The Cedars Care Home (Ashford) Limited

The Cedars Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Cedars Care Home is a 'care 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. At the time of our inspection there were 15 people living at the service who had a range of needs including living with dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

Safeguarding procedures were in place and staff knew how to report abuse, People told us they felt safe and there were a sufficient number of staff to meet people's needs. Risks to people were identified and appropriately managed. Medicine administration and recording was safe, as were infection control practices. Accidents and incidents were recorded and monitored for trends.

Thorough pre-assessments were completed to ensure that people's needs could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected. Staff had received training relevant to their roles which was up to date and had regular supervision with their line manager. People were supported to maintain the health, nutritional and hydration needs.

People were treated with kindness and respect, and staff were knowledgeable about people's needs. People's independence and privacy was respected and promoted. Staff were aware of how to support people to express their opinions.

People received personalised care and activities, and were able to decorate their rooms in any way they pleased. People were supported to express their religion, culture and sexuality, and to raise complaints. End of life care plans were detailed and expressed people's individual last wishes.

There was a warm and friendly culture within the service amongst staff and people. People and relatives said that the registered manager and staff were approachable and the service had a family feel which they valued. The provider had plans to improve the service and actively sought feedback from people, relatives and staff. There were robust quality governance systems in place to identify any issues which were resolved in a timely manner. There was strong engagement with a range of external stakeholders.

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? The service remained good.	Good
Is the service effective? The service remained good.	Good
Is the service caring? The service remained good.	Good
Is the service responsive? The service remained good.	Good
Is the service well-led? The service remained good.	Good

The Cedars Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 28 November and was unannounced. It was carried out by two inspectors and an expert-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

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to four people and five staff members including the registered manager, nominated individual and owner. We also spoke to a relative and a visiting healthcare professional on the day of the inspection. We carried out general observations throughout the day and referred to a number of records. These included four care plans, two recruitment files, records around medicine management, policies around the running of the service, and how the organisation audits the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt they were safe. One person told us, "I always feel safe, I would let them know if I didn't." Another person said, "I'm well looked after here, they look after me and my things very well." Relatives also felt their loved ones were safe. One relative said, "I feel safe leaving her here, they do a great job."

People were safe from the risk of abuse. The registered manager said, "I make sure they are safe and if not, I inform the safeguarding team." A staff member told us, "I recognise the vulnerability of people and the need for staff to safeguard people from danger or harm. I have a responsibility to protect people, so I'd need to intervene, record and report. The [registered] manager always reports to social services and takes action to keep people safe." Another member of staff said, "I haven't identified any abuse here – it's like family." There had been no recent safeguardings in the service. Staff had completed safeguarding training and were aware of safeguarding policies and their responsibilities to report any concerns. People also had a copy of the safeguarding policy in their rooms which they could refer to.

Risks to people had been identified and were managed appropriately to prevent avoidable harm. These included risk assessments and care plans around mobility, nutrition and positive behaviour plans. One person had moved in to the service with a pressure sore. This was identified immediately by staff, who completed a referral to the district nurse and requested a specialist bed to help treat this. The specialist bed was being delivered on the day of our inspection. The registered manager and staff were knowledgeable about people's needs. For example, one person liked to sleep in the lounge during the day while resting their head on a table in front of them. In order to minimise the risk of injury, staff knew to put a cushion under their head which we observed being done throughout the day. Another person had been assessed by the Speech and Language Therapist who had advised that they needed a pureed diet and to eat with a teaspoon to minimise the risk of choking. We observed that this guidance was followed throughout the day. Individual personal emergency evacuation plans were also in place, which described how to help people evacuate the service during a fire or other emergency.

There was a sufficient number of staff to meet people's needs. One person said, "There are always staff around." Another person said, "If I've used my call bell when I need to they come quite quickly. They ask if they can help me and usually at night they come even quicker." A relative told us, "They don't seem too short-staffed when I come and even if they are they look after everyone very well." The registered manager said, "We always have three members of staff. The team is stable and settled." We reviewed two recruitment files for staff that had recently joined the service. They had been recruited safely as the service had completed the required recruitment checks. This included gathering information on employment history, references and completing a Disclosure Barring Service DBS) certificate check. DBS checks allow employers to check the criminal record of someone applying for a role and that they are safe to work with vulnerable people.

