

MGL Healthcare Limited

Cedardale Residential Home

Inspection report

Queens Road
Maidstone
Kent
ME16 0HX

Tel: 01622755338

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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

We inspected this service on the 9 March 2017. The inspection was unannounced.

At our previous inspection on 15 July 2015, we found a breach of a regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A breach of Regulation 19, the provider had failed to ensure recruitment information was available for each person employed. At this inspection we found that improvements had been made to meet the relevant requirement.

We required the provider to make improvements in relation to the safe recruitment of staff. We found that improvements had been made and the provider was now meeting the regulations. However we have made a recommendation about this, following this inspection.

Cedardale Residential Home is a privately owned care home providing accommodation and personal care for up to 29 older people, some of whom are living with dementia, mental and physical health needs and mobility difficulties. There were 28 people living in the service when we inspected. Cedardale is a large detached property with accommodation on two floors in the main building and a spacious single storey extension. A stair lift provided access to the first floor. There is a garden to the rear of the home and off road parking at the front.

At the time of our inspection the service was undergoing refurbishment, new décor and carpets were planned for throughout.

There was a registered manager in place who was also one of the providers' of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a general manager, who managed the day to day running of the service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, applications had been made to deprive people of their liberty. The registered manager and the management team understood their responsibilities under the Mental Capacity Act 2005. The day to day manager had arranged for staff to receive further training to develop their knowledge. Mental capacity assessments and decisions made in people's best interest were recorded. People were actively encouraged and supported to make decisions relating to their lives.

People using the service felt safe with the staff that supported them. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put into place to manage any hazards identified. The premises and equipment were maintained and checked to help ensure people's safety.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. However, gaps in potential staffs employment history had not always been explored. We have made a recommendation about this. There were enough staff on duty with the right skills to give people the support they required. Staff were supported in their role by the registered manager and the management team.

Staff had a full understanding of people's care and support needs and had the skills and knowledge to meet them. Staff were supported in their role and kept informed about any changes within the service by the management team. People were treated with dignity and respect by staff who also maintained people's privacy. People were supported to develop and maintain relationships with people that mattered to them.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and their relatives and regularly reviewed to ensure people continued to have the support they needed. People were encouraged and supported to maintain as much independence as possible. People were supported to participate in a range of activities within the service and in the local community.

People had access to the food that they enjoyed and were able to access drinks with the support of staff if required. People's nutrition and hydration needs had been assessed and recorded. Staff met people's specific dietary needs and received guidance from health care professionals where required.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and senior staff had been trained to administer medicines safely. People were supported to remain as healthy as possible with the support of healthcare professionals.

Processes were in place to monitor the quality and safety of the service being provided to people. People were encouraged to raise any concerns or complaints they had which were acted on.

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.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

Potential risks to people, staff and visitors had been assessed and recorded.

There were enough trained staff to meet people's assessed needs.

Medicine management was safe. People received their medicines as prescribed by their GP.

Is the service effective?

Good ●

The service was effective.

People were supported to remain as healthy as possible. Staff understood the importance of ensuring people were provided with a suitable range of nutritious food and drink.

Staff were trained to meet people's needs including their specialist needs. Staff received the support and guidance they required to fulfil their role.

Staff understood the importance of gaining consent from people before they delivered any care.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and attentive to people's needs. People's privacy and dignity were maintained whilst encouraging and promoting people's independence.

People were fully involved in the delivery of the service they received. Staff were aware of people's personal preferences and life histories.

People were supported and encouraged to maintain and develop relationships with people who mattered to them.

Is the service responsive?

The service was responsive.

People were offered a range of activities to meet their individual needs and preferences.

People's needs were assessed, recorded and reviewed. People were included in decisions about their care.

There was a complaints procedure in place and people were actively encouraged to raise any concerns or complaints that they had.

Good ●

Is the service well-led?

The service was well-led.

The registered manager and the management team understood their role and responsibility to provide quality care and support to people.

Staff felt there was an open culture and they were kept informed about any changes within the service.

Systems were in place to monitor the quality of the service being provided to people.

Good ●

Cedardale Residential 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 checked 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.

