Dyzack Limited

Cedar Oaks

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was carried out on 9 March 2016 and was announced. Forty eight hours notice of the inspection was given because people needed support to manage changes to their routine. We needed to be sure that we reduced any anxiety that people had about our inspection.

Cedar Oaks provides accommodation and personal care for up to 3 people with a learning disability. The service is a small converted domestic property. Accommodation is arranged over two floors. There were two people living at the service at the time of our inspection.

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

People were treated with dignity and respect at all times. Staff were kind and caring to people.

The registered manager provided leadership to the staff and had oversight of the service. Staff were motivated and felt supported by the registered manager. The registered manager and staff shared a clear vision of the aims of the service. Staff told us the registered manager was approachable.

There were enough staff, who knew people well, to meet their needs at all times. The needs of the people had been considered when deciding how many staff were required on each shift. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were supported to provide good quality care and support. Staff had completed the training they needed to provide safe and effective care to people. Some staff held recognised qualifications in care. The registered manager met regularly with staff to discuss their role and practice.

Staff knew the signs of abuse and were confident to raise concerns they had with the registered manager. Plans were in place to keep people safe in an emergency. Systems were in place to manage complaints received.

Care and support was planned and reviewed to keep people safe and support them to be as independent as possible. People, their relatives and professionals who knew people well were involved in planning and

reviewing their care.

People received the medicines they needed to keep them safe and well. Action was taken to identify changes in people's health, including regular health checks. People were offered a balanced diet that met their individual needs.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Risk to people had been identified and arrangements were in place to apply to the supervisory body for a DoLS authorisation when necessary.

Systems were in place but had not been used to assess if people were able to make decisions, this did not impact on people as staff assumed they had capacity and respected the decisions they made. When people could not make a particular decision, staff made decisions in people's best interests with people who knew them well. The requirements of the Mental Capacity Act 2005 (MCA) had been met.

People were supported to participate in a variety of activities that they enjoyed. Possible risks to them had been identified and were managed to keep them as safe as possible, without restricting them.

The registered manager worked alongside staff and checked that the quality of the service was to the required standard. Any shortfalls found were addressed quickly to prevent them from happening again. People and their relatives were asked about their experiences of the care.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people.

Systems were in operation to regularly assess the quality of the service. People and their relatives were asked for their feedback about the quality of the service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people had been identified and action had been taken to keep people safe and well.

Staff knew how to keep people safe, when there was an emergency or if people were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed at all times.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

People were given the medicines they needed.

Is the service effective?

Good

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff offered people choices in all areas of their life.

Staff had the skills they required to provide the care and support people needed.

People were offered food and drinks they liked to help keep them as healthy as possible.

People were supported to have regular health checks and attend healthcare appointments.

Is the service caring?

Good

The service was caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

Staff had the skills to communicate with people in ways that they understood. Staff took time to understand what people were telling them.

People were supported to remain independent.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning their support. People received their care in the way they preferred.

People were involved in their local community and participated in activities they enjoyed.

Systems were in place to resolve any concerns people had to their satisfaction.

Is the service well-led?

Good

The service was well-led.

There was a clear set of aims at the service including supporting people to be as independent as possible.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed. People and their relatives shared their experiences of the service.

Records about the care people received were accurate and up to date.

Cedar Oaks

Detailed findings

Background to this inspection

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

This inspection took place on 9 March 2016 and was announced. Forty eight hours notice of the inspection was given because people needed support to manage changes to their routine. We needed to be sure that we reduced any anxiety that people had about our inspection.

The inspection team consisted of two inspectors. Prior to the inspection we looked at previous inspection reports and notifications received by CQC which a provider is required to send us by law. Notifications are information we receive from the service when significant events happen, like a serious injury.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we inspected the service sooner than we had planned.

During our inspection we spoke with one person's relatives, the registered manager and staff. We visited both people's bedrooms and looked at their care records and associated risk assessments. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records.

We last inspected Cedar Oaks in February 2014. At that time we found that the registered provider was complying with the regulations.

Good

Is the service safe?

Our findings

People appeared relaxed and happy in the company of each other and staff. One person's relative told us they felt their relative was safe at the service and "They are in the best place" and "Couldn't ask for anything more".

Staff knew about different types and signs of abuse and they knew how to report any concerns they had. They were confident that any concerns they raised to the registered manager would be listened to and acted on. The registered manager was aware of safeguarding procedures and reminders about responding to abuse were displayed in large print at the service. Any accidents or incidents were recorded and monitored by the registered manager so she could identify any patterns or trends and take action to prevent further incidents.

