Nigel Hooper

Cedar Gardens

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This announced inspection took place on 9 May 2018. At our last inspection in April 2016 we had no concerns about the quality of care and had rated this service as good. At this inspection we found the service was not consistently safe, effective or well led and we rated it as requires improvement.

Cedar Gardens is a care home which supports people who have a learning disability. We inspected this service on 9 May 2018. This inspection was announced, as we gave the provider a call the previous day to ensure someone would be available within the home.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cedar Gardens accommodates six people in one adapted building. There were five people who were living at the home on the day of our visit.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. We found the provider followed these values to ensure people lived as ordinary life as possible.

People received safe care and were supported by staff who knew how to protect them from harm however there were some incidents that had not been fully responded to. The management team were not aware of all incidents, to ensure people were always receiving the safest care. Staff were aware of people's individual risks and plans were in place to minimise these while maintaining the person's independence. Staffing was arranged based on people's individual needs and what activities were happening in the home. Staffing remained flexible to suit the people living at the home. People received their medicines when required, however the management of people's medicines was not always safe. People lived in a clean environment, staff had the right knowledge and equipment to protect people from potential risk of infection.

Staff were not always supported to receive training that reflected people's changing needs. There were no competency checks in place to identify any potential further learning or development for staff. People's mental capacity had been considered when making decisions about their care. However, where people were making decisions about their future the provider had not supported people to have an advocate to support them with decision making. People were supported by staff who knew their individual dietary requirements and how to support them in the right way. People had access to healthcare professionals when they required them. The environment had been adapted to support the people who lived there.

People were treated well which had a positive impact on their well-being. People were supported by staff who were kind and caring towards them. Staff helped people to make choices about their care and the views and decisions they had made about their care were listened and acted upon.

People and where appropriate their family members were involved in the planning and review of their care and support. People were supported to continue with their hobbies and interests which reflected people's individual interests. Information was provided to people should they wish to raise a complaint. People who lived at the home were not receiving any end of life care. The staff we spoke with acknowledged this was an area to discuss with people and advised that when it was the right time for each person this would be discussed in a sensitive and individual way.

The registered manager left the service two months prior to our inspection. The service was being supported by the provider's other registered manager alongside a team leader. The provider who was also the owner of the home visited often to support the management team and their staff.

There were opportunities for people, relatives and staff to feedback their views about their care. The provider had some systems in place to monitor and assess the quality and safety of the care provided, these checks focused on people's experience of care. However, the checks had not identified shortfalls in the management of people's medicine, incidents and accidents and around staffs competency. They had not highlighted areas for improvement to ensure lessons were learnt and used to improve the service delivery.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The management of incidents and accidents were not reviewed by management to ensure people were always safe. People's medicines were not always managed in a safe way.

People were cared for by staff who had the knowledge to protect people from the risk of harm. Staffing levels reflected the care and support needs of the people who lived there.

Staff supported people to live in a clean environment and knew how to protect people from risk of infection.

Is the service effective?

Requires Improvement

The service was not always effective

There were no systems in place to ensure staff kept up to date with their knowledge and skills. Where people lacked capacity the provider had not ensured advocacy support was in place to support people to make decisions about their care.

People's health care needs were assessed where required Where necessary people received support from staff to maintain their food and drink in take. People's health care needs were met where needed. The building had been adapted to suit the needs of the people who lived there.

Is the service caring?

Good

The service remained caring.

People were involved in their care and made decisions about how they were supported. People were supported by staff who were kind and caring towards them and their family members. People's privacy and dignity were maintained throughout.

Is the service responsive?

Good

The service remained responsive.

People received care that met their individual needs and were confident in the service they received. No person living at the home was receiving end of life care, however staff were mindful as to how they would approach this subject with people to gain their wishes. People had been given information about the complaints policy and procedure.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were not established arrangements in place to ensure all aspects of the running of the service were reviewed to learn and improve the service provision.

People were included in the way the service was run and were listened too. Staff were supported by visible and caring leadership team.

Cedar Gardens

Detailed findings

Background to this inspection

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

This was a comprehensive inspection and took place on 9 May 2018 and was announced. We gave the service 17 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by two inspectors. Inspection site visit activity started on 9 May 2018 and ended on 10 May 2018 after speaking with relatives. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

Prior to our inspection we received a concern around aspects of people's safety and the staffing levels. We considered this information as part of our inspection.

We met five people who lived at Cedar Gardens, we spoke with four people and spent time with them in the communal areas of the home. We spoke with the relatives of two of the people who lived in the home. We spoke with one support worker and one team leader. The registered manager of the home had left two months previous to our inspection, so we spoke with the manager of the provider's other service who was assisting the staff team with the running of the service. We also spoke with the provider who is the owner of the home.