We undertook an unannounced comprehensive inspection of Cedardale Residential Home on 9 March 2017. This inspection was carried out by one inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked 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. Prior to the inspection we reviewed other information we held about the service, we looked at the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke to the registered manager, general manager, and four members of care staff. We spoke with five people using the service and three relatives to gain their views and experience of the service. We observed people with staff in the communal lounges and dining rooms. We looked at four people's care files and five staff recruitment files. We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits, staff training programme and the quality assurance system.

We last completed a focused inspection of this service on 15 July 2015 when one breach in the regulations was identified.

Is the service safe?

Our findings

People told us they felt safe living at the service and with the staff that supported them. One person said, "Yes I do feel safe here. When you go up the stair lift you are always accompanied." Another said, "Oh yes I feel very safe here." Relatives told us they felt their loved one was safe. One relative said, "(Loved one) has been absolutely safe here. Coming here has been the best thing as they were not safe at home."

At our last inspection on 15 July 2015, we identified a breach of Regulation 19 the provider had failed to protect people from the risks associated with staff who were unsuitable to work with people who needed, care and support. At this inspection we found that improvements had been made, however the recruitment checks were not always consistent. Two of the five recruitment files we viewed did not contain the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two files did not have a full employment history. Gaps in employment had not been explored and recorded by the interviewer. The general manager told us that these two members of staff were newer staff, and that another member of the management team had recruited them.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service.

We recommend that the provider explores any gaps in employment in line with schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the potential risk of harm and abuse. Staff followed the providers' policy and procedure, and, had received training in the safeguarding of vulnerable adults. Staff were able to describe the possible signs of abuse and knew the action they should take if they had any concerns, such as speaking to the registered manager, the local authority safeguarding team or the Care Quality Commission (CQC). Staff were aware of the whistleblowing (telling someone) policy and procedure and were confident to use it if they needed to. People's belongings were protected from the risk of theft. People were able to lock away any jewellery or precious items they had.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, mobility, skin integrity and diet and nutrition. The risk assessment covered the identified hazards associated with the risk, an evaluation of the risk, the likelihood of the risk occurring, and the action to be taken to reduce the risk such as, monitoring the persons behaviour and offering reassurance. Staff were aware of the risks associated with people and the steps to take to reduce the risk. Environmental risks relating to staff were assessed and recorded such as, the use of wheelchairs, outside space and the on-going redecoration of the service. A system was in place to ensure these were reviewed on a regular basis.

The premises and equipment was maintained and serviced to ensure the safety of people, staff and visitors.

This included servicing of lifting aids such as, the stair lift and hoist, regular checks of the hot water temperatures and the windows. Systems were in place to protect people against the risk of a fire. Regular checks of the fire alarm system, call points and emergency lighting were carried out. Staff followed a fire risk assessment and an evacuation plan; this detailed each person living at the service and, the specific assistance they would require in the event of an emergency. These checks enabled people to live in a safe and adequately maintained environment. Accidents and incidents were recorded and monitored on a regular basis. Staff completed an accident form which was then investigated and reviewed by a member of the management team.

People told us there were enough staff on duty to meet their needs. One person said, "Mostly there are enough staff. They do respond quickly when I call for help." Another said, "They could do with a few more staff, but they do come very quickly when I call." Observation showed that call bells were answered swiftly and people were not left waiting for support. Systems were in place to ensure they were enough staff on duty to meet people's assessed needs. The general manager reviewed the staffing levels on a monthly basis. Records showed that staffing had increased with new admissions of people.

People were given their medicines by trained competent senior staff who ensured they were administered on time and as prescribed by their GP. One person said, "I get my medication regularly, they (staff) give it to me and check that I have taken it." There was a designated member of staff who oversaw the ordering, obtaining, storing and returning of people's medicines. Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions. Regular audits of people's medicines were completed by a member of the management team. An annual audit had been completed in December 2016 by a local pharmacist, no issues were identified.

Is the service effective?

