

# Cedar Care Homes Limited

## The Orangery

### Inspection report

Englishcombe Lane  
Bath BA2 2EL  
Tel: 01225 311008  
Website: [www.cedarcarehomes.com](http://www.cedarcarehomes.com)

Date of inspection visit: 27 January 2016  
Date of publication: 04/05/2016

#### 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 

#### Overall summary

The inspection took place on 27 January 2016 and was unannounced. The service was last inspected in 22 August 2013 when it was compliant with the legal requirements at that time.

The Orangery is a care home registered to provide nursing care and accommodation for up to 40 people, some of whom were living with dementia. The home is located in a residential area on the edge of Bath. There were 39 people living there on the day of our visit.

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.

There was a registered manager for 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 staff understood how to keep people safe. Risks to people's safety were properly identified and well

# Summary of findings

managed. There were enough numbers of staff employed to meet people's needs and help to keep people safe. There were safe systems in use to manage and administer people their medicines.

People told us they were well cared for. They looked relaxed and comfortable in the home and with the staff who supported him. Everyone we spoke with complimented and spoke highly of the staff who supported them. Comments included, "The staff are all lovely and kind." "They can't do enough for you they make me feel that I matter to them".

The staff team were well supported. They were provided with regular training and support to do their jobs effectively. This gave staff the knowledge and skills to meet people's needs in an effective and individualised way.

The home environment was designed to enable people to move freely around the home. There was a spacious and enclosed seated conservatory area that people told us they enjoyed using.

People and their relatives were involved in the planning of their care. The views of people were used to help ensure care was flexible and provided in the way people wanted it to be.

People and their representatives knew how to make a complaint. There was a system in place to ensure that complaints were managed in accordance with the provider's complaints policy.

There were quality monitoring systems in place so that the safety and suitability of the service was properly monitored. Action was taken where needed to improve the service.

# 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 felt safe with the staff who assisted them.

People were supported by staff who understood what to do to keep them safe.

People were given the medicines they needed at the right times. Medicines were stored safely.

Risks to people's health safety and well-being were properly managed.

Good



### Is the service effective?

The service was effective

Staff were suitably trained and provided effective care that met peoples' needs.

People were supported to have enough to eat and drink at times of their choosing. When people were at risk of poor nutrition action was taken to manage these risks.

People were well supported with their health care needs. Staff worked with GPs and healthcare professionals to ensure people had access to the relevant services.

Good



### Is the service caring?

The service was caring

Staff supported people with a kind caring and sensitive approach.

Staff treated people in a respectful manner.

People, their relatives and a medical professional praised the caring and kind approach of staff.

Good



### Is the service responsive?

The service was responsive

Staff understood the needs of the people they were assisting. Staff provided care that was flexible based on peoples preferences, likes and dislikes.

People took part in a variety of social and therapeutic activities that they enjoyed.

People were asked for their views of their care as part of the process of making decisions about how they were supported.

Good



### Is the service well-led?

The service was well led

People told us the home was well run. People and staff said the manager was a kind caring person.

People said they felt able to raise matter with the management.

There was a quality checking system in place to ensure that the service people were provided with was safe.

Good



# The Orangery

## Detailed findings

### Background to this inspection

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service.

The inspection was carried out by one inspector. Some people who lived at the home were not able to make their views known about the service. 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 tell us their views.

We spoke to two relatives, a GP, the registered manager and nine members of staff about the service and the care.

We read four people's care records to see if these were accurate and reflected how to support people with their needs. We looked at records relating to the management of the home. These included quality checks, staff rotas, as well as a number of records that related to how the home was run.

# Is the service safe?

## Our findings

People and their relatives told us that staff always treated people well. We saw how people were relaxed in the company of the staff. People approached staff throughout our visit and looked relaxed and animated when in their company. This conveyed how people felt safe with the staff who supported them.

Risk to people were minimised because staff had been provided training on how to keep people safe and were able to discuss and explain how they did this. Staff knew signs of abuse they needed to be alert to, and knew how to report any concerns. Safeguarding incidents were reported to the local safeguarding team; we looked at some of these incident reports and they had all been properly addressed.

Staff told us they had attended training about safeguarding adults. Staff told us that safeguarding people was also raised at staff supervision sessions. This included making sure that staff knew how to raise any concerns. Staff knew what whistleblowing at work meant and how they would do this. Staff explained they were protected by law if they reported thought there was wrongdoing at work. They also said they had attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisation's people could contact.