People's money was safeguarded with systems in place to record and account for any money spent. Receipts were kept and the balances were checked regularly. One person's relative told us they did not have any concerns about the safety of their relative's money and trusted the staff.

Risks to people had been assessed and guidance was provided to staff about how to keep them safe while maintaining their independence. This included things that made people anxious or worried when they were out, such as crowds. Guidance was also provided about how to support people to remain calm and safe, including offering people reassurance and support while they left a crowded area. Staff were informed of changes in the way risks to people were managed at the beginning of each shift. Changes in the support that people needed were also recorded in their records so staff could catch up on changes following leave or days off.

Risks from the environment had been assessed. For example, the water temperatures were checked, to make sure they were not too hot, and gas and electrical appliances were checked regularly. There was a fire risk assessment and evacuation plans for each person and a general evacuation plan. Practice drills were held regularly so everyone got to practice leaving the building in an emergency. Fire equipment was checked to make sure it was working properly.

Systems were in operation to decide how many staff were needed to provide the service at different times of the day, taking into consideration peoples' needs, the skills of the staff and people's routines and activities. Staffing levels were reviewed regularly and when people's needs changed. Staff were not rushed and had time to spend with people. Staff we spoke with said they were happy with the staff levels and thought there was enough staff on duty.

Each shift was planned and staff were allocated to different people and activities. Each staff member knew what they would be doing that day and staff told us that they worked well as a team. Most staff had been working at the service for several years and knew people very well. There were staff around in all areas of the service and they were available when people needed them.
Cover for staff sickness and holidays was provided by other team members. The registered manager was on

call when they were not at the service and provided staff with the support and guidance they needed.

Safe staff recruitment systems were followed and checks were completed to make sure staff were honest, trustworthy and reliable. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. New staff were invited to look around the service and meet people before their interview. Written references from previous employers had been obtained and checked. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Information about candidate's physical and mental health had been obtained and checked.

Processes were in operation to make sure that people received their medicines safely and at the time advised by their doctor. People's medicines were managed by staff who were trained in safe medicines management. All medicines were stored securely and medicines given to people were recorded correctly.

Stocks of medicines were managed to make sure they did not go out of date. Bottles and packets of medicines were dated when they were opened as they had a shorter shelf life than other medicines. Staff checked they had not been open too long before giving them to people. Some medicines needed to be kept cool and were stored in a medicines fridge. The temperature of the fridge and room where medicines were stored were checked regularly to make sure they were at the correct temperatures.

Some people were prescribed medicines 'when required' (PRN), for example to help them stay calm. Guidance had been provided to staff about how to manage each person's PRN medicines. Regular checks were carried out on medicines and medicines records to make sure they were correct. People's medicines were reviewed regularly by their doctor to make sure they were still effective.

Good

Is the service effective?

Our findings

People were able to make choices about all areas of their lives, including how they spent their time. During our inspection people were offered choices and staff responded consistently to the choices they made. People were able to tell staff how they preferred their support provided. Staff knew people very well.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

Systems were in place to offer people choices in the ways they understood. For example, showing people items to choose between. Everyone living at the service was able to make straightforward decisions, such as what they wanted to eat or drink and shared these with staff. People choose what they wanted to eat at meal times by pointing to the food they would like to eat.

People were unable to make complex decisions about the care and treatment they received and needed other people to make these decisions in their best interests. Decisions made in people's best interests had been made by relatives who knew them well, with staff, and health and social care professionals on occasions. Such as having an annual flu vaccination or health checks. The person's capacity to make the decision had not been assessed before the decision was made to check if they had capacity and could make the decision with support. This did not impact on people as staff assumed people had capacity and respected the decisions they made. This is an area for improvement.

People can only be deprived of their liberty to 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 are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities under DoLS. The risks of people who lacked capacity being deprived of their liberty had been assessed. At the time of our inspection the registered manager was completing DoLS applications as there may have been a risk that people were deprived of their liberty. People were not restricted and were supported to go out whenever they wanted.

One person's relative told us they were very, very happy with the support their relative received from staff to stay healthy. Staff supported people to maintain good health and provided care to meet their health care needs. People had health action plans in place to tell staff and health care professionals about their health care needs. The registered manager was reviewing and updating them to make them more specific to each person at the time of our inspection. Staff quickly recognised changes in people's health and made appointments for them to see their doctor. The advice and guidance given by health care professionals including doctors were followed to keep people as well as possible.

