Cedar Gardens Care Ltd

The Cedar Gardens Care Limited

Inspection report

12-18 Richmond Road
New Barnet
Hertfordshire
EN5 1SB

Tel: 08444725176
Website: www.foresthc.com

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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

The inspection took place on 31 August and 2 September 2016 and was an unannounced inspection. The inspection prior to this on 10 July 2013 found the standards inspected were met.

The Cedar Gardens Care Limited is a nursing home registered to provide accommodation for a maximum of 45 people requiring nursing or personal care. The home provides a service to adults of all ages who may have a range of disabilities including dementia, learning disability and autistic spectrum disorder, mental health, eating disorder and misuse drugs and alcohol.

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.

We received good overall feedback about the service. There was particular praise for how people's health needs were addressed. The staff supported people well with healthcare matters and people had access to the nursing staff and were supported to access appropriate medical care. The service had an excellent record of pressure ulcer care utilizing the provider's tissue viability nurse support. In addition the staff were friendly and caring towards people, and welcoming to their visitors. Nurses were knowledgeable about people's medicines and medicines administration and storage was undertaken in an appropriate manner.

We found that the service had systems in place to recognise and report safeguarding adult concerns. There was a robust recruitment procedure and staffing was assessed on an ongoing basis to ensure the changing needs of people using the service were met. People and the environment were risk assessed and reviewed to reflect any changes in circumstances.

The service was clean and well maintained. Staff had received infection control training and understood good practice in preventing cross infection.

The service was working to the Mental Capacity Act 2005 and the management team understood their responsibilities under the Deprivation of Liberty Safeguards to ensure that people's legal rights were being upheld.

Staff received regular supervision and training and were well supported by a proactive and accessible management team.

People were supported to eat a healthy diet and remain well hydrated and although some people liked the meals provided others were not so complimentary. We brought this to the attention of the manager who was in the process of compiling new menus to trial. She undertook to continue the work to ensure all people were happy with the selection of meals.

People had person centred plans that reflected their likes and dislikes and told staff how they wished to be supported. Care plans told staff about people's histories and named activities that people enjoyed. There was care taken to ensure activities were varied and involved people with different cognitive functioning.

The service was well- led by a strong management team who were visible and accessible to both staff and people using the service. The registered manager and deputy manager were both passionate about their role in ensuring good care and were well supported by the nursing staff and the provider management team. People and visitors told us they could raise concerns and any issue raised was addressed immediately by the registered manager.

The views of people, their visitors and staff were sought by the management team who responded to the outcomes of surveys and initiated changes suggested.

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. The registered manager and staff team understood their responsibility to report safeguarding adult concerns.

Staff risk assessed people and the environment to minimise the risk of harm occurring.

There was a robust recruitment procedure to ensure staff were safe to work with vulnerable people.

There were systems in place for the safe administration and storage of medicines.

The service was clean and well maintained.

Is the service effective?

Good

The service was effective. The registered manager and staff team worked under the requirements of the Mental Capacity Act 2005 and had applied for Deprivation of Liberty Safeguards appropriately.

Staff had received supervision sessions and appropriate training to support them in their role.

People were supported to eat a healthy and nutritious diet and to remain hydrated.

Is the service caring?

Good

The service was caring. Staff were friendly and welcoming to people and their visitors.

People were supported to meet their diversity needs in a person centred manner.

People and their family were involved in their care planning and reviews.

People's end of life wishes were identified and recorded.

Is the service responsive?

Good

The service was responsive. People had person centred plans that clearly outlined how they would like to be supported by staff.

Activities were varied and the service had brought in new initiatives to further engage people.

People were encouraged to raise concerns and make complaints. Complaints were addressed speedily and reported to the provider.

Is the service well-led?

Good

The service was well-led. The registered manager was experienced and passionate about their role in providing a high quality service.

