

North Yorkshire County Council

Cedar Court

Inspection report

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Date of inspection visit:
13 November 2018
20 November 2018

Date of publication:
23 January 2019

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 ●

Summary of findings

Overall summary

This inspection took place on 13 and 20 November 2018 and was announced. We gave 24 hours' notice of the inspection, because we needed to be sure people would be in when we visited.

Cedar Court is registered to provide personal care to older people who may also be living with dementia, a learning disability or autistic spectrum disorder, mental health needs, a physical disability or sensory impairment.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using the service or living at Cedar Court receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This was the first inspection of Cedar Court since its registration. At the time of the inspection there were 19 mainly older people using the service.

The service had a registered manager. They had been the registered manager since December 2017. A registered manager is a person who has registered with the CQC 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 registered manager also managed another of the provider's services and split their time between the two locations. They were supported by two team leaders in the management of the service.

Care plans and risk assessments did not always contain enough information to guide staff on how to manage risks associated with people's health needs. Although staff showed a good understanding of how to manage risks to people's safety, it is important that detailed risk assessments are also in place to support and guide consistent and safe care. Protocols needed to be implemented to guide staff on when to administer 'as required' medicines. Staff had been trained to administer medicines.

The registered manager had systems in place to monitor and audit the quality of the service, but we made a recommendation in relation to assessing, recording and auditing risks.

People who used the service told us they felt safe with the support that staff provided. Staff were safely recruited and the registered manager made sure enough staff were deployed to meet people's needs. People who used the service told us staff were reliable, arrived when they needed and provided care and

support in an unrushed way.

Staff were trained to recognise and respond to any safeguarding concerns. They recorded information about any accidents and incidents that occurred. The registered manager was developing a system to audit and analyse accidents and incidents to help identify any patterns or trends. Staff took steps to minimise the risk of spreading infections.

The provider employed a small team of staff who worked closely with people who used the service. Staff showed a good understanding of people's needs and how best to support them. People who used the service told us staff listened to them and were responsive. Staff worked in a person-centred way and were knowledgeable and skilled in the way they supported people to maintain their independence.

The registered manager explained plans that were being made to deliver end of life training for staff and to implement an end of life care policy and procedure.

People who used the service gave positive feedback about the skilled and effective care staff provided. Staff completed regular training. The registered manager used supervisions and spot checks to monitor staff's performance and support them to continually learn and develop in the role.

Staff had training on the Mental Capacity Act 2005. They sought people's consent before providing support and this was recorded in their care plans.

Staff helped people when needed to prepare meals and drinks and to make sure they ate and drank enough. They worked with healthcare professionals and provided support to make sure people could access healthcare services when needed.

The service was caring. People told us staff were kind, respectful and supported them to maintain their dignity. Staff offered people choices and helped them to make decisions.

People told us they felt able to speak with staff or the registered manager if they had any worries or concerns. There had not been any complaints, but the provider had a system to manage and respond to any complaint if needed.

People told us the service was well-led. Staff gave positive feedback about the management of the service and told us advice, guidance and support was always available when they needed it.

Staff worked well as a team, there were effective systems to share information about changes and improvements to the service. There was an open, inclusive and person-centred culture. Staff were committed to maximising people's independence and the rotas, training and management of the service supported staff to deliver this.

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 always safe.

Improvements were needed to the way risks were assessed, recorded and managed. Risk assessments were not always robust and detailed.

The provider was implementing a new procedure to improve how medicines were managed.

People told us they felt safe with the care and support staff provided.

Staff were trained to recognise and respond to safeguarding concerns.

Staff were safely recruited and enough staff were deployed to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff had a comprehensive induction to the service and completed regular training to make sure they had the knowledge and skills to provide effective care.

Staff sought people's consent before providing care and support.

Staff provided support when needed to help make sure people ate and drank enough.

People told us staff looked after them and helped them to see a doctor if they felt unwell.

Is the service caring?

Good 

The service was caring.

People told us staff were kind and caring.

Staff treated people with dignity and respect in the way they

spoke and supported them.

Staff helped people to have choice and control over their daily routines and their care and support.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's needs and how best to support them. They worked in a person-centred way to promote people's independence.

There was an open and inclusive culture within the service. The provider had a system to respond to any complaints people might have.

Is the service well-led?

Good ●

The service was well-led.

People told us the service was well-led.

Management were approachable and supportive.

Staff worked well as a team and there was an open, inclusive and person-centred culture within the service.

We made a recommendation in relation to assessing, recording and auditing risks.

Cedar Court

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

This inspection took place on 13 and 20 November 2018 and was announced. We gave 24 hours' notice of the inspection, because we needed to be sure people would be in when we visited. The inspection was carried out by one inspector.

