

Parkside Care Limited

Cedar House Care Home

Inspection report

3-4 The Cedars
Ashbrooke
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 27 June 2018 and was unannounced. This meant that the provider did not know we would be visiting

Cedar House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided. Cedar House provides care for up to 31 people some of whom are living with dementia. At the time of our inspection 24 people were living at the home.

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

We previously carried out an unannounced inspection in July 2016 where we rated Cedar House as good. The provider had a breach under Regulation 9 HSCA Regulations 2014, Person centred care. This meant that people's care was not always designed in such a way as to meet their needs and reflect their preferences.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve person centred care to at least good.

At this inspection we saw that the provider had taken appropriate action and the breach identified at our last inspection had been addressed.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last comprehensive inspection.

People and their relatives who we spoke to during the inspection, confirmed they felt safe living at Cedar House. Care provided was person centred and compassionate and staff knew the people they cared for very well.

Staff followed the provider's procedures for safeguarding and were able to explain how they would keep people safe from harm or abuse. Staffing levels were suitable to meet the individual needs of people. Records reviewed showed the provider had a robust recruitment process in place to ensure that only people who were suitable to work with vulnerable people were employed to work at Cedar House.

On the day of the inspection we identified an issue was identified with the fire exit. You can read more detail regarding this later in the report.

We reviewed training records as part of our inspection and found that some training was out of date. We

have made a recommendation about the timeliness of training.

Staff supervision and an appraisal system ensured staff had regular opportunities to discuss and evaluate their learning and development needs and their work performance.

Staff understood the principles of the Mental Capacity Act, 2005 (MCA) and ensured they gained people's consent before providing personal care and support. People were encouraged to be involved in decisions about their care.

The provider had a quality assurance process in place to check the quality of care provided, this included medicines management, monthly health and safety audits, premises checks and accidents log.

Activities play a big part of daily life at Cedar House and the provider places great emphasis on ensuring that people have access to activities both inside and outside of the service. Some staff have undergone specific training for people living with dementia, and the provider has invested in equipment one of which allows people to enjoy more meaningful contact with their families who live abroad.

A complaints procedure was available and people were able to provide feedback of their views of the service. This included the opportunity for attendance at residents and relative's meetings.

Staff and relatives that we spoke to confirmed that the registered manager was both supportive and approachable. Staff confirmed they were encouraged to share ideas and improvements with both the registered manager and provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service has changed to good

Is the service well-led?

Good ●

The service remains good

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

This was an unannounced inspection and took place on 27 June 2018

This inspection was carried out by two adult social care inspectors.

There were 24 people living at the home. We spoke with three people, four relatives, two staff, the registered manager, one person visiting the home and one of the directors of the service.

Prior to the inspection we reviewed all of the information we held about Cedar House including any statutory notifications that the provider had sent us and any safeguarding information we had received.

Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We checked to see if there had been a recent visit from Healthwatch. Healthwatch is an independent consumer champion created to gather and represent the views of the public. A visit had been made on 27 September 2017. No concerns had been raised as part of this visit and the Healthwatch report included positive feedback regarding a recent survey of the service.

We also contacted the local authority commissioning authorities and safeguarding teams and used the information they provided when planning this inspection.

During our visit we observed care and support provided by staff within the home. We looked at the personal care and support plans for two people and two staff files.

We also checked a variety of records related to the quality and safety of 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 talk with us.

Is the service safe?

Our findings

People and relatives that we spoke with commented positively about how safe they felt living at Cedar House. Relatives told us that they felt that staff knew how to care for people safely living at Cedar House. One relative told us, "Safe, absolutely yes in many ways, mum has a new lease of life and loves all the attention, and they (staff) are all very sweet to her and make a big fuss of her." Other relatives told us, "We are happy and couldn't fault it in any way", and, "Really good, all friendly and always feel at home with the staff and everyone." One person we spoke with said, "I have no worries about living here. I would be happy to say if I wasn't happy."

The service had an up-to-date policy regarding safeguarding and staff we spoke with knew what was meant by safeguarding people, what constituted abuse, and they understood their role in protecting people. A number of safeguarding issues had been raised since the last inspection at Cedar House. Appropriate action was taken to resolve these issues. Staff spoken with confirmed they knew how to report any concerns they may have in relation to safeguarding. They told us that safeguarding and whistleblowing procedures were discussed during their supervision sessions and staff meetings.