There was a robust management structure with a proactive deputy manager and nursing staff. The management team were well supported by the provider's senior managers and associated provider colleagues such as a tissue viability nurse.

There were clear lines of communication within the service and people, relatives and staff were encouraged to express their views and suggestions were acted on.

There was a robust auditing of the service to ensure high standards were maintained.

The Cedar Gardens Care Limited

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 31 August and 2 September 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors and one expert by experience on the first day of inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One adult social care inspector visited on the second day.

Prior to our visit the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with eight people living in the service and reviewed five people's care records and associated documents such as risk assessments. We observed five people's medicines administration and looked at their medicines administration records. We observed staff interaction with people. We spoke with five people's visitors during our inspection. We looked at six staff personnel files these contained recruitment, supervision and training records. We interviewed two support staff and a nurse. We spoke throughout both inspection days with the registered manager, the deputy manager, the operations manager and the operations support manager and support staff, the laundry staff member and nursing staff. Following the inspection we spoke with two relatives and the commissioning body and the provider's tissue viability nurse.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. "Yes it is very nice here." "They come at night to see if I am alright. In my head I'm not worried because I know that they are coming." Relatives told us "yes this is a safe place." The registered manager understood their responsibility to report safeguarding adult concerns to the local authority and the CQC. Staff told us how they would keep people safe by recognising signs of abuse and reporting to the registered manager. To support staff there were poster reminders and the safeguarding adult policy was displayed in the main entrance for staff and visitors to refer to.

The service undertook risk assessments to keep people and their environment safe. There was a fire risk assessment and people had personal evacuation plans in the event of fire, these were kept in a folder together with a register for quick access in emergency. It clearly identified people at risk who would require either one or two staff support describing their mobility and equipment needed such as a walking frame or wheel chair. There was a 'grab bag' containing essential equipment. Staff had received fire safety training and some staff were trained as fire marshals who undertook specific responsibilities should a fire occur. There was a fire evacuation plan displayed with a floor plan. The service had identified a local church as a place of safety for people in the event the service needed to evacuate. Other environmental risk assessments included, for example, trips into the community ensuring wheel chair tyres were inflated and people were dressed appropriately for the weather and medicines required were taken with people.

People also had individual risk assessment specific to their circumstances these included risks associated with manual handling, nutritional need, tissue viability and use of oxygen. The risk of falling was accompanied with a clear procedure in the event of a fall. All falls were recorded and measures put in place to prevent re occurrence. Examples seen were a crash mat placed beside a bed and a chair sensor alarm. A referral had been made to the GP when someone fell twice without injury in quick succession.

People told us there were enough staff to support them when they pulled the call bell "Oh yes they do their best. I have no complaints". People's relatives told us "there are definitely enough staff to do the work" another relative told us they felt their relative was well cared for and not neglected, describing they visited on a regular basis and their family member was always dressed and comfortable. One staff member told us there were enough staff, but another staff member told us that there could be more staff as people's needs can change quickly. However they felt the service was no different in staffing ratio to other nursing homes. The deputy manager explained dependence was worked out monthly due to people's changing needs, so that staffing levels are assessed on an ongoing basis and that it was part of his responsibility is to ensure there was a mix of skills on shift to meet people's needs. On the days we visited there were staff as rostered and staff were able to meet people's support needs both in the lounge area and the bedrooms without people waiting unattended for support.

Several relatives told us there were often changes of staff and that their family members found this difficult to adjust to at times. The registered manager described there had been some staff turnover through staff moving on to new roles for personal reasons giving us number of examples. They had recruited staff into

vacant posts and explained were careful during the recruitment process to only take applicants they assessed through interview as suitable for the caring role. We saw there were also a number of established staff including some nursing staff that had remained with the service for many years and this did give continuity in the staff team. We looked at staff personal files and found that there were safe recruitment processes in place. References were requested and received and Disclosure and Barring Service checks had been carried out before staff commenced employment. Nurses provided their pin number to show they were qualified and eligible to work as a nurse. In addition when agency staff were used by the service they requested ID and a profile for the agency staff member.