Before the inspection we checked information we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority's adult safeguarding and quality monitoring team as well as Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who lived at Cedar Court, the registered manager, two team leaders, and four other members of staff.

We checked three people's care plans, risk assessments, daily notes and medication administration records. We reviewed recruitment records for three members of staff, as well as training, supervision and appraisal records for the staff team. We looked at meeting minutes, quality assurance audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

Improvements were needed to make sure risks were robustly assessed, and detailed risk assessments put in place to guide staff about how risks should be managed. Some people had detailed risk assessments on how specific issues or concerns should be managed. However, these were not always in place or lacked information and detail about how risks should be managed.

Care plans and risk assessments did not always contain enough information to guide staff on how to respond to risks associated with people's health needs. People who used the service required support to monitor and minimise risks associated with diabetes, chronic obstructive pulmonary disease and regarding the risks of taking anticoagulant medicines. However, detailed risk assessments were not in place to guide staff on the risks with these conditions, the signs and symptoms to look out for and how to respond if issues or concerns arose. Whilst staff showed a good understanding of people's needs and how to manage risks to their safety, it is important detailed risk assessments are also in place to support and guide consistent and safe care.

Protocols were not in place to provide guidance for staff on when to administer medicines prescribed to be taken 'as and when needed', such as pain relief. It is important this information is clearly recorded to make sure these medicines are administered correctly. Risk assessments did not always refer to these medicines and to guide staff on how they were used to minimise risks associated with medical conditions. Whilst the registered manager showed us a new policy, procedure and paperwork that were being introduced to address this, this needed to be imbedded to ensure people were not put at risk of harm because of these recording issues.

Staff completed training on how to safely manage and administer medicines. The registered manager used competency checks and observations to make sure staff followed best practice guidance.

Staff used Medication Administration Records (MARs) to document the support they provided to people to take their medicines. Completed MARs showed staff had not always checked and signed to say handwritten instructions about the dose and when to take the medicine were accurate. The registered manager acknowledged this issue and acted to address it. They showed us regular audits, which they used to continually monitor the support provided with people's medicine. Records showed issues and concerns were identified and addressed with investigation and actions taken in response to medicine errors.

People who used the service consistently said they felt safe with the support that staff provided. Comments included, "I feel safe, the staff are all very good" and "I am happy here."

The provider followed a safe recruitment process to make sure they employed suitable staff. New staff had to complete an application form, have an interview and provided references from previous employers. The provider made sure Disclosure and Barring Service (DBS) checks had been completed before new staff started work. DBS checks help employers make safer recruitment decisions, by checking staff are not barred from working with adults who may be vulnerable.

The registered manager made sure sufficient staff were deployed to meet people's needs. People who used the service told us staff were reliable, punctual and provided patient and unrushed support to meet their needs. Feedback included, "They look after you and always have time for you", "They always take their time, they don't rush you" and "I have used my call bell and they come straight away."

Staff told us, "It doesn't ever feel like we are rushed. They [the team leaders who organised the rotas] give you enough time in-between visits just in case you do go over and there is always people around who can stand in and help if needed." The registered manager shared rotas and showed how gaps in the rota (due to sickness or absences) were covered to make sure staffing levels were safe.

Staff had safeguarding training and understood what they would need to do if they suspected a person was experiencing abuse. The provider had a safeguarding policy and procedure to further guide staff on how to manage and report any safeguarding concerns. Staff consistently told us the registered manager and team leader were responsive to feedback and acted if they raised concerns. One member of staff commented, "If you ever report anything to the team leaders they sit and listen and deal with it straight away."

Staff recorded any accidents and incidents that occurred and the actions taken when needed to seek medical attention. The registered manager reviewed accidents and incident reports to make sure appropriate steps had been taken to prevent a reoccurrence. The registered manager explained how they were developing an auditing tool to further help identify any patterns or trends.

The provider had systems in place to prevent and control the spread of infection. Staff had ready access to and used appropriate Personal Protective Equipment (PPE), such as gloves and aprons, to minimise the risk of spreading infections. The registered manager used 'direct observation supervisions' to check staff were following correct hand hygiene practices and make sure they wore PPE when needed.

Is the service effective?

Our findings

Staff assessed people's needs and worked closely with professionals and people who used the service to make sure the support effectively met their needs. People who used the service gave positive feedback about the effective care staff provided. They told us staff knew what support they needed and provided this in a kind, caring and unrushed way. Comments about the staff included, "They are brilliant" and "The carers are good, they are all good."

New staff completed an induction and attended regular probationary meetings. This helped the registered manager to monitor their performance and supported new staff to learn and develop in the role. New staff also studied for the Care Certificate as part of their induction. The Care Certificate is a nationally agreed set of standards, which sets out the knowledge, skills and behaviours expected of people working in health and social care.