People were supported by staff who knew them well to attend health care appointments, including health checks and outpatient appointments. This was to help people understand what was going to happen and support them to tell their health care professional about their health and medicines. Staff made sure any recommendations were acted on when they returned to the service.

Staff supported people to have regular health care checks including dental check-ups and eye tests. The registered manager had considered people's needs and chosen health care professionals who had the skills to support people; such as a visiting optician who was able to test the sight of people who were not able to read the alphabet.

People received the care and support they needed, in the way they preferred, from staff who had the skills, knowledge and qualifications. Staff had received an induction when they started work at the service to get to know people, the care and support they needed and to understand their roles and responsibilities, including shadowing more experienced staff. Staff's training needs had been assessed and a plan was in operation to meet their training needs. The training staff completed included skills to meet people's particular needs such as autism awareness, person centred care and Makaton (a sign language).

Staff completed an ongoing programme of development, including face to face training, mentoring, and watching DVD's. Staff completed work books or took tests that required a pass mark. The training staff completed was monitored and further training was arranged when it was needed. Some training was provided at the service, including fire awareness, so that everyone could take part in a fire drill.

The registered manager reviewed the effectiveness of the training by observing staff providing people's care and support and talking to people about the staff. They supported and coached staff to provide good care and provided feedback to them at regular one to one meetings. The development of staff's practice and their progress towards work objectives were also discussed at these meeting. The one to one meetings were planned in advance so staff could prepare. Staff spoke with knowledge about people's wide ranging needs and were knowledgeable about people's health conditions. All the staff we spoke with told us they felt well supported by the registered manager.

Staff had a yearly appraisal when they discussed their career ambitions and training needs for the next year. The staff team was small and apart from one new staff member, all the staff had been working at the service for a long time. They knew each other and the people they supported well. Throughout the inspection we observed staff anticipate people's needs and give them consistent support. When one person appeared to be getting anxious staff suggested they go out for a walk and the person happily put their coat on. This appeared to reduce their anxiety.

People had enough to eat and drink. People were encouraged to take part in the food shopping and in cooking meals, snacks and baking. Staff were aware of what people liked and disliked and offered people the food they knew they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet and there was plenty of fruit and fresh vegetables available. Jelly had been made with fruit in it as some people preferred eating fruit this way. People could help themselves to drinks when they wanted to and there was a safe one cup hot water system for people to use to make hot drinks. People enjoyed eating out and getting take away meals. Staff told us that people would choose daily what they wanted rather than having a set menu. Staff said this worked well and that people preferred this as choosing daily suited their needs.

Good

Is the service caring?

Our findings

People had lived at Cedar Oaks for a long time and everyone appeared happy and relaxed. One person's relative told us that the registered manager was 'like a second mother' to their relative. We observed staff and people in the service; staff spoke with people individually and in a respectful way. They were kind and patient with people. The atmosphere was calm and relaxed. Staff spoke calmly and reassured a person who appeared to become anxious.

Staff spent time with people making sure they had what they needed. People took part in activities they enjoyed, including going for walks and shopping for things that were important to them. They were relaxed in the company of staff. People were supported and encouraged to do as much for themselves as possible, to develop and maintain their independence.

Staff knew how people communicated, including sign language and responded appropriately. People were supported to 'have a say' and knew their views would be listened to. Information was presented in ways that people could understand which helped them to make choices and have some control over making decisions. People were supported to make decisions about the support they received at regular meetings. If people agreed, their care manager, family and friends were involved in helping them achieve their future goals.

Routines at the service were flexible and responded to changes in people's needs and requests. For example, staff quickly called in an extra staff member when one person told them they wanted to go out. Staff knew people's preferred routines, such as when they liked to get up, when they preferred to go to bed and their favourite activities. This gave people control over their lives and reduced the risk of them becoming anxious or worried.

People's privacy and private space was respected. Staff knew when people wanted some privacy or space and made sure this happened. For example, one person liked to soak in the bath, staff told us how they supported the person to do this in privacy, but completed regular checks to make sure they were safe. They knocked on people's bedroom and bathroom doors and asked permission before entering. People had chosen the way their bedroom was organised, the colour scheme and décor.