People told us "Yes I get my medicines on time, I joke with them have you bought a chemist." There were safe systems in place for the administration of medicines. We observed people's medicines being administered by a nurse who recorded in medicines administration records appropriately. People's records contained their photo for identification and allergy information. Medicines including controlled drugs were stored at an appropriate recorded temperature and kept securely. Controlled drugs administered were signed for by two staff members to avoid errors being made. Stocks of medicines we counted were correct and tallied with the recorded totals. We saw there were guidelines in people's records for PRN, that is as and when needed medicines. Staff asked people if they were in pain and offered PRN medicines accordingly. We talked with a nurse who was able to tell us what checks were undertaken to ensure the medicines received from the pharmacist were correct. Medicines were audited by the management team.

People told us "It is clean, it is comfortable." Relatives told us "the care of the rooms is amazing they are always immaculate." The service was clean and well maintained and free from mal odour. The staff had received infection control training and reminders were displayed for staff to wash their hands appropriately. Staff used disposable equipment such as gloves and aprons when supporting people to avoid cross infection. We spoke with the laundry staff member who described that they keep soiled linens separate from other items and washed them at an appropriate high temperature. There were systems in place for the safe disposal of hazardous waste.

Staff had received food hygiene training and the service had received a five star food hygiene rating in August 2016 indicating a high standard of kitchen cleanliness and appropriate storage of food.

Good

Is the service effective?

Our findings

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 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 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 found that Cedar Gardens Limited as the managing authority had applied for DoLS from the statutory body appropriately, having taken into account the mental capacity of people at the service to consent to their care and treatment.

Staff had received MCA and DoLS training. Some people's care plans stated "staff should obtain consent before any interaction." Staff described "we ask people's consent we say things like, shall we make you comfortable? We do it in their best interest but we still act with their consent, when they are ready." There was evidence that mental capacity assessments and best interest meetings had enabled decisions to be taken on behalf of people who lacked capacity. For example some people had mental capacity assessments for covert medicines to be administered. These had been agreed with the GP and reviewed by the GP appropriately on a regular basis to ensure the covert measures were still appropriate. People's care plans stated clearly if they lacked capacity about their care but specified "staff must "maximise [X] ability to make decisions." Staff were aware of people's DoLS conditions and understood why these were in place. Staff explained they had received training to manage challenging behaviour when people were unsettled and used redirection, giving people space to calm down, and they monitored the person and returned once the person was more receptive.

Staff told us they had "good management support and supervision." Staff received supervision on a regular basis and had a yearly appraisal. New staff received a week's induction when they commenced their post. A recently appointed staff member told us "it is very nice here –I get good support" Other staff confirmed to us that they were receiving ongoing training in various relevant topics such as safeguarding adults, health and safety, moving and handling and pressure ulcer care. Management undertook spot checks called "observation of competence" for new staff to observe their practice in lifting and handling. Staff received training in working with people who are living with dementia. Staff had first aid and basic life support training. Nurses were encouraged to extend their skill base and had completed training in minor medical procedures such as venepucture and cannulation and had further training planned with the aim to reduce admissions into hospital.

People told us "the staff get me my GP" and "the staff arrange it (GP), we are very fortunate. I have no complaints about this." Relatives confirmed the service let them know when their family member might be

unwell and "kept them in the loop." People were supported to attend appointments such diabetic eye clinics and the dentist. People had Waterlow assessments for tissue viability to prevent pressure ulcers, their care plan told staff of the measures to be put in place such as an appropriate pressure relieving mattress for their weight and two/three hourly turning by staff. Records showed staff were turning people as the care plan stated. Bed side training sessions took place by the provider tissue viability nurse (TVN),who explained they showed new staff how to maintain and check pressure relieving mattresses. The TVN also observed and corrected established staff practice. They explained the deputy manager was very quick to order and obtain new equipment for people when it was required. They wrote in feedback to the care home "I am pleased with your almost zero pressure ulcer damage for many months."

