actions taken in such circumstances, to minimise the risk of reoccurrence. This included improved staff rostering systems and using the outcomes to inform staff disciplinary processes.

Good

Our findings

The service had a positive ethos and an open culture. People who used the service and their relatives told us they had a good relationship with the management team and most people told us they felt confident the service was well-led.

Our discussions with staff found they were motivated and proud of the service. The managers of the service were known to people, their relatives and staff members. People were positive about them and staff members felt that the registered manager was always friendly and approachable. They also told us that they made sure things got done and were always working to improve the service.

Quality assurance systems were in place to assure the provider that care is being delivered appropriately and help drive improvements at the service. These included a number of different internal checks on service records such as care plans, training and staff files. These helped to highlight areas where the service was performing well and the areas which required development. The service had recently employed a quality assurance officer to oversee the quality monitoring process.

There were robust systems in place to monitor the service which ensured that it was delivered as planned. The agency used an Electronic Call Monitoring system which would alert the management team if a care worker had not arrived at a person's home at the scheduled time.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook regular unannounced spot checks to review the quality of the service provided. We saw that there were spot checks undertaken to observe care workers. This included observing the standard of care provided and visiting people to obtain their feedback. The service user spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes. Care staff told us that senior staff frequently came to observe them at a person's home, to ensure they provided care in line with people's needs and to an appropriate standard.

Care staff told us they received regular support and advice from their managers via phone calls, face to face meetings and a mobile phone group messaging application. They felt that a manager was always available if they had any concerns. Comments included "the managers are really good, they always keep us informed", "managers are warm and welcoming and totally committed" and "it's a fantastic place to work, the support is awesome."

Team meetings were held regularly and included staff rotas to ensure the maximum participation possible. The minutes of these meetings showed they had provided staff with an opportunity to share information about people's care needs and discuss any changes within the organisation.

There were on call systems in place to support people and care staff outside of office hours. Staff told us these system worked well and that they were always able to access support when needed.

The provider engaged with and involved stakeholders in the development of the service. Surveys were sent out quarterly to people who used the service we saw that the last survey conducted in January 2018 was generally positive. Some people had stated that they had issues with lateness of their carers at weekends. As a result the service had increased the number of spot checks done at weekends and increased the pay for weekend workers to drive up standards.

The service worked in partnership with other agencies to support care provision and development. The registered manager told us of attending a local authority's providers meetings and working with their quality team. The quality team told us that the service was very responsive to their feedback and that "they have come on in leaps and bounds."

The registered manager was committed to continuous learning for themselves and for their staff. They had ensured their own knowledge was kept up to date and was passionate about providing a quality service to people. The agency was a member of the United Kingdom Homecare Association, the professional association of home care providers. This was as an important aspect of continual improvement and development of the service.