Our findings

People said the quality of the food was good and they were given a choice of what they wanted to eat. The provider used an outside company to supply a nutritionally balanced hot meal daily. There was a four week menu in place which included two hot options and dessert. The company catered for people who required a specific diet such as, a soft food or pureed meal. People's comments included, "The meals are very nice. We get enough to drink during the day." Another said, "Mostly the food is to my liking, and we get drinks all day." Staff told us people were able to choose something else to eat such as a sandwich or another option which was catered for.

People who were at risk of malnutrition and dehydration had been assessed and clear guidance was in place to ensure people's needs were met. Health care professionals were involved to advise staff how to ensure people remained as healthy as possible. People's weights were checked regularly and any changes identified, were reported to the person's doctor. Records showed that actions given by health care professionals had been followed through by staff such as, fortifying people's food to increase their calorie intake with items such as cheese and butter. Staff monitored people's fluid intake and information was available to staff informing them of the average daily intake for each person. Staff encouraged people to increase their fluid intake via other methods such as jellies and lollies.

People were supported to remain as healthy as possible. People told us they were able to access health care professionals, when they were needed. Each person had detailed guidance in place which included information of the support from health care professionals and guidance for staff to follow. During our inspection one person was being supported to attend an appointment at the local hospital. All appointments with professionals such as doctors, opticians, district nurses, dentists and chiropodists had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly.

People told us they felt the staff were well trained and knew the care and support they required. Staff told us they had received the training they required to meet people's needs. One member of staff said, "They (management) are on the ball with training, there is a chart on the wall." The training matrix confirmed that staff had received the mandatory and specialist training for their role which would ensure they could meet people's individual needs. There was an ongoing programme of training, this included training in topics such as safeguarding of vulnerable adults, moving and handling, first aid, health and safety and infection control. Staff were trained to meet people's specialist needs such as maintaining skin integrity and dementia awareness. Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support.

Staff told us they felt supported in their role by the registered manager and the management team. Systems were in place to ensure staff received supervision with their line manager on a regular basis. These meetings provided opportunities for staff to discuss their performance, development and training needs. New staff completed an induction into the service and worked alongside experienced members of staff for a period of

time, before they became part of the care team on duty.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 applications or authorisations to deprive a person of their liberty had been made. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. Records showed that DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Staff's knowledge of MCA and DoLS was varied, with two of the four staff spoken with not understanding the principles, and how they use this in their everyday practice. The general manager told us that they had identified a gap in some staff member's knowledge, and, as a result they had sourced a new training provider. Staff were observed to ask people for their consent before they offered support. People's consent and ability to make specific decisions had been assessed and recorded in their records.

Is the service caring?

Our findings

People told us the staff were kind, caring and attentive. One person said, "The staff are nice and friendly. They (staff) seem very caring towards residents." Another said, "Staff are friendly and attentive. I'm well looked after." A relative said, "The staff are very kind and understanding, not only to (loved one) but to me as well." Another said, "They (staff) are all very kind. The staff are very patient and know (name) very well."

We observed positive interactions between people and staff throughout our inspection. People appeared comfortable and relaxed with the staff that supported them. We observed staff gave people their full attention during their conversations and spoke to people in a considerate and respectful way. People told us that staff protected their privacy and dignity. One person said, "They (staff) knock on my door before coming in." Staff described how they protected people's privacy and dignity whilst meeting their needs, such as, closing doors and covering people up.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Some people had been supported to complete a 'Pen Portrait' or a 'This is Me' book, this included information about the persons social history, work history, family, achievements, interests and hobbies. Records showed that people and/or their relatives had been involved in the planning and delivery of the service they received. Staff knew people well and, were observed talking to people about family members and social events they had participated in.

People were encouraged and supported to remain as independent as they wanted to be. People's care plans contained specific guidance of what people were able to do for themselves and the support they required from staff. One person said, "I do feel I'm encouraged to be as independent as I can be." We observed staff taking their time, being patient and encouraging people to eat their lunch unaided.

People were supported to have as much contact with their friends and family as they wanted to. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. However, the service did have a 'protected mealtimes' policy in place, this was to allow people to enjoy their food uninterrupted and at their own pace. People were still able to have visitors during mealtimes if they wanted to. Relatives were offered drinks throughout their visit, with their loved one. One person was supported on a weekly basis to visit their loved one who lived in another service. This enabled the person to continue to have a relationship with their loved one and be part of their life.