People also had Malnutrition Universal Screening Tool (MUST) to ascertain if they were in danger from malnutrition or obesity. People's weight was recorded on a regular basis and the service took steps to notify the GP if people's weight changed indicating a concern. People's care plans detailed the support they required following speech and language assessments, such as to eat such as a "pre-mashed diet", "an upright position" and "reduce distractions" and "full supervision." When frail people were nursed in bed the guidelines for supporting people to eat were displayed to remind staff above their bed. We observed staff supporting people as the guidance stated.

People were offered a choice of breakfast and a choice of lunch. Meals were prepared to meet people's dietary requirements for example pureed for people who required this food consistency and no shell fish for people who were allergic to this. Some people said they liked the meals served but not all people spoken with were complimentary about the food served, one person said "you are touching on a very sore subject, it is not cooked long enough. It is always mince and hot pot. The chef does not know how to roast." Another person said "sometimes it's the same again." Some people commented there was no menus; however menus were displayed on each dining table. We brought this to the attention of the registered manager and found the registered manager was compiling new menus to be trialed. Following our inspection we found this had taken place and people's views were being sought. The registered manager undertook to continue this work to ensure everyone was happy with their meal choices. People were supported to drink an adequate amount of fluids, tea and coffee was served, dispensers contained different types of squash in the common areas and was offered to people throughout the day.

The service was situated on a quiet residential road with all floors made accessible by a lift and there was wheel chair access. There were mostly single ensuite bedrooms with a toilet and several double rooms. There was a spacious lounge and dining area and a comfortable quiet lounge. Some of the landings had places for people to sit if they wished to. There was a large well maintained and well used garden with garden seats and tables.

Good

Is the service caring?

Our findings

People told us "staff are friendly and polite, the home is well kept" and "I can't complain the staff are perfect, they try their best to help." Relatives spoken with said "this really is a lovely place" and "brilliant, very happy with the care" and "they are fantastic" and "carers do a wonderful job."

The registered manager told us she says to staff "we are coming into their home." One person's care plans stated "show respect to [X] at all times – make [X] feel at home." In the entrance of the care home there was a display promoting the values of the service. Part of the display was an open umbrella that had printed on each section words such as "dignity" and "respect." To ensure staff were always reminded about the services values posters depicting five stars were placed around the home. Each star represented a CQC domain such as Caring and this was divided into subsections that read 'excellence in end of life star', 'staff values star', 'spirituality star', 'volunteers and enablement star'. The poster read "Be the change you wish to see." These reminders to staff kept the values of the care home prominent in their everyday interaction with people. The registered manager told us one key value of the service is that "we work in our residents' home, they do not live in our work place."

The service had an initiative called 'People like me' that had a large attractive poster that showed both staff and people's interests linking staff with people of the similar interests. On staff's name badges they had their interests such as 'dancing' 'singing' or 'travel' and they would go and chat with people who were identified as having the same interests as themselves. This meant there were staff chatting to people at times that were not specific activity sessions and to people who remained in their bedrooms.

The service was proactive in looking for new ideas to support people to feel comfortable and were developing a "dignity bag" for each person. This was a bag to go with people to hospital that would contain night wear, toothbrush and favourite toiletries. The registered manager explained a staff member always accompanied a person when they went into hospital to ensure they felt supported and were not alone. If a person remained in hospital staff would visit to reassure the person and give news from their home. Staff maintained people's dignity by adjusting people's clothing and ensuring they looked smart. Screens were used when hoisting people in the common areas. People's privacy in shared rooms was maintained with the use of screens. Privacy was respected and staff knocked on doors before entering. Staff had received confidentiality and data protection training and there were reminders in records to staff to share information only when necessary.