Staff were aware of the need for confidentiality and people's personal information was kept securely. Meetings where people's needs were discussed were carried out in private. The information contained in the care and support plans was agreed with each person, so that they were meaningful and relevant to people's interests, needs and preferences. There was good communication between staff members with handover meetings held between shifts and a detailed communication book.

Staff told us at the time of the inspection that people who needed support were supported by their families or their care manager, and no one had needed to access any advocacy services.

Good

Is the service responsive?

Our findings

People, including those who had difficulty communicating their needs and preferences had been involved in planning their care and support, with their relatives when necessary. Staff completed observations of people's skills and routines to understand how people liked to live and have their care provided. One person's relative told us, "They know her well and can anticipate her needs". Staff provided people's support in the way they preferred.

Staff knew what people were able to do for themselves and encouraged and supported them to do this. Care plans contained information about what people were able to do for themselves and the support and prompts they required. Information was also included about how people's needs could vary and when they may require more or less support. Information was included about all areas of their life, including their likes, dislikes, daily routines and preferences. For example, how they liked to spend their time during the week and at the weekend.

People's care plans were reviewed regularly to make sure they remained current. They were updated when people wanted their support provided in a different way or their needs changed. One person's relative told us staff contacted them quickly about any changes in their relative's needs. A pen picture about each person was included at the front of their care plan to help visiting professionals get to know important things about the person quickly.

Detailed guidance was provided to staff about how to provide the support people needed to ensure that it was consistent. Some people could get anxious or angry occasionally, when this happened staff reassured them and tried to distract them. Staff told us it was very important that they followed the guidelines and worked as a team to offer people consistent information and support. They told us this reduced the risk of people becoming confused which could make them anxious and may lead them to display challenging behaviour. This happened rarely as the staff provided support to people in the same way. Staff recorded any incidents that happened and kept a weekly summary. This information was useful for any visiting behavioural support staff to review.

People had enough to do during the day and had regular opportunities to follow their interests and take part in social or physical activities. They took part in activities with people they knew at a local social club including keep fit and yoga and used their local community facilities such as local cafes. Each person had an individual activities plan and knew what they would be doing each day. People liked to watch the television in the evening and chose what they watched, where and who with.

There was a complaints policy and procedure in place. Staff were aware of the process to follow should anyone make a complaint. The registered manager said there had been no complaints for a long time but if there was a complaint this would be investigated and responded to. Staff told us that they could tell by people's body language and behaviours if they were not happy about something, they said they knew people well and could always tell if there was a problem.

Good

Is the service well-led?

Our findings

The registered manager had been leading the service for many years and knew people and staff very well. Staff told us they felt supported by the registered manager and were confident to raise any concerns they had with them. They said the registered manager was always available to give them advice and support. The registered manager was experienced and qualified and was supported by the provider. They understood relevant legislation and the importance of keeping their skills and knowledge up to date.

The registered manager had a clear vision of the quality of service they required staff to provide and how it should be delivered. She led by example and supported staff by giving them feedback about how they might improve their practice. There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'achieving positive outcomes for individuals.'

Staff were motivated and enjoyed working at the service. They understood their roles and knew what was expected of them. They had job descriptions including their role and responsibilities which they could refer to if they needed. Staff had employment contracts so they were aware of their conditions of employment. They told us they had regular team meetings and that their views and opinions were listened to. Staff knew about the whistle blowing policy and knew who they could report any concerns to.

People, their relatives and visitors were asked for their feedback about the service every year. Staff at the provider's head office sent out surveys and collated the responses. People could also share their views at regular review meetings. Staff were not currently surveyed so they did not have an opportunity to give their views anonymously, if they wished to. This was an area for improvement.

Checks and audits were carried out regularly of the environment, records, staff training and the support being provided. The registered manager and another senior manager carried out quarterly and yearly audits and produced reports that had actions to improve the service.

Services that provide health and social care to people are required to inform the Care Quality. Commission, (the CQC), of important events that happen in the service like serious injury and safeguarding incidents. This is so we can check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events, in a timely way.

Some of the wording used on the records was not clear about what had happened during incidents. For example, the types of behaviour that may be shown were described as 'pushing boundaries' and 'intimidation.' When we asked what these words meant staff described a whole range of different behaviours under these two headings, ranging from hitting a wall to standing very close to a staff member. There was opportunity for staff to detail each behaviour more clearly rather than group different behaviours under one heading that was not clear and open to interpretation. By recording each behaviour separately, it would be easier to find out if there were different reasons for each behaviour.