Delam Care Limited

The Cedars

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 is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide accommodation and personal care for up to six people. People who use the service may have a learning disability or mental health needs. At the time of the inspection, six people were living in the home but not everyone using The Cedars received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

At our last inspection we rated the service good with requires improvement in well-led. At this inspection we found the evidence continued to support the rating of good in the previous four areas safe, caring, effective and responsive. Improvements had also been made so that the rating of well-led was improved to good. 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 that people were safeguarded from abuse. Risks to people were managed and there were enough staff to meet people's needs. Medicines were safely managed and people received them as prescribed. Lessons were learned when things had gone wrong. People were protected from the risk of possible infection.

People's needs and choices were assessed. People were supported to eat and drink enough to maintain a balanced diet. People were supported to have access to health services and receive ongoing healthcare support.

People were treated with kindness and respect. Their privacy was respected and their independence promoted.

People received personalised care that was responsive to their needs. People's concerns and complaints were listened and responded to. No one was receiving end of life care; however, this had been considered where necessary.

Quality assurance systems were in place and operated effectively and the registered manager knew people

well and was approachable. Feedback about the service was encouraged.
The rating was displayed as required.

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 supported this practice.

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 remains good.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service was well-led. People's feedback had been sought and used to develop the service. The register manger was approachable and visible in the home. The rating was displayed as required.	Good

The Cedars

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.

This was a comprehensive inspection and took place on the 10 December 2018. It was an unannounced inspection and undertaken by two inspectors.

We looked at information held about the service. This included notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send to us by law. We also gathered information about the service from other sources. We contacted the commissioners of the service; commissioners are people who fund placements and packages of care and have responsibility to monitor the quality of service provided. We contacted Healthwatch Stoke-on-Trent; Healthwatch helps people speak up about health and social care services in the Stoke-on-Trent area.

The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about what the service does well and what improvements they plan to make.

We spoke with the registered manager, deputy manager, locality manager and two care staff. We spoke to one person who used the service and one person who was visiting. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at one person's care records and medication administration record, two staff recruitment files, training records, staff rotas and quality monitoring audits. We did this to check the standards of care were being met.

Good

Is the service safe?

Our findings

People were protected from the risk of potential abuse. Staff told us that they had received safeguarding training and what action they would take if they suspected someone was being abused. One staff member told us, "If something doesn't sit right, I'd tell somebody." We saw safeguarding information displayed in the office about how and where to report safeguarding. Although no notifications had been made, staff knew how to recognise safeguarding incidents and the action they should take to ensure people's safety.

Where people's risks to safety had been recognised and planned for we saw that action had been taken to reduce the risk. For people who had an identified risk of losing weight we saw clear plans had been put in place and were being followed by care staff. Staff were aware of people's needs and how to support them. For example, we saw staff encouraging people to eat their lunch in line with their plan of care.

People were supported by sufficient numbers of staff. The staffing levels and rotas were flexible and adjusted to enable people to pursue their interests and hobbies. For example, one person chose to use their commissioned one to one hours to enable them to visit a local football match.

People received support from safely recruited staff. We saw that references had been sought and Disclosure and Barring Service (DBS) checks were completed to ensure that prospective staff were of good character to be able to work with people who used the service. The DBS helps employers make safer recruitment decisions.

People could be assured that their prescribed medicines would be managed safely. People received their medication as prescribed and stock levels were correct. Records were clear and medication kept in a locked box in people's bedrooms. Staff who were responsible for the administration of people's medicines had received training in how to do this safety.

The provider had implemented systems to ensure that the home was well maintained, clean and protected people from the risk of infection. We saw staff wearing personal protective equipment (PPE) such as gloves and aprons when necessary. The provider had introduced a system of audits to ensure that the environment was well maintained and free from hazards. We observed that the home was clean, tidy and provided a safe and homely environment for people.

Lessons were learned because accidents, incidents and feedback to improve people's experience of receiving care were acted upon to maintain their safety. The registered manager could describe how learning was in place and improvements made. They identified that there was an issue with recording of people's daily notes and had put in place a learning process to improve this.

Good

Is the service effective?

Our findings

People's needs were assessed to ensure that they could be met in the home. Staff worked with people to agree the care they wished to receive and were focussed on enabling people to maintain their independence. For example, we saw staff encouraging one person to develop their daily living skills and to tidy their plates away after their meal. People were given the choice to be included in the reviewing of their care and support plans. Staff worked with people to identify friends, family and other individuals important in their life to be part of the assessment and planning of their care.

The provider had a system to make sure that staff had the skills and knowledge to deliver effective care to people. The training staff had received enabled them to have consistently skilled and positive interactions with people. For example, staff were able to anticipate people's needs and reduced the triggers to people's anxiety. Staff described how some items were removed from the bathroom to ease the causes of one person's anxiety. Staff had an induction when they first started working in the home that enabled them to gain the skills and knowledge in key areas that they would require to work successfully in their role. One staff member told us, "I did some shadowing at first, quite a few shifts, well over a week." The induction programme included shadowing experienced staff and a mixture of online and face to face training. Records showed that staff had ongoing training in all aspects of their role and staff told us that they were up to date with their training.