Medicine recording and administration procedures were safe. One person said, "They give me my medicine. The pills are usually just after breakfast and I know why I take them." A relative also told us, "I know all the

medication she is on and even when they give a paracetamol they call me and I know why." There were no gaps in Medicine Administration Records (MARs) for prescribed medicines meaning that people were receiving them consistently, and there was a clear protocol for 'as and when medicine' (PRN). Medicines were administered to people in an individual and personalised way. The staff member dispensing medicines spent time with each person to ensure it was taken with their drink of choice. Bottled and creamed medicines had opening dates on them which meant staff would know how long they had been in use for and if they had gone past their expiry date. A pharmacy carried out annual medicine training as well as completing annual audits. The registered manager said, "Medicine competency checks are done before staff start administering medicines. Then they have yearly competency checks plus regular observations to check that everything is being done correctly."

However, practice could be improved in some areas of medicines recording. Current guidance states that additional handwritten information about medicines added to MARs should be signed by two members of staff. |This had not been happening. We raised these points with the nominated individual who said they would resolve this immediately. Following the inspection, they confirmed that this had been done and they had reminded staff of the importance of double signing handwritten additions to MARs.

People were cared for by staff who practiced safe infection control practices. One person said, "It's very clean. They are always cleaning." One relative said, "Yes they wear gloves while I've been there." The registered manager said, "I always ensure that there are enough aprons and gloves in stock." Staff were observed wearing aprons and gloves for tasks such as assisting people with lunch. The premises were clean, tidy and free from any malodours.

Lessons were learned where things had gone wrong to improve the service. Accidents and incidents were recorded and monitored for trends. The registered manager said, "It's about learning from mistakes. We correct them and we learn from them." They also confirmed that the management team look at any new accidents or incidents immediately to see what can be done to mitigate risk of re-occurrence. For example, one person was found sitting in the dark in the bathroom as they could not find the light switch. The service has now installed sensor lights in every bathroom so that the lights turn on automatically. This meant that people were kept safe from the risk of reoccurring incidents.

Good

Is the service effective?

Our findings

Staff had received appropriate training and support for their role. One person said, "They are confident when they are looking after me." A visiting healthcare professional told us, "I have no doubt that they are very well-trained." One staff member said, "New staff have good induction, they shadow other staff and the manager tailors induction to needs of individual staff." All staff were up to date with their training and had received regular supervision where topics such as any changes with residents and their own personal development were discussed.

People received food and drink in line with their nutritional needs and preferences. One person said, "The food is very nice, lots to choose and always something to nibble on. They make you something else if you don't fancy it when it comes like a baked potato, omelette or sandwiches." The registered manager told us, "We constantly ask people what they want to eat. We have a choice of menus so they can choose one or the other." The registered manager had ordered diabetic desserts from an online catering company so that people who had diabetes were still able to enjoy desserts with the other people. Staff had consulted with people with diabetes and asked which desserts they would like to order.. Care plans reflected how people should be supported at meal times. For example, one person required assistance with feeding. We observed a staff member supporting this person and allowing them to go at their own pace.

There was effective communication amongst staff. The registered manager said, "There is a handover meeting between the two shifts plus the system updates them if there is something serious. There was also effective communication between organisations. Care plans included care passports. These documents gave a summary of a person's physical and emotional needs which could be used by health professionals in the event of a person being admitted to hospital.

