Care Quality Commission

MGL Healthcare Limited

Cedardale Residential Home

Inspection report

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Date of inspection visit: 2 February 2015
Date of publication: 19/05/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 2 February 2015 and was unannounced.

Cedardale Residential Home is a care home providing accommodation and personal care for up to twenty nine older people who were living with dementia. People had a variety of complex needs including dementia, mental and physical health needs and mobility difficulties.

The service is located in Maidstone, approximately half a mile from the town centre. Cedardale is a large detached property with accommodation on two floors in the main building and in a single storey extension. A stair lift provided access to the first floor.

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

The previous inspection was carried out in May 2013 when we found the service met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Safe recruitment procedures ensured staff were suitable to work with people although not all pre-employment

Summary of findings

checks are recorded. The fire safety risk assessment for the premises was not carried out by an appropriately qualified person. We have made recommendations related to these aspects of the service.

People made complimentary comments about the service they received. People told us they felt safe and well looked after. Our own observations and the records confirmed this. Relatives were satisfied with the service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS, the manager understood when an application should be made and how to submit one and was aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. Staff were trained in the Mental Capacity Act 2005 (MCA) and showed they understood and promoted people's rights through asking for people's consent before they carried out care tasks.

People were protected from abuse. Staff had training in safeguarding adults and knew how to report abuse. Staff were able to support and care for people whose behaviour could be challenging due to their dementia. This reduced the risk of harm to themselves or others and provided effective care. Staff had the skills they needed to communicate effectively with people who were living with dementia.

There were enough staff employed in the home to provide the care and support people needed. Staff received the essential training and updates required to enable them to carry out their roles. Staff told us they received regular supervision. Appraisals were incorporated into supervision sessions to monitor the performance or staff and identify any training needs.

People had individualised care plans which were updated as people's needs changed. Day to day information about people's needs was passed on during handovers between shifts so that staff had all the information they needed about how to care for people.

People's weights were monitored to make sure they were getting the right amount to eat and drink to protect them from the risk of malnutrition and dehydration. People told us they enjoyed the meals provided. Staff made sure that people's dietary needs were catered for. People received the medicines they needed when they needed them.

People were supported to manage their health care needs. Advice from health professionals such as GPs and District nurses was followed to make sure people's health was promoted. Prompt action was taken when people were showing signs of illness.

Staff took time to initiate conversations with people other than when they were providing the support people needed. Staff were kind, caring and patient in their approach and had a good rapport with people. People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

Each person had an individual activity programme to ensure they were provided with meaningful activities to promote their wellbeing. People were supported to maintain their relationships with people who mattered to them. Visitors were welcomed at the service at any reasonable time and people were able to spend time with family or friends in their own rooms and other areas.

The attitudes, values and behaviours of staff and the management enabled and encouraged open communication with people and their relatives. We received positive feedback from people and their relatives about the service. Whilst there were no formal processes for gaining people's views, the management had day to day contact with people and their relatives. Relatives told us they could talk with the management at any time.

Summary of findings

Quality assurance systems were effective in recognising shortfalls in the service and ensuring on going improvement. Records relating to people's care and the management of the service were well organised and kept up to date.

We recommend that the provider seeks advice from a suitably qualified person to ensure any risks of fire are identified and minimised.

We recommend that the provider seeks and follows guidance on how to ensure that all pre-employment checks are recorded.

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?

Requires improvement

The service was not consistently safe.

People were protected from abuse or the risk of abuse.

The provider operated safe recruitment procedures but had not recorded all the pre-employment checks in individual staff files. There were arrangements to make sure enough staff were employed to meet people's needs.

A suitably qualified person had not completed the fire safety risk assessment. Risks to people's safety and welfare were identified and managed to make sure they were protected from harm.

People received their medicines when they needed them.

Is the service effective?

Good

The service was effective

The provider had met the requirements of the Deprivation of Liberty Safeguards. There were procedures in place in relation to the Mental Capacity Act 2005 to ensure that people's rights were protected.

Staff had the essential training and updates required. Staff received the supervision and support they needed to carry out their roles effectively.

People were supported effectively with their health care needs.

People's weights were monitored and recorded regularly. Staff had the knowledge and skills to make sure people were getting enough to eat and drink.

Is the service caring?

Good

The service was caring

People were consulted about their care.

People's privacy and dignity was protected.

Staff were kind, caring and patient in their approach and supported people in a calm and relaxed manner.

Is the service responsive?

Good

The service was responsive.