The service supported people's diversity needs, for example one person who was living with dementia had returned to their mother tongue. In their care plan and on the wall by their chair words in their language were placed to support the staff to communicate with them. This meant staff could ask basic questions such as "how are you" or reassure them that their family would be visiting soon. Staff told us this had helped a lot in building a positive relationship with the person who had responded well to the initiative. We saw in their care plan there was a large folder of photos foods from their culture showing what they enjoyed to eat, staff sat with them talking about the foods and family brought these foods to the person to eat. Other people had their culture specified and plans specified how staff could support them. We observed an activities

coordinator singing in Greek folk songs with a Greek speaking person who joined in smiling.

People's faith choices were supported. For example a rabbi visited a Jewish person, whilst some people of Catholic faith were supported to attend mass. The registered manager told us that Catholic faith residents were supported by a monthly mass in the home that was also attended by members of the parish community and Eucharist ministers visited weekly with the Eucharist. In addition a weekly Church of England service was celebrated in the home. Festivals such as Easter and Christmas were observed and people's personal celebrations such as their birthdays were enjoyed with birthday cake served and cards given.

A relative told us "Yes we are involved massively in the care planning" explaining suggestions made were acted on. Other people and their relatives confirmed they had been involved in care plan reviews and the initial assessment prior to commencing their placement. The registered manager told us "the preadmission assessment is crucial" explaining that this is when they assess if they can meet someone's support needs, obtain important information about what the person likes and dislikes and start to build a working relationship with the person and their family. Staff were reminded on the pre assessment "to introduce staff and other residents." We observed a new arrival to the service during our visit; family confirmed an assessment visit had been made by the registered manager. We observed family were made very welcome by the registered manager and staff.

People's care plans recorded what people and their family wishes were in the event of their death. Describing for example that someone would like to be cremated and their care record contained their funeral plan. Some people had specified they wished to be resuscitated in the event of a medical emergency. Other people had Do Not Attempt Resuscitation (DNAR) forms signed by the GP and with the involvement of their family members. Staff had received end of life training, the registered manager explained they also had a funeral director to talk with the staff about what happens after someone dies. The registered manager explained management and staff attended most people's funerals as they believed they should offer care and show their respect for people and their family right up until they are laid to rest.

Good

Is the service responsive?

Our findings

A person told us "if you tell anyone, then you can get what you need. We are well looked after here." People had person centred care plans that contained a "Welcome to The Cedars" letter, a description of the role of their keyworker (an allocated staff member who takes specific responsibilities and is a point of reference for family). There was an explanation that a nurse would come and discuss their care plan.

The registered manager told us "it is important to know each person's history." There was a brief history that described people's family life and previous occupations and any details important to the person such as by what name they liked to be addressed. Care plans detailed people's preferences such as "takes great pride in their appearance" detailing the support required to maintain their smart appearance. Care plans also gave clear guidance for staff such as which hoist and what sling to use when someone required transferring from bed to their chair.

People's care plans recorded their interests for example one person's initial assessment and care plan said they liked dogs, we saw a book about dogs in their room, and staff could look at the book with the person. Care plans stated how best to communicate with people, on one person's care plan it stated they liked to hold hands and we saw staff doing this as they talked to them.

A relative told us "entertainment is good; they get everybody going and joining in." An activities co-ordinator facilitated group activities in the service such as singing and dancing. There were three activity co-ordinator one full time and two part-time. The co-ordinators had received training in an initiative called "A ladder to the moon." Boxes were delivered with prompts for activities and the co-ordinators facilitated the activity for example the "exotic locations" box prompted an afternoon of coconut hand massages and drinking pineapple and Malibu cocktails, feedback from the people taking part was very positive. The coordinator's also thought up their own themes and during our visit we saw a 'spirit of summer' afternoon with people wearing panama hats and singing songs associated with summer.