We looked at the personnel files for two members of staff. These included relevant paperwork such as application form, proof of identity, two references and Disclosure and Barring Service (DBS) checks in both files. The DBS check helps ensure people are suitable to work with vulnerable people. The provider also had in place a 'Resident's staff recruitment form' which allowed people to meet and greet new staff and ask them questions. Forms that we saw included comments such as "Lovely lady", "Lovely to talk to", and "Good smile."

We saw records of regular monthly maintenance and premises checks, including health and safety audits. This included fire checks, water temperatures, and manual handling equipment. Records also showed weekly audits of medicines were carried out by the registered manager. These audits were seen to be robust and were carried out at different times of the month for all people. Those staff who administered medicines had been trained in the administration of medicines and their competency was assessed on an annual basis.

The premises were clean and tidy on the day of the inspection and no issues were identified with infection control. Accidents and incidents were recorded and followed up with appropriate actions.

During the inspection we identified an issue with the fire exit. We immediately spoke to the provider regarding this. They informed us that work which had been scheduled for the previous week to fix the issue had unfortunately been delayed. However, by the end of the inspection this issue had been rectified.

Staffing levels on the day of inspection were sufficient to support people at Cedar House. Staff we spoke with confirmed that staffing levels were satisfactory. The registered manager informed us that either they, the deputy manager or senior care staff were on call during out of hours and staff were able to contact them if needed. One staff member told us "The provider looks at staffing levels and will review levels if

dependency of needs change they will change staffing to suit". This means that the level of support people need is taken into account when deciding staffing levels.

Care plans reviewed showed that evaluations and changes had been made to ensure that the care provided was still appropriate to meet the needs of people and to keep people safe. Risks had been assessed and plans put in place to mitigate these. These were updated and reviewed regularly which helped to keep people safe.

Is the service effective?

Our findings

Care plans included information regarding people's nutritional needs as well as their physical and mental health. Care plans were evaluated on a regular basis and had been updated where there had been a change in needs. They also included a range of health and support information which confirmed that people have access to visiting health professionals i.e. opticians, chiropodist, nurse and GP visits.

Training records were not available at the time of inspection. We spoke to the registered manager who agreed to send the records to us the following day to allow us to review, which they did. When we reviewed records we saw that training for a number of staff was out of date across a number of areas. For example, 7% of staff had not had refresher training in dementia awareness.

We recommend that the service reviews their training matrix to ensure that training for staff in all areas is within the agreed period and in line with the provider's own training policy.

We reviewed documentation which confirmed to us that staff received regular supervision sessions and a yearly appraisal. This allows staff to discuss their progress and development and training needs. Staff we spoke to also confirmed they had regular supervision meetings and said they felt supported by the registered manager.

We saw that the registered manager had reviewed incidents and accidents, and highlighted that some people were having frequent falls. This resulted in timely referrals being made to professionals the falls team. The falls team are based in local hospitals and are specialists in assessing people who may be at risk of falling. They provide advice, guidance and action plans to best support and prevent where possible, further falls.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that consent forms were completed by people who used the service or their representatives as appropriate. People's capacity to make everyday decisions was assessed and more significant decision making was undertaken with other professionals and representatives to ensure decisions were made in people's best interests. Some individuals were subject to DoLS authorisations and staff understood the reasons behind them and their implementation.

The provider had arranged for National Early Warning Score (NEWS) to be made available in the home. NEWS is an electronic computer system where staff record information and which is used to escalate health concerns if someone is unwell. This information is remotely accessible to GPs, community nurses and hospitals. This allows for closer health monitoring which in turn allows the service to provide the best possible care for people.

The service had achieved a food hygiene rating of 4 Star from the Food Hygiene Standards which was a good rating. During the inspection we saw that prior to lunch-time the chef came and spoke to each person to let them know what was on the lunch time menu and asked people for their preference. For those people living with dementia it is recognised that the use of pictorial menus or physically showing people choices is more beneficial in allowing the person to choose and understand the choice they have made. We spoke with the registered manager about this who agreed to review this practice and said they would to speak to the chef about this.

We saw that lunch time was a very pleasant and relaxed experience with lots of positive interactions. If people didn't want to eat what they had chosen for lunch, they were offered an alternative. Staff were seen chatting to people and encouraging people to drink fluids on what was a very warm day. They also offered assurance and encouragement to people eating their lunch.