Pre admission assessments were robust to ensure people's needs could be met. People received personalised care. Care plans were updated to reflect advice from health professionals and any changes in their care and support needs.

Summary of findings

People living with dementia were supported to take part in meaningful, personalised activities. People were supported to maintain their relationships with people who mattered to them.

Complaints were managed effectively to make sure they were responded to appropriately in a timely manner, investigated and any learning was identified and incorporated into improving the service.

Is the service well-led?
The service was well led.

Good

The attitudes, values and behaviours of staff and the management enabled and encouraged open communication with people and their relatives.

Quality assurance systems were effective in recognising shortfalls in the service. Action and improvements plans were developed and necessary action was taken to make sure people received a quality service.

Records relating to people's care and the management of the service were well organised and maintained.

Care Quality Commission

Cedardale Residential Home

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 checked 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 2 February 2015 and was unannounced.

The inspection team included two inspectors and an expert-by-experience who had personal experience of caring for older family members. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gathered and reviewed information about the service before the inspection including information from the local authority and previous reports. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about. We looked at information relatives, staff and the local authority safeguarding team had sent us about the service.

We would normally ask the provider to complete a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements they plan to make. However, this inspection was planned in response to a concern we had received and there was not time to expect the provider to complete this information and return it to us. We gathered this key information during the inspection process.

We observed care in communal areas; examined records including 4 people's individual care records, looked around the home and spoke with 15 people, six relatives, the registered manager the deputy manager and four care staff. We also received information from the local authority safeguarding team, health professionals who visited the service and a relative before our visit.

The previous inspection was carried out on 7 May 2013 when we found the service met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Requires improvement

Is the service safe?

Our findings

People who were able to answer our questions told us they felt safe. People said, “Very safe here”, “Oh yes, its safe here” and “They make sure we are safe”. Relatives told us they felt that their loved ones were safe, with one family noting, “We don’t have to worry about him now”. Other relatives said their family members were, “Safe, well cared for and well fed” and “I think all her things are safe here, and so is she”. We found that, although people were safe because staff cared for them well we have recommended two improvements relating to safe staff recruitment and fire assessments.

The provider had taken reasonable steps to protect people from abuse or the risk of abuse. Staff training in safeguarding was up to date and staff received regular training updates. Staff knew how to protect people from abuse. They were able to describe the various types of abuse and how to identify if people were at risk. Staff knew who to contact if they suspected any kind of abuse was taking place. There was a safeguarding policy and a copy of the Local Authority Safeguarding Adults policy at the service for staff to refer to if guidance was required.

Staff understood how to care for people who presented behaviours which placed themselves or others at risk of harm. When people were agitated and resistive to care staff were kind and patient in their approach. They took time to provide reassurance and gave people space when this was needed so that behaviours did not escalate and people were protected from harm. Care plans provided personalised guidance about how to respond to behaviours. Staff were able to describe individualised approaches they used which worked to diffuse situations before they became a risk to the person or other people.

There were enough staff employed at the service to make sure people were safe. The deputy manager told us they were actively recruiting an activities co-ordinator and more night and day care staff. In the meantime the service had a pool of bank staff who were used to cover shifts when needed. Our observations confirmed there were enough staff with the appropriate qualifications, skills and experience to provide care which ensured people’s safety and wellbeing. Staff told us there were always enough staff to provide the support people needed. When a member of staff asked for help with one person another member of staff came quickly to assist. Staff had time to sit and chat with people and did not rush anyone when they were providing support.

The provider operated safe recruitment procedures. Staff files included completed application forms, which had staff members’ educational and work histories and a health declaration. There was a system in place to make sure staff were not able to work at the service until the necessary checks had been received to confirm that they were suitable to work with people. Individual staff files included references and proof of identity but two files had no evidence of disclosure and barring service (DBS) checks. Although staff and management confirmed that these checks had had been carried out there was no recorded evidence. Other staff files confirmed these checks had been completed and recorded.

We recommend that evidence of all pre-employment checks are recorded.

People were given their medicines as prescribed and intended by their doctor. Some people were prescribed medicines, including sedatives or pain relief medicines ‘to be taken as required’. There was individual guidance for all the people to whom this applied for staff to follow. This made sure a consistent approach was taken in deciding when to offer the medicines.

Records showed that medicines were received, disposed of, and administered safely. People’s individual medicine administration records for prescribed medicines were completed accurately. Medicines were stored securely. Suitable arrangements were in place for obtaining medicines. Records of medicines received were maintained. This meant that medicines were available to administer to people as prescribed by their doctor. Senior staff were trained to administer medicines and they did so in a safe way, making sure people had taken their medicine before they moved on to the next person.