Other activities included a computer project that supported reminiscence sessions. Volunteers came in and worked with people to show them items relevant from their past. This could be for example old photos pictures of the area they grew up in or cookery dishes and utensils from the war time. One person told us "I haven't bothered with computers before but certainly this is quite interesting."

One person told us "I do feel safe raising a complaint or a concern." Relatives told us "any issues are dealt with on the spot." The registered manager explained any concern is dealt with immediately. This would include for example complaints about a missing item. There was a complaints form made accessible for people to use if they wished. We saw formal complaints went to the provider's director and were addressed and the outcome recorded on a monthly matrix to track and identify any service trends. To assist people who required support to complain Advocacy Care leaflets were displayed in a prominent position.

Good

Is the service well-led?

Our findings

Relatives told us "it's a well-run home some relatives told us "the registered manager is amazing and the deputy too." All relatives spoken with confirmed the registered manager was "very approachable." There was a well-established registered manager who was experienced in her role. They were well supported by a deputy manager who was described as enthusiastic and proactive by a provider colleague who gave an example of equipment being ordered and put in place immediately it was identified as needed. The registered manager explained "we are here early and we stay late, as we are here in a supportive role for all the staff." Explaining ensured they had a visible presence in the service by walking around the service daily, were "hands on" and "leading by example". In addition the senior managers from the provider were supportive of the management team visiting often and were familiar with the service, people and staff.

There were clear lines of communication in the service. Daily notes were kept and read through to keep all staff informed of changes of support and incidents. Each morning and afternoon at the shift change all care staff attended a business meeting to handover information. We observed a meeting and each resident was discussed so staff could feedback information such as a new admission, a GP visit or a person had not eaten well and required a food supplement. The nurse on duty led the meeting and shared information using the meeting to allocate or remind staff of duties to be undertaken.

Staff confirmed there were regular staff meetings and said that they were helpful and they could discuss issues at the meetings. Staff told us "if you think something is wrong, you can say. Another staff member told us "I like it at this home, they welcome my opinions and suggestions." Staff were encouraged to see working at the service as a career, the registered manager had employed staff who went on to be trainee nurses and gave examples of staff currently working in the service who had begun as basic grade staff but were now employed as an activities co-ordinator and as a senior member of staff.

Relatives told us "I am kept informed and we do have a relatives meeting." Relatives meetings took place four times a year and the minutes were displayed near the staff room so staff were kept informed of relatives concerns. Information was displayed for visitors to the service on a screen in the entrance area. The screen showed a loop of photos of the staff including the registered manager and activities taking place at the service. There was information available to visitors and new people to tell them what the service provided and what to expect.

The registered manager and the deputy manager completed a daily environmental check by walking around the service. Any concerns such as replacing light bulbs was immediately flagged to the maintenance staff member who replaced and oversaw all repairs. Fire alarms were checked weekly, fire doors and call bells were checked monthly. Other checks such as gas, electrical appliances and emergency lighting were undertaken yearly. The registered manager explained they undertake spot checks of all documents including care plans and risk assessments. The nurse on duty audited all medicines to ensure procedure was being adhered to and this was checked by the registered manager to ensure nothing was being overlooked. All information audited was sent to the provider monthly to ensure standards were met. The

operations manager, operations support manager or the chief compliance officer for the company would audit unannounced once a month to ensure returns made to the provider were accurate. We saw the provider tissue viability nurse made unannounced audit visits to the service on a regular basis to ensure practice around ulcer care was correct. They explained they expected a very high standard from staff and checked that pressure mattress were kept clean to avoid cross infection and that turning charts were completed and care being offered in the correct way.

The service had been given an award as one of the top 20 care homes in London for 2016. The service worked in partnership with other agencies. The registered manager explained she believed we were all working together to provide the best service for people using the service. Reports from other organisations were shared, for example the report from Healthwatch Barnet was displayed in the entrance to the service. The registered manager welcomed the support of the commissioning body who confirmed the service were open to suggestions from them.