Snack stations were available throughout the service which included fruit and biscuits where people could help themselves. Regular refreshments were offered throughout the day. People's food and drink preferences including their likes and dislikes were documented in their care plans. Care plans also included records to show how the provider monitored people's weight to support them to attain a healthy weight. Any areas of concern were noted and if required people were referred to healthcare professionals, i.e. dieticians for advice.

Cedar House is very homely and provides a welcoming and relaxed atmosphere. People were able to spend time in the conservatory which had access to the garden at the rear of the building. The garden was well maintained and catered for all levels of mobility and people were seen to make use of the garden choosing to spend time outside on a sunny day.

Both the registered manager and staff told us that the home had recently been selected to take part in a video for Healthwatch. The service had been chosen as they reflected a "home from home" environment. Staff and relatives had also been involved in the recording of this video and the registered manager told us they were eagerly awaiting the final version. The registered manager confirmed that consent had been sought from people, their relatives and staff prior to their involvement with the video.

Plans were also in place to register the two deputy managers of the service onto the Gold Standard Framework (GSF). GSF is a recognised programme which helps staff provide bespoke, person-centred care for people living with dementia who are nearing the end of their lives. The programme is designed to empower staff to advocate for people and helps staff to recognise when someone is nearing the end of life and how to plan for that event, helping prevent inappropriate hospital admissions at the end of life,

Is the service caring?

Our findings

Some staff had worked at the home for a number of years and we observed people being cared for kindly and patiently by staff. People we spoke with told us that staff were lovely. One person said, "I do know since coming here I have had a big change and that has made me feel better. I know everyone probably says this, but for me it's true, everyone is good. I have never even thought, not once about if I don't like them, they are all just very good." One visitor said "Staff know my (relative), they spend lots of time talking to them and try really hard to do lots of activities with them which is really important to them. When we were looking for somewhere for my (relative) to live, the staff made it feel warm and friendly. Other places weren't like that."

When we spoke with staff they told us how they would respect and maintain people's privacy and dignity, for example by talking quietly to people when offering assistance with personal care and explaining at all times what was happening. Staff were also able to explain how they would offer reassurance and support to people who may be anxious or upset by something, by way of talking or the use of distraction techniques.

One member of staff told us that they were very mindful of people not feeling isolated and they made sure that everyone felt included. They said "Some people liked to spend some time on their own. It's about finding the right level for that person."

When we looked at care plans, we saw that both people and relatives were involved in their care plans as far as they were able. Details of what was important to people were included in their care plans. During the inspection we saw examples of this. One person liked to have a cigarette outside in the designated smoking area. Staff had been quick to recognise this and supported this person with this request. The care plan of another person included how that person became unsettled at certain times of the day and staff were able to tell us how they would distract and offer reassurance to that person until they were settled.

End of life wishes were recorded in people's care records. This helps staff to be aware of people's wishes at this important time.

Staff were seen to have time to interact with people in a kind and compassionate manner and people responded very well to this interaction. Staff clearly knew people in the service and were able to describe in detail their likes, dislikes and preferences. One staff member told us "There was one occasion when we were out on a visit, (person) had been served their lunch with a portion that was too big. I knew that this puts (person) off their food, so I spoke to the waitress and asked for a smaller portion on a smaller plate. The waitress was happy to do this and as a result (person) ate their entire lunch."

We saw that there was a raft of accessible information available to people in relation to advocacy services. An advocate is someone who can help people who lack capacity to make important decisions about things like their care and where they live.

Cedar House also welcomes volunteers from Age UK to the service and volunteers spend around 1 ½ hours in the service each week interacting with people across the service. Feedback from volunteers was positive

in terms of the staffing and care they delivered.

Is the service responsive?

Our findings

At the last inspection in 2016, the provider was rated as requires improvement for responsive. During the inspection we saw the provider had made significant improvements in this domain since the last inspection.

Staff we spoke with knew people extremely well and provided care and support which was exceptionally person centred and took account of each person's needs and wishes. One relative told us, "The home got my (person) back into a sleeping pattern. It didn't matter if (person) didn't go to bed at night, staff kept (person) occupied".