People were supported to maintain a healthy diet. People's care plans provided guidance to staff related to their food preferences were and observed people having their preferences during lunch. We observed that people had choice as to when they had their lunch and it was flexible to meet their needs, with people given the time they needed to enjoy their lunch.

We found that people received consistent support. The registered manager told us that it was important that staff knew the people that lived there well, as routines and consistency were important to the people using the service. They had a system in place so that only familiar staff work with people using the service.

People were supported to maintain their health and wellbeing. People were supported to attend healthcare appointments such as the GP and audiology. There were also systems in place to support people who needed to go to hospital. A hospital passport was in place to enable people requiring hospital treatment to receive consistent support. Staff had worked together with healthcare professionals to ensure people's health needs were treated and this had been recorded in people's care plan.

People had their own bedrooms which they could personalise, however due to the moving of radiators in some locations, areas needed decorating. The provider assured us there were plans in place for this work to be carried out soon. The building had been adapted to meet peopled needs. For example, there was a board which told people which staff were on shift today. This was done in picture format.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff told us they had received training in the MCA and understood how to apply the principles. One staff member told us, "It's about assuming, assume [people have] capacity unless it's proven otherwise." We found staff supported people to make their own decisions. Where people did not have capacity to consent a mental capacity assessment had been completed and decisions had been taken in the person's best interests. For example, one person could not understand the value of money, so the principles of the MCA were applied and now the person was supported in line with legislation. Records showed that staff had applied for a DoLS so they were aware of the process but none had been authorised but staff were also aware of this.

Good

Is the service caring?

Our findings

People were treated with kindness and respect. We saw support plans that asked people what they would like to be called. For example, their full name or shortened name and do they mind a term of affection or endearment such as "love" or "duck"; these plans were signed by people giving their consent.

People had access to information in a format that reduced barriers to communication. For example, we saw pictures used in support plans of the person's opticians and dentist to help them to understand. People were actively involved in their support plans. For example, staff had helped a person complete a relationship map, with the person at the centre and the people important in their life around them, so they can visually see this and to help them maintain relationships important to them.

People were encouraged to make decisions by having choices presented to them in an accessible way. For example, we observed staff offering and showing people a choice of two types of yogurt at lunch time.

People were encouraged to maintain and promote their independence. People were encouraged to take their time to be independent with their personal care routine. This was recorded in people's support plan, staff were aware of people's needs and responded accordingly. We heard staff knocking on people's doors during our time at the Cedars. Staff told us that to promote independence they, "Encourage people to take the lead with shopping. People wash their own dishes."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff knew people well including their likes, dislikes and preferences and staff used this information to help provide personalised care. We also saw this information was recorded in people's support plans. For example, where people liked to sit at lunch, who preferred small food portions and who needed prompts and encouragement with morning routines. We also saw support plans had given consideration to people's ethnicity, cultural and religious needs. The registered manager told us that, "When we assess people [to move in] we ask about cultural needs and preferences and alterations we need to make."

There had been no complaints about the service related to regulated activities; however, we saw there was an appropriate complaints policy in place and people could complain if they needed to. Staff reminded people in resident's meetings of who to go to and how to make a complaint.

At the time of the inspection, no one was receiving end of life care. However, when appropriate, people had been supported to consider their wishes for their end of life care using a booklet that was reviewed every 6 months.

Good

Is the service well-led?

Our findings

The provider and registered manager had a clear vision for the service, which was towards a supported living model. They were committed to enabling people to maximise their independence and had a positive attitude towards risk taking. 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.

Audits were completed that included equipment such as mattresses, fire safety and medication. There were also effective quality assurance arrangements in place. The provider had a system of audits in place which identified that the home was cold. From this they contacted a specialist advisor who stated that it was the position of the radiators that was the problem. The radiators have now been moved and the provider has stated that the redecoration of some parts of the building will start soon.

People who used the service were actively encouraged to give their feedback by completing surveys and by attending monthly resident meetings. We looked at the feedback from a recent survey, one person was asked if they would like to change anything and the response was, "No, I am happy and I enjoy myself."

Information from the provider information return states that the service learns by receiving the monthly Caring magazine, keeping up to date on the National Institute Clinical Excellence website for relevant and current updates and received emails from CQC.

The register manager worked openly with other professionals and agencies involved in people's care. For example, the registered manager told us how they had worked with one person's community psychiatric nurse to review the care they receive in the home.

Staff told us that the registered manager was "approachable" and they had team meetings where they "were well informed" and could raise any issues.

The last CQC rating was displayed at the service.