The environment was kept free from hazards. A member of housekeeping staff talked in some detail about their training. They understood the importance of infection control and described how they used the best sockets to avoid or minimise trailing wires when vacuuming. A handyman was employed for general maintenance. A member of staff said “I report things that need fixing and he (the Handyman) comes quickly.”

Requires improvement

Is the service safe?

Safety checks were carried out at regular intervals on all equipment and installations. There were systems in place to make sure people were protected in the event of a fire. Instructions were displayed throughout the home concerning what actions staff should take in case of a fire. There was suitable equipment in place such as extinguishers. Fire exits were clearly marked and accessible. The deputy manager had carried out a fire safety risk assessment but was not suitably qualified to carry out this task.

We recommend that the provider seeks advice from a suitably qualified person to ensure any risks of fire are identified and minimised.

Good

Is the service effective?

Our findings

People told us they felt that the staff were competent. They said, “This was the best you could get”, “They are all pretty good here”, “They look after me so well” and “They’ve got me back on my feet here, so I’m fine now.” Relatives all agreed saying, “They are all brilliant”, “Without exception”, “They are always very good and do their best for her. Dementia is a very difficult condition to help with and they do it all well” and “I have 100% confidence in the staff here”.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No-one living at the home was currently subject to a DoLS. The deputy manager understood when an application should be made and carried out best interest meetings when decisions were required on behalf of people who were not able to make important decisions for themselves. One person received their medicines covertly, that is without their direct knowledge. A mental capacity assessment had been done and the deputy manager had spoken with the family and the mental health team as part of the decision making process. The deputy manager was in the process of making a DoLS application for the person.

There were procedures in place and guidance in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. Staff had attended Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff understood and were able to describe how they gained and acted in accordance with people’s consent. We observed staff obtaining people’s consent before providing support.

Staff had the essential training they needed which ensured they understood how to provide effective care, and support for people. In addition, training was provided in how to care for people with specific needs such as person centred dementia care, diabetes care, Parkinsons and stroke care. Staff told us they had attended dementia training and felt that the training enabled them to care for and empathise with people living with dementia.

There was induction training programme for all new staff. This included shadowing an experienced worker until the member of staff was deemed competent. Most staff had completed National Vocational Qualification levels in health and social care. National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff were provided with support to carry out their roles. Staff told us they felt well supported and had personal supervision every few months with the deputy manager or senior carer. They describe this as based around a series of set questions about possible problems and training needs. This allowed management to ensure that all staff were working to the expected standards and caring for people effectively and for staff to understand their roles and repsonsibilities.

People were protected against the risk of dehydration or malnutrition. People were generally satisfied with meals and mealtimes. The service used a company who supply meals for people. Food was heated in a food heater supplied by the company. We observed staff spent time encouraging people to eat and drink throughout our inspection. Snacks such as crisps, biscuits and fruit were available for people to help themselves or were offered by staff to people who were unable to do this. People’s weights were monitored to make sure they were getting the right amount to eat and drink. Staff were observed helping people to eat their lunch. They did not rush and gave them time to enjoy their meal. A pleasant relaxed atmosphere was created by staff which meant people were able to enjoy mealtimes.

People said, “The food is ok to good”, “Nice food”, and “Plenty of good food”. Relatives told us they were happy with the food. They said, “They do a lovely roast here”, “He loves it, always finishes his food” and “The food is lovely, always fresh.” People were given a choice of drinks in a variety of cups and mugs, to suit the individual. Drinks were placed within reach. The menu was shown on the tables in the dining area, with photographs to assist people with dementia to make choices. The choice was between two different meat dishes, two types of potatoes and vegetables. There was also a salad available. A hot dish was also offered at supper. Staff encouraged people to eat and offered alternatives when people decided they did not want the original choice they had made.

Prompt action was taken and the advice of healthcare professionals was followed when people needed support with their health care needs. People were referred to health

Good

Is the service effective?

professionals including GP's, district nurses, community psychiatric nurses and dieticians for support with their healthcare needs. People's care plans were updated to show contact with and advice from health professionals. Relatives told us they were satisfied with how their loved ones' medical needs were met. One said, "The other day, he was in a bit of pain, and the doctor was here as quick as that". Staff were observed talking to one person who had felt unwell in the night and explaining that the doctor was coming to see them.

Good

Is the service caring?