We saw a copy of the provider's procedure on display in the home that set out how to report abuse. The procedure was written in an easy to understand format to help to make it easy to follow. There was also other guidance from the local authority advising people how to safely report potential abuse. The registered manager reported safeguarding concerns correctly. Referrals were made when required to Care Quality Commission and the local safeguarding team were informed when required.

Staff provided supervision of people where it was needed to help to keep them safe. For example due to their health needs, some people had reduced mobility and were at risk of falling. Staff provided one to one support for those people, to help to keep them safe. There were risk assessments in place for people's particular safety needs. These included moving and handling, mobility, falls and bed rails. These were completed and had all been reviewed on a monthly basis. When people were at risk of falling,

staff had clear guidance on how to minimise this risk. Where people had been identified as at risk of developing pressure sores, position change charts were in place. These were all complete and up to date.

Care plans included information about what hoists and slings were needed for those who had been identified as having specific needs. Equipment used for moving people was clean and readily available for staff to use.

The service monitored falls and took action where needed. The information about people's falls was analysed to understand which people were most at risk of falling, and any trends in times and locations of the occurrences. The manager said that because of this analysis staffing numbers were increased.

Medicines were managed safely. We saw part of a medicines round and we the nurse took their time with people and asked people how they were, asked how they would like their medicines, for example, one by one or all together, and ensured they had a drink. The nurse was patient and knelt down when speaking to people and gave them plenty of support to take their medicines. They ensured medicines had been swallowed before signing the medicines administration record (MAR) chart. MAR charts were all signed and fully completed with no omissions.

Medicines were stored in locked trolleys within locked clinical rooms. Fridge items were kept in medicine fridges and the temperatures were checked every day. Items stored in fridges, such as eye drops, had been dated when they had been opened to make sure staff knew how long they could be used for. Medicines that were no longer required were disposed of safely, and all items had been logged in the provider's destruction book. Medicine audits took place monthly. We looked at the previous months audits and there was nothing of note that raised concerns.

Staff understood about their roles and responsibilities in relation to the prevention and control of infection. Personal protective equipment such as gloves and aprons were readily available throughout the building. The premises were clean and hygienic. We saw domestic staff carrying out their duties cleaning the environment.

People were helped to stay safe because there was enough staff employed who were on duty at any time to meet their needs. We saw that staff were readily available for people

## Is the service safe?

throughout the home. They were easy to find if needed and were able to meet people's needs in a timely way. One person said, "They come whenever I need them". A visitor told us "I feel I can now relax when I go home".

People were cared for by suitable staff because the provider followed robust recruitment procedures. Interview records demonstrated prospective staff members

employment histories had been reviewed in detail as part of the recruitment process. Disclosure and barring service checks as well as at least two references had been obtained and completed before staff were appointed to positions within the home. These checks are undertaken to help employers make safe and suitable decisions when recruiting staff to work for them.

# Is the service effective?

## Our findings

Peoples' range of individual needs were effectively met. For example, we saw staff assisting people to take part in social activities which were to help to stimulate their memories. Staff told us they were familiar with people's needs and what was written in their care plans. We saw staff prompt people with personal care needs such as bathing in the ways that were explained in their care plans. Staff also assisted people who needed support with moving and positioning. The staff used equipment when needed to assist people. They also helped people who were expressing behaviours that were challenging to become calmer in mood. They did this by using a calm approach, open body language, and distraction methods such as going for a walk together. The staff were able to support people to become calm in mood when they expressed behaviours that were challenging towards them.

Relatives spoke highly about the staff and their ability to care for their relatives. Staff we spoke with were knowledgeable about each individual's needs. We spoke to a GP who told us staff were competent and knowledgeable about the people they supported. They said that staff knew people well and had a good understanding about their behaviours that could be challenging at times.

Staff we spoke with were knowledgeable about people and how they preferred to be cared for. The staff told us about individual preferences and daily routines such as certain people who liked to get up late and other people who preferred to be supported by staff of the same gender. We saw staff provide care to the people they had told us about in the ways described.

Staff told us they supported a small number of people with their particular needs. Staff said this helped them get to know people well and what sort of care and assistance they preferred. They said supporting people in this way helped ensure they provided an individualised service.

People were supported to have sufficient to eat and drink. People were offered drinks throughout the day and there were jugs of juice available in the lounges for people to access. People's nutritional needs were assessed. When they were identified as being at risk of malnutrition or dehydration, care plans were in place.

Where people required more specialist input, dieticians and speech and language therapists were involved with

their care. Care plans contained detail for staff to follow, such as when food and fluid charts were required to monitor people's intake, these were signed and up to date. They had been signed at the end of each shift by the nurse in charge as a way of checking if target intakes had been met, and as a way of ensuring that necessary action took place if needed.