We reviewed aspects of two people's care records and medication records. We also looked maintenance records, the complaints policy, compliments and provider audits and checks.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in April 2016 we rated this key question as Good. At this inspection, we found that people were safe through the staffing levels that were in place, and staff understood the risks to people. However at this inspection we found some shortfalls with the way safeguarding's, incidents and medicines were managed.

All people we met told us they felt safe from harm and that they felt safe with the staff who supported them. We spent time in the communal areas of the home and saw people were comfortable when they were with staff. We spoke with staff about how they kept people safe from harm. Staff shared examples, such as ensuring the windows and doors were secure before people went to bed. Two staff we spoke with knew how to identify abuse and how to report any concerns, including to outside agencies such as the local authority and the Care Quality Commission. Staff told us they would raise concerns if they needed to, including through the whistleblowing process. Whistleblowing is where staff can highlight poor practice without fear of recriminations.

However, we found two separate incidents which highlighted that the management team had not followed the correct safeguarding procedure. For example, one incident had been responded to by the provider where prompt actions had been put in place to ensure people were safe and protected from harm. The provider had notified CQC through the notification system; however they had not notified the local authority, who are responsible for investigating safeguarding matters. We also found a further incident which staff had recorded which detailed a type of abuse. This incident had not been acted upon by the manager who was supporting the staff team since the registered manager had left. We spoke with the provider and the supporting manager about this who agreed that while they had attempted to contact the local authority, they had not ensured the message had been received. The provider told us this would be addressed promptly. Following the inspection we spoke with the local authority who told us they had discussed these matters with the provider following the inspection and were satisfied that people were safe and that the provider had taken the necessary action to keep people safe.

Staff recorded incidents and accidents; however the process for reporting these was inconsistent. There was no clear system in place which ensured management were fully aware of each incident that had taken place to ensure the right action was being taken. Without a clear reporting and responding system there were missed opportunities for the provider to investigate each incident and share any learning with the staff team to improve practice. For example, there had been some minor incidents following a person's challenging behaviour. These incident reports had not been seen by the management team to ensure all staff were confident in supporting the person and what to do in the event of an incident.

People told us they had their medicines at the right times, they told us that if they were in pain or needed medicine when it was required staff responded to this promptly. However we identified areas for concern around the lack of robust monitoring and checking of people's medicine to ensure people were having the medicines they were prescribed. For example, where a person's medicine had changed following a stay in hospital, staff had not identified this medicine had been removed and continued to record that a medicine

had been administered. While we could see the team leader had identified an additional change with the person's medicine and took action to address this, staff had not further checked to ensure the rest of the person's medicines were correct. While no person had come to harm and they had regular reviews with their doctor, the lack of proper monitoring puts people at potential risk of harm as the checks that were in place were not robust to identify any potential errors so these can be rectified promptly. Following our inspection the team leader provided us with an update of what actions they had taken to address the shortfalls, such as a complete review of all of the medicine for people and the stock that they held.

Most people had lived in the home for many years and staff who worked beside them knew them well and understood any potential risk of harm each person may come to. Staff encouraged people to take positive risks so they could lead a fulfilling life and maintain their independence. For example, where people would go out alone, staff knew people's routines, where they liked to go and had a mutual agreement in place for the time they would return. Staff shared with us what they would do if a person did not return home at the time the person had said they would and had a system in place so they could respond to this.

People did not raise any concerns with us about the staffing levels in the home. People were mostly independent in their day to day tasks, for example, one person told us they would independently collect their morning paper from the shop, while a further person told us they went to the local pub for a drink in the evening. Staff told us there were enough staff to support people and staffing levels varied dependant on what people were doing that day. People told us they felt safe at night with the staff member who slept-in. People told us while they had not needed the staff member, it was re-assuring knowing they were there. The supporting manager confirmed that should any staff take unplanned leave, such as sickness, they had staff support from the provider's other service, who knew people well.

People cleaned their own rooms and communal areas were cleaned with staff support while staff did people's laundry. We saw the home was clean and tidy and personalised with people's own possessions and furniture. We saw staff followed safe infection control procedures and had received training around food hygiene.

Systems were in place to manage the safety of the environment. Risk assessments had been completed to identify any hazards such as the management of fire and electrical equipment. Appropriate guidance was in place for staff in how to mitigate these risks. Staff carried out a range of checks to ensure the environment remained safe. Fire alarm systems were tested regularly by staff and serviced by external contractors.

Requires Improvement

Is the service effective?

Our findings

At this inspection, we found staff continued to meet people's health and dietary care needs effectively as we found at the previous inspection in April 2016. However we found at this inspection the provider had not ensured people were supported with access to an advocacy service where decisions about their future were being made. We also found that staff were not always supported to develop their knowledge and skills as people's needs changed.