The registered manager made sure staff completed a comprehensive range of training courses, which supported them to provide effective care. Staff told us, "There's new training that is coming out all the time. The training and everything you get here is quality" and "If we want to go on a course for anything they will put us forward for it, they are good like that."

Training was delivered through a mixture of online and taught courses and staff had to complete 'knowledge tests' to make sure they had understood the training provided. The registered manager had a training matrix to monitor training completed and when this needed to be up-dated. Additional training courses were available for staff to further broaden their knowledge and support them to continually learn and develop in the role.

The registered manager monitored staff's performance and training needs through 'direct observation supervisions'. These involved checking how staff were supporting people and that they were following best practice guidance. Staff also had regular supervision meetings and an annual appraisal of their performance. Supervision meetings were used to discuss staff's wellbeing, any performance issues, as well as their personal development. Staff consistently told us they felt supported and encouraged by managers and that advice and support was available if they were unsure or needed guidance.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

People who used the service had been asked to sign their care records to show they consented to the care

and support provided. Staff completed training on the MCA and showed a good understanding of issues relating to people's mental capacity. They described how they supported and encouraged people to make decisions and the importance of respecting people's choices. People who used the service told us staff listened to them and asked their permission before providing support.

Staff supported people when needed with preparing their meals and drinks or helped them to visit the onsite restaurant run by the housing provider. People who used the service told us staff listened to them and prepared food how they liked it. Staff left people drinks and snacks in accessible places so people could help themselves in-between their visits. A person who used the service said, "The staff always say, 'do you want a drink?'" Staff recorded the support provided with meals and drinks and explained how they monitored people's intake to make sure people were not at risk of dehydration or malnutrition.

People's care plans included information and contact details of healthcare professionals involved in supporting them and staff helped people if needed to access healthcare services. This included seeking medical attention if people were unwell, or in an emergency, as well as liaising with other care providers to support people to attend routine appointments at their GP or the hospital. People who used the service said, "They come in sometimes just to see if I am alright when I don't feel well" and "They would get a doctor in if you needed one."

Staff completed 'hospital passports' to make sure important information was shared if people needed to be admitted to hospital. This helped to make sure people would receive consistent 'joined-up' care as they moved between services.

Is the service caring?

Our findings

Staff were kind, caring and respectful in the way they spoke with and cared for people who used the service. People told us, "I think the staff are all good. They are caring, they are kind and we have a laugh and a joke", "They see you are alright and care for you" and "They are brilliant. I love them all because they are patient, kind and as helpful as they can. They are lovely people."

Staff used people's preferred names and spoke with them in a respectful and kind way. People who used the service were relaxed and at ease around staff and responded positively to them. This showed us people felt comfortable and valued their company.

Staff had been trained to promote people's independence. People's care plans recorded information about what they did for themselves and where additional support was required. They reinforced the importance of supporting people to achieve their goals around maintaining independence.

People told us staff encouraged them to express their wishes and views and to be involved in decisions about their care. We observed staff routinely offered people choices and people who used the service confirmed staff listened to them and followed their instructions.

The registered manager understood the importance of promoting people's independence and supporting people to make decisions. They explained the role of advocacy services in helping people to be involved in decisions and the process they used to refer people for the support of an advocate if the need arose. An advocate is someone who supports people to make sure their wishes and views are heard.

Staff respected people's privacy and dignity. They understood people's flats were their own homes and respected their right to privacy. People told us and we observed that staff always knocked before entering their flats. This showed us staff respected people's privacy and personal space.

People told us staff always treated them with dignity and respect. The registered manager used observations of staff's practice to monitor and make sure the care and support provided was dignified and that staff treated people with respect.

Staff had completed equality and diversity training and recognised the importance of respecting people's individuality and lifestyle choices. Staff made sure reasonable adjustments were made to meet people's diverse needs. Equipment and adaptations were in place to maximise people's independence and to make sure they were not unduly restricted or disabled by their environment or the support staff provided.

The registered manager understood the importance of providing accessible information to meet people's different communication needs. People's care plans included information about how they communicated and how staff should share information in a way they could understand. Staff showed a good understanding of people's communication needs and tailored their approach depending on who they were supporting. Staff gave examples of how they used accessible information including 'flashcards' to help them

communicate with people who used the service.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. Comments included, "If I want anything, the staff say, 'just ring'. They'll do anything for you", "Anything I need, they will help me with it" and "They do their job like they should and they always ask if there is anything else they can do."

Staff assessed people's needs before they started to use the service. They used this information to write care plans and risk assessments. Care plans covered areas such as the support required with personal care, managing medicines and at mealtimes. They contained basic information about what support was needed as well as some information about people's preferences regarding how those needs should be met. This supported and guided staff to provide person-centred care. People who used the service had been involved in reviews of their care plans to make sure the support provided continued to meet their needs.