We saw lunch being served to people where they preferred to eat in the home for example in their rooms or in the dining rooms. People said that the food was "Very good" and "Not bad at all". The food looked and smelt appetising.

The menu was displayed prominently for people to know what meal choices were on offer each day. We saw that menu choices looked varied and nutritious. People were encouraged by staff to eat their meals independently if they were able. Staff provided support where needed and they sat next to people and helped them eat their meals. We heard care staff explain what the food was and speak with the people they were supporting. The staff were organised and communicated among themselves to ensure everyone had their meal promptly. Care records set out how staff how supported people to eat and drink enough for their health. An assessment had been undertaken to identify when people were at risk of malnutrition or obesity. Care plans clearly showed how staff should assist people with their particular dietary needs. For example, where people needed a diet of a certain texture this had been set out. It was also set out in care records when people needed staff to assist them.

Staff were informative on the subject of Mental Capacity Act 2005 and were able to explain what it meant for people who lived at the home. The Mental Capacity Act 2005 is a legal framework to ensure decisions are made in the best interests of adults who do not have the mental capacity to make decisions for themselves.

We saw staff accompany people for walks who were subjects to a DoLS. The staff told us this was one way they ensured limits to people's freedom were kept to a minimum. Staff had been on Mental Capacity Act 2005 training.

There was guidance available about the Deprivation of Liberty Safeguards (DoLS). This information helped staff if needed to ensure safeguards were put in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application to

## Is the service effective?

restrict people's liberty if this was needed. There were nine people were subject to a DoLs authorisation. We saw that the correct application had been made and they set out why these were needed for people's safety.

Staff spoke positively about the training opportunities they were able to go on to help them to support people effectively. They told us they had been on training in subjects relevant to people's needs. The training records confirmed staff had attended training in a range of relevant topics. These included courses about food hygiene, first aid, and infection control and medicines management, care of older people, dementia care and health and safety subjects.

The staff told us that they met with their supervisor regularly to talk about work matters and review their

performance. Training needs and performance related issues were also raised at each meeting. Supervision records confirmed that staff were properly supported and guided in their work.

Newer members of the staff team told us they were properly trained and supported so that they felt confident to provide people with effective care. There was an induction-training programme for all newly employed staff. The induction programme looked at areas such as how to report concerns about people, how to support people with dementia type illnesses, how to help people who become angry, health and safety and safe food hygiene. Completed records showed that staff had completed a variety of training before they were able to work with people at the home.



# Is the service caring?

## Our findings

People told us that staff were kind and caring to them at all times. One person said, “They are all so friendly”. Another comment was “They are all very kind”. One relative told us “Nothing is too much trouble. The staff have helped me to feel I am not on my own”. Another person said, “The care in this place is first class”. A GP who visited the home told us staff were caring and kind. They said that staff had been trained and knew how to respond to the needs of the people at the home.

Due to some people’s complex needs and some people living with dementia they were not able to directly tell us what they thought of the service. The staff communicated and responded to people in a sensitive and caring way. We spent time in the lounges and observed how people were cared for. The staff were caring and gentle in their approach towards people.

Staff maintained a calm and caring manner even when people were expressing anger towards them. Staff sat with people and held their hand and used touch. People who could not speak responded to the staff with warm facial expressions. We saw staff also used distraction techniques and they kept a calm gentle manner at all times. The staff helped people to become calmer and more relaxed in mood by their approach. Staff showed a compassionate

manner when speaking and providing support and care to people. Staff treated people as individuals and knew people and their personal preferences well. These included what time people liked to get up, what activities they enjoyed, and whether they wanted to spend time with people or preferred more time alone.

We frequently came across staff who were dancing with people who responded to them in a warm manner. Staff used gentle humour and touch with people to encourage them to take part in activities. We saw staff encouraged a group of people to take part in a social event and respected the choices of some people who did not want to take part. Staff were able to give examples of how they provided people with person centred care.

Staff understood about the provider’s vision and values. They said a key value was to make people feel that they were in their own home. The staff told us, and we saw this throughout the visit, that one way to do this was to treat people with the upmost respect.

Some people at the home were nearing the end of their life. There was specialist seating and bed in place to minimise how often people needed to be moved while in bed. This reduced how often people needed to be disturbed. People who were nearing the end of their life had detailed and informative care plans to guide the staff to provide sensitive care.

# Is the service responsive?

## Our findings

People were provided personalised care that was responsive to their needs. We saw staff assisted people in a flexible way. People had their meals where they chose to be and some people ate at different times. People were also assisted with their personal care at flexible times during the day. People got up at different times during the day. They also sat in different parts of the home and took part in different activities.