Staff knew people well and what support they required as they had supported them for many years. Staff told us they received some training to refresh their knowledge, such as first aid and food hygiene. Some staff we spoke with felt they would benefit from additional training, such as dementia care, as the people they were supporting were getting older, and they wanted to understand the signs so appropriate care could be given. While a further staff member told us that diabetic training would be useful as they were supporting a person who had diabetes. We spoke with the supporting manager who felt they offered staff the training that was available, but recognised that as a small service provider they may not be as up-to-date with best practice. They told us they made checks on websites, such as CQC, to learn of new updates for practice. It was recognised by the supporting manager that more dedicated time to training and developing staff was required.

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.
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).

People's views and wishes were respected and staff sought people's consent first. Staff we spoke with understood their roles and responsibilities in gaining people's consent and what this meant or how it affected the way the person was to be cared for. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. However, where it had been identified people lacked capacity to make specific decisions we found the provider had not supported people to have access to an independent advocate. Where people were beginning to make some big decisions about their future, the provider was working with the local authority, but had not ensured they were supporting people to have access to an independent advocate who could ensure the person is being treated fairly. We discussed this with the provider, who told us they would resolve this immediately. Following our inspection we spoke with the local authority who advised the provider had spoken with them and actions were being put into place to rectify this.

Where it had been identified people were being restricted, DoL applications had applied for and granted DoLS approvals, so staff were supporting people in the right way. Staff and the management team understood who had a DoL authorisation in place and what it meant in the way staff supported the person.

People told us they discussed with staff their care and support needs and this was reviewed by staff monthly or when their needs changed. Relatives we spoke with felt that the support the staff provided reflected people's choice and preferences. We saw assessment records had been completed with the person, their key worker and where appropriate external health care professionals were involved. Through spending time with people we could see people made their own daily decisions about their care and support and staff offered support, ideas and encouragement where required.

People were supported by staff with meal planning, shopping and preparation. People were supported by staff in the kitchen to prepare their meals and were offered choices of healthy foods they enjoyed to eat. We spent time in the kitchen with people as their prepared their meals for lunch. When other people returned home from a day out, we saw they were pleased with what was being cooked for tea. We saw people had access to fresh fruit, which people told us was plentiful and they enjoyed eating. Staff told us they were aware of which people were on special diets, such as a low calorie diet and how to support them with this to stay healthy. Throughout the day we saw people had access to their kitchen to make their own drinks when they wanted.

People told us they were supported to access health care professionals when they needed this. Relatives we spoke with felt their family members received the right support from external healthcare professionals and that they were supported to remain fit and well. We could see from people's records that they were supported to attend their annual health check. Through assessments of people's care, referral requests had been made with regular input being received. For example, one person saw the diabetic nurse; staff liaised with the diabetic nurse to ensure a person was receiving the right support to manage their diabetes. Staff told us they had the information needed to ensure the person was attending their scheduled appointments. Staff explained how they had a good network and knowledge of healthcare professionals available to support people. People's care records confirmed that people had accessed healthcare professionals where required.

People had their own private bedrooms and had access to communal bathroom's which had adaptations to support people's individual needs. People had access to communal areas such as the lounge and kitchen and garden area and could move around freely and independently. People told us their private space was respected by staff.

Good

Is the service caring?

Our findings

We found people continued to be supported by staff in a kind and caring way as we found at the previous inspection in April 2016.

People we met told us staff were kind towards them. One person told us, "Yes, I like it here, the staff are nice". We spent time in the communal areas of the home and saw people were relaxed in their surroundings. Relatives we spoke with told us their family member's lived in a kind and supportive environment. One relative told us, "[The person's name] has been living there for 20 years and they have blossomed. We chat often and they are always happy. [They] trust staff, and so do I".
Two people showed us their bedroom which was filled with items that were important to them. We saw how staff respected people's space and their personal items. Staff worked together to ensure people's wishes and requests were acknowledged and responded to. For example, supporting a person to write postcards to a family member who lived far away.

We saw how staff acknowledged the importance of people's routines. There was a strong, person centred culture within the home and people's wishes and choices were respected by staff. Staff empowered people to take control of their daily lives, make decisions and maintain their independence as much as possible. For example, some people enjoyed going to the provider's farm. Three people returned home from the farm on the day of our inspection. They were happy and smiling, one person told us how they had enjoyed being on the farm and enjoyed being out in the fresh air.

The atmosphere in the home was calm and relaxed. Staff interactions with people were kind and respectful. All staff had a good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. Where people had developed friendships through the groups and clubs they attended staff supported people to maintain these friendships. Relatives we spoke with told us they were welcome to visit and people were also supported by staff to maintain relationships with friends and family outside of the home. The provider told us how they regularly supported one person to meet with their family members who lived some distance away. A relative we spoke with told us, "We chat as often as we can". This meant staff were inclusive and supportive of people's personal relationships.

People privacy and dignity was respected by staff and other people living in the home. People's bedrooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests. All staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Good

Is the service responsive?