Activities and engagement were found to be a big part of daily life at Cedar House. During the inspection there was a warm and friendly atmosphere at the home. People were observed engaging in activities during the day, including arts and crafts and word searches. People also had access to the use of reminiscence virtual reality glasses. These glasses allow people to virtually travel back in time and to connect with memories of times gone by. The registered manager told us that recently people had enjoyed using these glasses and the scenes had been of 'old' Sunderland. Staff were very enthusiastic and confirmed that following the use of the glasses people were more happy, smiling and content and would often sit and chat about their memories and about what they had seen.

The service held an annual Summer Fete. Relatives we spoke with said this was a true family affair with raffles, a 'bar-b-q', catering and lots of family members and people from the community in attendance. Forthcoming activities were well advertised and bright and colourful posters were sited in several places throughout the service. Past and forthcoming activities were also included in the provider's quarterly magazine which is available for people, relatives and visitors to look at. The Spring edition of the magazine included highlights and photographs from January this year, when the provider had visited Cedar House to celebrate 'Burns Night' with people. People and staff enjoyed Scottish music, haggis tasting, nips of whisky as well as dancing in the lounges.

The registered manager told us that a recent trip to Beamish outdoor museum had also been a great success. During this visit people had thoroughly enjoyed a reminiscence workshop at Orchid Cottage which was decorated in a 'D Day' theme. This included the use of artefacts to stimulate memories and conversation amongst people. Other visits to local attractions have included the Sunderland Stadium of Light football ground and plans were in place for people to visit the 'Tall Ships' which were due to arrive in Sunderland Port. Entertainers also visited the service as well as a Pat Dog service who visited with their dog, Poppy, for people to pet.

Regular interaction was in place between people and the wider community who accessed the day centre which attached to Cedar House. The day centre arranged visits to the local bowling alley and the registered manager told us that people living at the home occasionally joined in this activity.

People's cultural needs were catered for which included a visiting priest who held Holy Communion with people. On the day of the inspection a priest was in attendance. They spoke of plans in place and how

volunteers from the church will be trained in reminiscing. There were plans that volunteers would come to the service to chat to people using old photographs and old memorabilia.

Staff told us that the provider had recently purchased a vibro-plate for people to use. The vibro-plate is a foot device which is used by people to stimulate their muscles and circulation which is important for people who are less mobile.

The registered manager told us that Wi-fi had recently been installed at the home with the use of touch screen computer tablets. Wi-fi is a system that allows people to use a computer anywhere within the service without the use of needing connect or use any wires This allowed people the opportunity to contact relatives if they choose to do so. One staff member told us, "Recently (person) had been able to skype their relative who lives abroad. This was really important as the (person) could not only hear but see their relative instead of just talking to them on the telephone, it really does makes a difference."

Staff handover sheets are in place so that staff are able to read and sign to say that they are aware of any recent changes to peoples' needs.

Last year, the provider had arranged for two members of staff to attend additional external more in-depth dementia training. One member of staff told us "After my training I came back to the service and have shared what I had learnt (at a high level) with other staff. Since then I have used my training in my daily work."

Is the service well-led?

Our findings

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.

People who used the service, relatives and staff said the registered manager, deputy manager and provider management were approachable and supportive. One family member said "I have never had to complain but I know I could go straight to (registered manager). (Registered manager) phones us all the time and keeps in touch to say if (person) is not well."

One staff member told us, "Staff are treated equally and fairly. A while ago I raised an issue with the registered manager and the registered manager acted upon this. During staff meetings, we can give our views." Another staff member said "We are encouraged to share ideas during meetings, we recently suggested getting Oomph in (Oomph is a form of armchair exercises to music and is for people who are less mobile which encourages social interaction and mental stimulation), and the provider got that training for us. People choose which music they would like to exercise to and they really enjoy it."

We saw minutes of regular staff meetings. The provider also held regular resident and family meetings including the use of surveys. This was an opportunity for people to offer feedback about the service and to also raise any concerns they may have had.

We saw a number of audits including medicine; food preparation; accidents and incidents along with regular monthly health and safety records. The provider also carried out their own monthly quality assurance visits of the service. Any issues were noted and action plans were in place to rectify.

We saw that the provider and registered manager had ensured that people's views, the views of their family or other representatives were captured regularly in relation to the service and the care they received .

The provider had displayed the rating of their previous inspection in the home which is a legal requirement as part of their registration. The registered manager had also notified CQC appropriately of any incidents or accidents. Notifications are made by providers in line with their obligations under the Care Quality Commission(Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We use this information as part of our intelligence gathering to make sure that the provider responds appropriately to keep people safe.