People's care plans included information about their social history, personal circumstances and important people in their lives. This helped staff get to know people and to understand what was important to them.

Staff had a good understanding of people's needs and how they liked to be supported. The provider employed a small team of staff and did not use agency workers. Gaps in the rota were covered by existing members of the team. New staff shadowed experience workers to get to know people and how they liked to be supported. This meant people were supported by regular and familiar staff who could provide a personalised service based on their familiarity and understanding of the people they supported. A member of staff explained, "You are with the same people all the time so you get to know the individuals quite well and what they like and prefer."

Staff kept records of the care and support they provided at each visit. This helped to share information between the staff team and keep staff up-to-date if people's needs changed. Notes included an overview of the care and support provided and any issues or concerns staff needed to monitor to meet people's needs.

Staff showed a very good understanding of the importance of supporting people to promote and maintain their independence. They explained how they encouraged people to complete tasks and provided support only where needed to maximise their independence.

Staff responded to people's requests for assistance in emergencies. They kept an 'ad hoc' visit log of emergency visits and the care and support provided. This information helped to monitor people's needs and identify if extra support or visits might be needed in response to people's changing needs.

At the time of our inspection no one who used the service was receiving support with end of life care. People's care plans included information about whether they had decided to refuse resuscitation if the need arose. We spoke with the registered manager about exploring and recording any other wishes people may have regarding end of life care.

The registered manager explained plans that were being made to deliver end of life training for staff and to

implement an end of life care policy and procedure.

People's care plans included information about their hobbies, interests and how they liked to spend their time. Staff, volunteers and people who lived at Cedar Court organised a range of activities which were held in communal areas of the housing scheme. Staff communicated information about the activities and events on offer and supported people to join in if they wanted to participate. People also used the on-site restaurant, run by the housing provider, as a place to meet and socialise with other people who lived at Cedar Court.

There was an open and inclusive culture in which feedback was encouraged. People who used the service told us they knew how to complain and would feel comfortable and confident raising any issues or concerns. One person who used the service said, "I go and tell staff if anything is going on. We've got an honest relationship, I do feel I could complain to them if I needed to."

The provider had a complaints procedure and information was given to people when they started to use the service about how to raise any issues or concerns. At the time of our inspection there had been no formal complaints. The registered manager explained they had an 'open-door' policy and looked to resolve issues and act on any feedback to prevent complaints. During our inspection people regularly visited the office and spoke with staff who listened and responded to them.

Is the service well-led?

Our findings

The service had a registered manager. They had been the registered manager since December 2017. A registered manager is a person who has registered with the CQC 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 registered manager also managed another of the provider's locations and split their time between managing the two services. They were supported by two team leaders in the management of the service.

We spoke with the registered manager about improvements needed to risk assessments and risk management documentation, outlined in the safe domain. We recommend the provider reviews records in relation to how they identify, assess, manage and audit risks.

People who used the service gave positive feedback about the organisation and management of the service. They said, "They are brilliant" and "They do their best they can't do anymore. I've never found any faults with them" and "I can go up to the office if there is anything I need help with and they will help you so I am not worrying."

We asked staff if the service was well-led. They told us, "It is definitely a well-led service, the management are always there for support" and "It is well-led, everything seems to be running smoothly. If we ever have any issues we can go straight to the team leaders and they will do their best to help us out."

Staff said the registered manager and team leaders were approachable, listened to them and were supportive. They told us advice, guidance and help was always available if they needed it and they were encouraged and supported to complete additional training and to continually learn, develop and improve their practice. A member of staff said, "The managers are really easy to talk to and really helpful."

There was an open-inclusive and person-centred culture within the service. Staff told us they worked well as a team and praised the effective organisation and communication. One member of staff said, "We are a good team. We all muck in and get on really well." The registered manager was committed to maintaining people's independence and promoting a person-centred culture within the service.

Staff had attended monthly team meetings to share information about people's needs and discuss the running of the service. The registered manager used team meetings to share information about new policies and procedures, discuss roles and responsibilities and share learning with the staff team. For example, at a recent team meeting, staff had discussed planning for the winter weather, training and policies and procedures on accepting gifts in the run up to the Christmas period.

The registered manager made sure regular audits and checks had been completed to monitor the service provided. These included observations and spot-checks of staff's practice as well as checks on documentation and record keeping. For example, audits of medication administration records had been used to identify and address minor record keeping issues.

The registered manager completed and analysed information from quality surveys. These were used to gather feedback and monitor people's satisfaction with the service provided. This showed us they were committed to listening and learning from people's experiences to improve the service.

The registered manager attended regular meetings with managers from the provider's other services. They explained how these meetings were used to share information and learning across the organisation.

The registered manager met regularly with the housing provider and there were systems in place to share information and report any issues or concerns to make sure these were fixed.