Our findings

At this inspection, we found people continued to have responsive care as we found at the previous inspection in April 2016.

People we spoke with told us they were independent with their own care needs and required minimal support. Staff could tell us who needed some additional support with certain aspects of their care and how to support them. People we spoke with told us their needs were met in a timely way and there was always staff to help. Staff knew people well, anticipated their requests, understood their preferred routines and responded to these. Relatives we spoke with felt their family members received care that was reflective of their individual needs. The supporting manager told us and we could see that people's care was regularly reviewed with the person to ensure people's care and social needs were being met.

People's daily activities varied according to their personal preferences and wishes. Three people enjoyed going to the provider's farm, they told us there was many different things for them to do there, one person told us, "I've been helping with feeding the lambs". While another person preferred to go to the local shop for their morning newspaper, or go to the local pub in the evening. One person told us they enjoyed meeting up with friends, using their IPad and listening to music. A relative we spoke with told us, "I always ring first before I visit, because, [the person] is always out doing different things". All relatives we spoke with expressed to us how much they valued the emphasis staff had on supporting people to lead a fulfilling life and ensured people were included in their local community. Staff shared examples of how they supported people to do the things they enjoyed, such as going to the cinema, or visiting local events and attractions.

Staff told us they worked well as a team and had good communication skills on all levels. They told us that they supported people individually, based on their needs, and had sufficient time to support people throughout the day and had the scope to respond to situations in a timely way.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. As well as picture books, a range of communication methods were used by staff to provide information and offer choices, such as showing objects of reference, pictures and a communication board.

There was no person living at the home who was currently receiving end of life care. We spoke with the staff team about how they would support people to express their wishes. The supporting manager told us that this was done sensitively, as some people who lived there maybe upset about the subject given their young age. They told us that this would be approached should a person's health decline. They told us that through knowing people well, they understood their preferences to be able to reflect this is their end of life care.

All the people, relatives and staff we spoke with did not express any concerns or complaints to us about the service provision. People and relatives were positive and felt listened to. The provider shared information with people about how to raise a complaint about the care they received. This information gave people who

used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. This was also available in a format suitable for people who used the service.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in April 2016, we found the service was well-led, however at this inspection we found there had been a number of shortfalls which had not been identified by the provider.

At the time of our inspection there was not a registered manager in post. The registered manager had left their position and de-registered with us in April 2018. We discussed with the provider their next steps for ensuring there was a registered manager in post and had considered the registered manager from their own home maybe suitable in the meantime. 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 had identified some shortfalls in the home, which the provider had not identified through their checking system. For example, checks completed for the management of people's medicine were recorded as 'no action required'. However we found a number of shortfalls around the management of medicine that had not been picked up through the provider's processes.

There was no clear reporting system for staff to use where they could be confident that incidents and accidents would be addressed by management. There were no clear systems in place for the monitoring of incidents and accidents that happened within the home. There had been some incident records that we read which the provider or management team were not aware of. This meant the provider had not ensured they had the opportunity to investigate what had happened and what measures to put in place to reduce the risk of the incident from happening again. As the provider did not have a system in place to learn from incidents, they could not be confident that staff had the right opportunities to learn from these and improve their practice or further improve the service provision.

Other areas such as checks of staff competency were not completed. Spot checks around their practice and testing of their knowledge had not been completed to identify if staff were preforming in line with best practice or whether further training was required to refresh their knowledge. For example, where we had identified shortfalls with the management of people's medicines, it was agreed by the management team this was because staff had become complacent with their practice.

People told us they saw the provider often and were able to talk to them about the running of the service. People we spoke with were happy with the way the service was run, and expressed no concerns to us. We saw the provider involved people in the running of the service and this was reflected within the home. Regular resident meetings were held, which covered topics such as meals for the following week, up and coming activities and what people would like to do in the near future. Relatives felt the provider was caring and had people's best interests at heart.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Staff we spoke with felt involved in the service and felt able to share ideas. Staff told us they felt supported and had meetings and updates to discuss any changes. Staff told us they communicated well with each other. Staff had worked at the service for many years and were overall happy within their roles and the support they could offer people.

There was not a registered manager in post, but those in a management role worked with people and it was clear people knew them well. We saw the management team put people's requests first and ensured the staff followed the same approach. Staff told us that those in a management role were approachable and regularly visible in the home.

The provider worked with the local authority to ensure they were providing the right care and support to the people who lived in the home. We saw examples where visits from social workers had been recorded and where necessary followed up by the staff team.

There were systems in place which checked the maintenance of the home. These were reviewed and where necessary actioned by the provider.
We found the provider had displayed their rating of their last inspection. The provider had sent us notifications of incidents where these were applicable.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust systems in place to identify shortfalls so these could be addressed promptly, with learning to share to staff to improve the service deliver.