The staff told us that a personal life history was completed for each person from their nearest relative or friend before they came to the home. The staff said this was useful as it helped them get to know what mattered to each individual. They said they referred to this information to help them get to know people and make sure they provided what mattered to them in the home.

Care plans showed that people's nursing care needs had been identified and what actions were required to support them. For example, people whose skin integrity was vulnerable to breaking down had a care plan in place to show how to try and keep it healthy. This included nutritional guidance, what type of mattress the person needed and how to assist the person to move when they were in bed. There was information in people's care records about their preferences in relation to their care and their personal life history. Staff told us this information helped them to get to know the person and their needs. The information in the care records we saw clearly set out what care each person required and what actions were needed to support each person to meet them. We saw that care plans were being reviewed and updated regularly. This helped show people's needs were reviewed and monitored and staff were able to meet people's care needs.

People were well supported with their physical and health needs. A GP from a local surgery visited the home regularly and saw people when needed. People were also able to receive the services of opticians, dentists and chiropodists. A chiropodist came to the home to see people for appointments during our visit. We read in people's care records when they had been for Dental appointments were made for people when required. We saw in care records,

how guidance had been offered from the palliative care services when needed. There was specialist equipment to aid people's comfort was in place. For example, suitable mattresses were in place where needed to help prevent skin break down.

People took part in a variety of social activities and events that were arranged for entertainment and stimulation. The activities coordinator spent time during the day with people who were in their bedrooms, they spent time talking with them. People were given pampering treatments. A DVD was put on for people who had a specific interest in submarines. This helped showed how people's individual social needs were being met.

People had access to a specially designed enclosed seated area. There were coloured corridors and dementia friendly signage were used to help people orientate themselves around the premises. Signs on doors showed in pictorial form the purpose of the room to assist people to get around the home and know where they were going.

There were notices displayed letting people know about forthcoming events and activities that were planned. We also read a copy of the home's newsletter. We saw this was used to update people, their relatives and friends about the way the home was run. It was also used as a way of asking people to tell the provider what they felt about the service.

The most recent survey of people and their relatives had been distributed to people in order to gain feedback on their views of the service. Subjects that people were asked to give their views on included social activities, meals, the staff and the way the home was run. We saw the results from last year's survey. The provider analysed the information and was going to review social activities and how people were involved in care planning because of the feedback obtained.

People and relatives told us they had been given a folder that contained information about the service the home provided. This included a copy of the provider's complaints procedure if they felt they needed to make a complaint. The procedure was easy to follow and it fully set out how to make concerns known.

# Is the service well-led?

## Our findings

We saw the registered manager spent time with people throughout the home. People were relaxed and comfortable with them. The registered manager was attentive when people came to see them and made it a priority to offer them plenty of time. People's visitors went to the office to speak to staff and were welcomed in. The registered manager also said they met with people and their relatives on a regular basis. They used these meetings as an opportunity to find out what people felt about the services they received.

The staff spoke positively about the registered manager who they said was approachable and committed to managing the home well. Staff told us they enjoyed working at the home and caring for people. The registered manager held daily meeting with senior staff from all part of the home. The registered manager and staff said this was a useful way to communicate with each other about relevant matters. For example if a new person was due to move into the home or if someone's health had deteriorated.

Regular meetings were held with people and their relatives to discuss the quality of the care. We saw that improvements to care were made as a result of these meetings. For example, we saw

that changes had been made to the meal service as a result of feedback from people and their relatives.

There were quality-checking systems in place to properly monitor the quality of the care and overall service. Checks included medicines management, care records, incidents, weights, pressure care and wellbeing. These checks were regularly completed. For example, the medicines people were taking were regularly monitored to help to monitor people's health. For example if there was an increase in people, taking anti- biotics this was looked at closely to make sure people were receiving the care they needed. In addition, care plan checks had identified when peoples care records needed updating. This had now been addressed and the care records we viewed were up to date.

The staff demonstrated a good understating of the provider's values and philosophy. We saw that these values were reflected in the way staff cared for people. One of the service's values was making people feel that they were living in their own home. The staff we met conveyed they understood these values by treating people in a respectful way.

The service had a five star Food Standards Agency (FSA) hygiene rating. Five is the highest rating awarded by the FSA and showed good hygiene standards were in place for food preparation and cooking. This showed that the registered manager and provider worked to provide a high quality service

The registered manager followed their responsibilities of registration with us. They promptly reported significant events to us, such as safety incidents .This was in accordance with the requirements of their registration as manager of the service.