Our findings

People were satisfied with the way their care was given. They said, “The staff are lovely”, “They are all fine here, they look after us very well”. Relatives told us, “We can come anytime, speak to whoever we want to”, “It’s the banter with the staff that keeps him going. They listen to me as I know him well”, “I know all the girls, they’re so caring” and “They love her, It’s difficult for family members to see her like this and they understand this.”

People told us and we observed that they were treated with dignity and respect. Staff made sure that doors were closed when they helped with personal care. Staff were discrete in their conversations with one another and with people who were in communal areas of the home. Staff knew people’s backgrounds and talked to people about things they were interested in. Staff addressed people by name, talking with them about their families, also by name, to reassure them.

Staff took time to chat with people, other than when they were carrying out support tasks for them. All the staff were consistently kind, caring and patient in their approach with people and supported people in a calm manner. Interactions between staff and the people they were caring for were positive. We observed people being supported to move around the home. Staff went at the pace of the person and chatted to them as they were walking with them. Staff explained how they were helping them as they went along. One member of staff offered to walk with a lady, to go to see how her bird feeders were getting on. There were lots of smiles, warmth and laughter in conversations and interactions between staff and people they cared for.

Support was individual for each person. People were able to make day to day choices about their care, such as the food they wanted to eat or the clothes they wanted to wear. People were able to choose where they spent their time including in their rooms or in the communal areas such as the lounge or dining room. People had personalised their bedrooms with their own belongings which reflected their likes and interests, such as ornaments, photographs and pictures.

People were involved as far as possible in planning their care. A relative told us they had been asked all about their family member’s likes and dislikes, history and preferred routines. People’s care plans included records of regular reviews which people and their families were invited to take part in to make sure care was being provided in accordance with people’s needs and wishes. Each person had a ‘My Plan’ document in their individual care files which had been completed by relatives. This included information about people’s interests and social histories. Information from this document was also used to plan meaningful activities which took account of people’s individual interests and abilities.

People were supported to remain as independent as possible. Staff knew what people could do for themselves and encouraged them to continue to do those things. Where people needed some support with daily activities staff did not take over. They made sure people had the right utensils to enable them to continue to eat and drink by themselves or with minimal support. Care plans described what people could do for themselves what they needed help with.

People’s diversity and values were respected. Staff described in detail how they respected people’s individuality. People were supported to continue with their previous interests and maintain contact with friends and family. Relatives described how their loved one had been ‘given’ the patio outside his room, and had brought his garden gnomes and bench. They also described how their family member went to church every Sunday with another relative and when they get back, they are able to have lunch together, “just like they always did when he was at home”. One person described saying prayers with the staff.

Relatives were aware they could visit at any time. They told us there were no restrictions on visiting and they were always made welcome. One relative said, “They are all so friendly here, they offer us drinks when we come.” People were able to spend time with family or friends in their own rooms. There was also a choice of communal areas where visitors could spend time with people other than in their rooms.

Good

Is the service responsive?

Our findings

People told us they had no complaints about the service and routines were flexible to accommodate their choices. They said, "We usually go up when we are ready to", "I am not keen on showers. I have a selection of baths and washes", "I like to go to bed early and no one bother's me" and "It's a nice little group here. We are quite happy together". Relatives gave examples of how their family members' choices had been promoted.

The deputy manager carried out a detailed assessment of people's needs with them before they moved to the service to make sure it would be suitable for them. Relatives were also involved in the assessment to support their family member and provide additional information about the person.

Staff were responsive to people's needs. They knew people well and understood how people preferred to be cared for and their daily lifestyle choices. Staff were able to describe the kind of things people liked to do and how they liked to spend their time. Staff offered people choices in ways they were able to understand. They described how they showed people items of clothing for them to choose what they wanted to wear each day. Night staff told us they only assisted people to get washed and dressed if they were awake and ready to get up. Staff asked people where they would like to sit when they brought them to the lounges.

Each person had a care plan. There was information recorded about how they wanted their care delivered to make sure staff knew how to provide care and support in a personalised way. Information which relatives had completed in the 'My Plan' document had been used to inform care planning and plan meaningful activities. There was information about people's social histories and people who mattered to them so that staff could engage people in conversations that were meaningful to them. People's preferred routines and choices were included in their care plans such as having a bath or shower and if they preferred tea or coffee.