Referrals were made to healthcare professionals where required. One person told us, "The doctor comes round regularly. Staff help you to arrange to see people like the dentist, opticians and I sometimes see people for my feet and they make sure I can walk in my shoes still and everything is comfortable." Another person said, "They will call the doctor for you, I know I just have to ask." People were supported to maintain their health and wellbeing. For example, one person required their food and fluid intake to be monitored which we saw was being completed in their daily record. Pre-assessments were thorough to ensure that people's needs could be met. These included information such as people's mobility, cognition and nutritional needs. This information had been used to complete people's care plans.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were aware of the principles of the Act. The registered manager told us, "Most people here lack capacity so we've requested DoLS. We have best interest meetings with the families." A staff member said, "I understand the importance of giving the individual the right to make their own choice." People's rights were

protected. Mental capacity assessments were decision specific and best interest meetings had included all people involved in a person's care such as staff, relatives and the GP. DoLS applications included details of all the restrictions placed on people such as keypads on doors. Consent had also been gained by people or their next of kin for the use of photographs and social media.

Good

Is the service caring?

Our findings

People said that staff were kind and caring. One person said, "Staff are really nice and they have time for me." Another person said, "Staff are very nice. Whilst I haven't been feeling great they have really kept an eye on me." One relative told us, "They are really caring and they include me too. They really care about families and make us feel very welcome and part of it. They are lovely and tactile and hold [my relative's] hand." Staff were respectful and compassionate to people. Staff crouched to speak to people at their eye level and greeted them whenever they saw them. he provider told us, "Everyone in here is like my parent or grandparent. I see them as my family and I make sure we treat them as I would expect any of my family to be treated."

People were supported to express their views. One person said, "I tell them [staff] a lot how I feel and they always listen. I like that they give me time, never rushing." Another person told us, "The staff know me here very well. They read up in your notes and make time to sit with you and find out all about you and how you are. That's how they know how I like things." A relative told us, "They know [my relative] very well, they always have time to ask how they and if they feel well."

Care plans confirmed people's individual communication needs and how staff could support people to make meaningful choices about their care. For example, one care plan described how staff should ensure the person was wearing their glasses and that staff spoke slowly and clearly when offering choices. People's care plans were reviewed regularly and included those who were involved in their care. This included relatives, staff members, and social workers. The registered manager told us, "We involve families and social workers. We always try to involve as many people as possible." This meant that relevant people and professionals had been involved in the planning of people's care with a holistic approach.

People's independence was encouraged where possible. One person told us, "I like the things they do to help me do things still. I am very independent." Another person said, "They help me do things and ask me to do things for myself. I know this is to help me stay independent." For example, one person typically required staff to support them at mealtimes. However, they were able to manage some finger foods independently, so these were provided to them regularly in order to preserve their independence with this task.

People's privacy and dignity were respected. One person said, "They do treat me with dignity, I feel well looked after and they do a lot for me but it is not too invasive. I can lock my door but I choose not to." Another person said, "I get the privacy I need, if I am in my room they know I don't mind them just coming in but they all still knock." A visiting healthcare professional told us, "Staff are very approachable and discreet. You can talk to them any time and they make it private." We observed staff knocking on people's doors before entering their rooms throughout the day and personal care took place behind closed doors.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person said, "They know what I like and dislike, they know what I will put up with and they know how to handle me and my moods because they chat with me and spend time with me." Another person told us, "They sit with me for a chat and ask me about what I am doing like reading. I like to learn about London and trains and they talk to me about it".

Staff were knowledgeable about people's likes, dislikes and needs which were confirmed in people's care plans. For example, one person's care plan stated that due to their medical condition they could become distressed when looking in a mirror. Staff were aware that when this occurred they should cover the mirror. This information was available in the person's care plan. People's rooms were also personalised to their own individual taste and made to feel homely. The nominated individual told us, "People choose what colour they want their room to be." We observed that a variety of colours were used in people's rooms confirming that they had all been given individual choices around this.

Activities were personalised to meet people's needs. Staff regularly asked people to feedback what activities they would like to do in the future so they could be arranged. One person told us, "They ask us what we would like to do. They bring in new activities that we request." Another person said, "I like the singing and entertainment here and they celebrate birthdays very well. I felt very special on mine." People were supported to attend outings to local attractions such as Hampton Court and a garden centre. The registered manager had also arranged a trip to a local college for a Christmas event for those who wanted to attend. Relatives were kept updated on the activities and outings their loved ones had taken part in through photographs on the home's social media site.