Is the service responsive?

Our findings

People told us they enjoyed living at the service and received the care they needed and expected. One person said, "I do think the staff know what I need. They involve me in my care." A relative said, "The staff are brilliant at their jobs, they understand my wife's needs."

People's views regarding the range of activities that were offered were varied. One person said, "There are activities in the afternoon and we get newspapers delivered every day." Another said, "I do take part in some of the activities. There is enough to interest me." A third said, "We don't get a lot to do." A fourth said, "Not much to do here." Relatives' views were mixed regarding the activities which were offered to people. One relative said, "The activities programme seems ok for residents." But another said, "There aren't enough activities." The service employed an activities coordinator who worked in the afternoons between Monday and Friday. During the morning we did not observe any planned activities other than the television. In the afternoon seven people participated in the planting of some grass seeds. One person was observed helping staff with the 'tea trolley' during the afternoon, they said "I really enjoy helping, giving out tea and biscuits."

A monthly activity programme was in place which included activities within the service and out in the local community. Activities within the service included, bingo, music and movement, film afternoons, bird watching and games. Visits to various places in the local community were arranged such as, lunch at a local garden centre and cream teas. The activities coordinator arranged for the providers' mini bus to collect people who had chosen to attend the activities

Referrals were made directly by the local authority or people and/or their families were able to self-refer. A comprehensive pre-admission assessment was completed with people, their relatives and a member of the management team. The assessment included information relating to the specific support people required with their medical support needs, personal care needs, communication needs, MCA assessment and an initial risk assessment.

Information from the pre-admission assessment form and the Local Authority assessment form was used to develop care plans and risk assessments with people and/or their relatives. People were fully involved or supported by staff to be involved in the development and review of their care plans. People's care plans were reviewed with them or their family on a monthly basis, changes were made when support needs changed, to ensure staff were following up to date guidance. Records showed and people confirmed that they had been involved in the development of their care plan.

People and their relative's told us they were confident to raise any concerns or worries they had with the registered manager, member of the management team or staff. A complaints policy and procedure was in place which was followed in the event of a complaint being made. A process to respond to and resolve complaints was in place. Information about how to make a complaint was available to people and their representatives. Records showed that complaints had been fully investigated and responded to in line with the provider's policy.

Is the service well-led?

Our findings

People we spoke with were complimentary about the management team within the service. One person said, "I know the manager, she pops in to see if I am alright." Another said, "I like it here, it's a good place." A relative said, "The manager and management are fine. They asked us about the redecoration of the home."

The registered manager was also the provider, they had been the registered manager since October 2010. The registered manager was supported by a general manager and a deputy manager, who managed the care staff and the day to day running of the service. Staff spoke highly of the general manager and said they felt there was visible leadership within the service. Comments included, "The manager is in all week and some weekends, always leadership here and the owner (registered manager) is always here." Another said, "The owner (registered manager) is here every day. Our manager (general manager) is very very capable." A third said, "She is really good, someone you can talk to." Staff understood the management structure and who they were accountable to.

Observations with people and staff showed that there was a positive culture between people, staff and the management team. Staff were aware of their role and responsibility in providing a quality service to people. Staff were given a job description which detailed their role when they started work at the service. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

Staff told us they felt there was an open culture between them and the management team. The general manager made sure that staff and people were kept informed about changes in people's care needs and any other issues. Staff told us and records confirmed that regular team meetings were held so staff could discuss practice and gain some feedback about 'what's working and not working'. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured people got the support they needed.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the general manager and the deputy manager on a regular basis, including room checks, health and safety, medicines management, infection control and an audit of people's care files. The provider also completed an audit of the service, speaking with people, relatives, staff and completing observations. These audits generated action plans which were monitored and completed by the management team, such as the purchasing of a steam cleaner. An audit of the service had been completed in November 2016 by the commissioning team. Actions and feedback from the audits were used to make changes and improve the service provided to people by the management team. Records were up to date and were located quickly when needed.

The registered manager and general manager had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person

had died or had an accident. All notifiable incidents have been reported correctly.