Care plans contained information about the kind of activities people were interested in. One person liked to look at a picture book of cats. Staff sat with the person talking with them about the pictures during the afternoon. Another person liked to look at their family photographs. Another member of staff spent time with this person engaging them in conversation about their family history. Staff also spent time looking at newspapers with people during the day. There was a weekly activities programme displayed on the notice board with a range of activities people could choose to take part in. These included films, quizzes and games. Some people were playing a game of bingo during the afternoon of our inspection. The range of activities suited both groups of people as well as individual intererets.

Individual daily records were maintained which showed people received the care they needed in accordance with their care plan. Any updates about people were also discussed during the staff handover which took place between each shift. This made sure that staff were aware of and could respond to any change in people's needs.

People living with dementia had meaningful activities to promote their wellbeing. People told us, "We do have quite a bit to do" and "There's lots of things to do". All the clocks, calendars and the reality orientation board were correct. They showed the time, date, season and weather, and staff were heard telling residents the day of the week when asked. Relatives told us about entertainers and a 'family day' which had taken place. One relative told us their family member had been taken on a "sponsored walk for dementia, which he loved, and talked about for ages." They also said, "He likes to help the staff here and they are happy for him to do that." Staff showed us the reminiscence cupboard, which contained interesting old objects which were used on 'memory days', when people were encouraged to handle and talk about them.

People knew who to talk to if they were unhappy about any aspect of the service; the general view was they would talk to the deputy manager. They were able to point out the deputy manager who they knew was the right person to tell. Relatives told us they would not hesitate to talk to the management if they needed to. They said, "If I had a problem, I would go straight to the manager" and "I've met the owner several times. I'd approach them straight away if there was a problem." There was a complaints procedure on display. Systems were in place for handling any complaints. The complaints log showed that records were kept of complaints so people could be assured these had been properly reported, investigated and responded to.

Good

Is the service well-led?

Our findings

We received positive feedback from people and relatives about the service. One person said, "I couldn't wish for better" when describing the service they received. All the relatives were satisfied with the service and felt it was well managed by the deputy manager and the registered manager who was also the provider. One relative said they were, "Happy to give the home the highest praise".

The deputy manager and the registered manager oversaw the day to day management of the service. They knew each resident by name and people knew them and were comfortable talking with them. Conversations the management had with people and their relatives showed they knew people well and were proactive about ensuring the service met people's needs. The deputy manager told us they were well supported by the provider/ registered manager who provided all the resources necessary to ensure an effective service.

The Cedardale Mission Statement was on display near the front of one house. This stated, 'Our Mission is to Provide an Optimum Level of Health, Dignity and Independence for the Residents in our Care. There were brief sentences showing how this would be done, and a reference to 'the residents' charter', which was also displayed. Our finding during the inspection showed that these aims were being met.

There were no formal processes for gaining the people's views. The management had day to day contact with people and their relatives. Relatives described ways in which the management had been responsive to their suggestions or concerns such as providing specific items to assist their family members. None of the relatives felt that meetings or surveys were necessary as they could talk with the management at any time. All said there were no problems, and they knew who they would go to if there were.

The attitudes, values and behaviours of staff and the management enabled and encouraged open communication with people and their relatives and with one another. The induction training programme for new staff covered the aims and values of the service to make sure staff understood and worked in accordance with them. The staff and management team worked well together, supporting each other whenever help was needed. They were consistently friendly and cheerful, creating a warm and welcoming atmosphere where people were valued and were able to feel 'at home'.

Staff told us this was a good organisation to work for. They said the management were very supportive and easy to talk to. Staff understood their roles and responsibilities and who they were accountable to. Staff and the management team had a shared understanding of how to provide a quality service for people living with dementia. The management kept up to date with published research and guidance about dementia and made sure this information was made available to staff during staff meetings and individual supervision sessions. The deputy manager had introduced a programme to provide meaningful activities which encouraged participation and was tailored to people's individual needs. Staff engaged with people as part of this programme during our inspection.

There were effective systems in place to regularly assess and monitor the quality of the service. The deputy manager had responsibility for quality assurance and carried out regular audits of all aspects of the service to make sure people were safe and their welfare was promoted. We observed how bedroom checks were carried out. These were done each week to make sure bedrooms were safe, clean and tidy and had all the required furniture and equipment to make sure people had everything they needed for their comfort and safety. Other regular audits included medication, care records and infection control.

The management team understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They submitted notifications to us in a timely manner about any events or incidents they were required by law to tell us about.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas electrical systems, hoists and the adapted baths to make sure people were protected from harm.

Records relating to the management of the service and people's care and treatment were well organised and up to date. This meant that staff and others had access to reliable information to enable them to provide the care and support people needed.