People were supported to express their religion, culture and sexuality. The provider's assessment process asked questions about people's culture, religion, gender and sexuality in order to ensure any needs in this area could be met. One person told us, "My decisions and beliefs are respected here by them all." A relative said, "I like it here because they continue her beliefs and celebrate that with her." The registered manager told us, "We talk about religion, culture and sexuality during the assessment but we don't discriminate. Everyone is treated the same." Any information gathered was used to form people's care plans so staff were aware of how their needs could be met. For example, staff helped some people attend a local Methodist church in order to maintain their faith.

People and relatives were aware of how to raise a complaint. One person said, "If I need to complain I will tell the manager. When I have complained before she gets things done, they all do. I had an answer straight away that day." Another person said, "I feel I could complain to any of them and they would write it down and send it to the right person like the manager. They are very good at sorting out requests and I have no complaints really". A relative also told us, "They address things quickly and the manager gets things done. She seems proactive." There was a complaints policy available for people and relatives if needed which advised them of the process, the timescales for response and who they could raise concerns to if they were not happy with the response. Complaints had been dealt with in line with the complaints policy, and complainants had been happy with the resolutions.

At the time of our inspection, no one was receiving end of life care. However, people had detailed end of life care plans where they had wanted to make their wishes known. This included details of who they wished to see and any sensory items such as music or flowers. A relative told us, "We have talked about end of life and [my loved one's] wishes especially if she becomes ill."

Good

Is the service well-led?

Our findings

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

People, staff and relatives felt the manager was approachable. One person said, "I know who the manager is she is very nice and definitely in charge. She hasn't been here that long." A relative told us, "I do know her, she is very good. She has an open door policy and you can chat with her any time even on the phone. She will always call you back and quickly to and the senior carer is just as strong in her job." A staff member said, "She is very approachable and very helpful. She will always help and can talk about any worries."

There was a warm and inclusive culture in the home. The owner told us, "I see it that I am also an employee here. If I walk through the door and something needs doing, I will do it." A relative said, "The management and owner are always around the home mucking in and always have time for a chat and I make sure I tell her what I think. She always listens." A visiting healthcare professional said, "It is always okay when I come and that can be anytime, they are always ready and prepared." People were made to feel special and like family by staff, and visitors were welcome at anytime.

People, relatives and staff were involved in the running of the service. One person told us, "You can talk at any time and [the registered manager] asks you your opinion." There were monthly residents and relative's meetings which were used as an opportunity to get feedback and share news, such as the redecoration of the home. A sensory garden had been created in response to resident's wishes. The nominated individual told us, "The residents designed the garden. They had a huge impact." The provider had innovative ideas to further improve the service for people. There was a project to implement a sensory room with changing lights and music to create bespoke sensory experiences for people.

People received an annual questionnaire to gather their feedback which was then acted upon. For example, one person had stated that they didn't know where the safeguarding procedure was kept in their room. Staff had shown the person where this was kept following the feedback. Staff also gathered feedback regarding meals and activity choices from people which were used to design menus and activity plans. The provider also sent out a regular survey to staff and relatives for feedback. A relative commented that there was nowhere to place wet umbrella on entering the home and so a new umbrella stand was purchased.

There was a robust quality assurance framework in place. The nominated individual said, "If there is an issue, we jump on it and sort it straight away." Audits around medicines, infection control, health and safety, safeguarding and dignity in care were completed regularly. Issues that were identified were rectified in a timely manner. For example, a medicines audit completed in September noted that one person required a new photograph of them on their MAR. We found that this had been completed on our inspection.

The provider had strong working partnerships with outside agencies. There was regular engagement with

the local community to access day services. For example, the provider had organised a annual trip to a local college to attend a Christmas charity party and was utilising the college's accessible vehicle. We also saw evidence of regular communication with relevant stakeholders, such as the local authority and healthcare professionals.

The registered manager was aware of their responsibility to send notifications to the Care Quality Commission and had done this where they were required to. This meant that we were able to check that the appropriate action had been taken. The service's rating from their last inspection was available to view on their website.