

Dyzack Limited

Cedar Oaks

Inspection report

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Herne Bay
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Tel: 01227370158

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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

Cedar Oaks is a residential care home for three people with a learning disability or autism. The service is a small converted domestic property. Accommodation is arranged over two floors. There were two people living at the service at the time of our inspection.

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.

The registered manager had oversight of the service. They checked that the service met the standards they required and worked to continually improve the support people received.

People were involved in everything that happened at the service. Staff knew people very well and supported them to achieve their goals and become more independent. Staff were kind and caring and treated people with dignity and respect.

Assessments of people's needs and any risks had been completed. Support had been planned with people and their relatives, to enable them to take managed risks. Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. People were not discriminated against and received care tailored to them. People took part in domestic tasks and activities they enjoyed at the service and in the community.

People were supported to remain fit and healthy. Staff supported people to visit health care professionals for check or if they became unwell. People's medicines were managed safely and people received their medicines in the ways their healthcare professional had prescribed. People were supported to plan and prepare a balanced diet of food they liked and met their cultural needs and preferences.

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. Plans were in place to support people and their relatives to share their wishes and preferences about the care they wanted at the end of their life.

Staff felt supported by the registered manager, they were motivated and enthusiastic about their roles. The registered manager was always available to provide the support and guidance staff needed. Staff worked as a team and supported people in a consistent way. Records in respect of each person were accurate and complete.

There were enough staff to provide the support people needed when they wanted it. Staff were supported to meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs. A safe system was in place to recruit staff. No new staff have been employed since our last inspection.

The service was clean and well maintained. The building had been adapted to meet people's needs and make them feel comfortable. People used all areas of the building and grounds and were involved in planning the refurbishment.

A process was in place to investigate and resolve any complaints or concerns received.

The registered manager had informed CQC of significant events that had happened at the service, so we could check that appropriate action had been taken.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall.

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?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Cedar Oaks

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 3 October 2018 and was announced. Twenty four hours notice of the inspection was given because people needed support to manage changes to their routine. We needed to be sure that we reduced any anxiety that people had about our inspection.

The inspection team consisted of one inspector. Before the inspection we reviewed the information about the service the provider had 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 also looked at 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 looked at one person's care and support records and associated risk assessments. We looked at two people's medicine records. We observed people spending time with staff. We spoke with the registered manager and one staff member.

Is the service safe?

Our findings

Staff protected people from the risk of abuse and discrimination. People were supported to protect themselves from the risks of harm and raise any worries they had. Staff knew how to recognise signs of abuse and what to do if they suspected incidents of abuse, including how to take concerns to outside agencies. Staff were confident the registered manager would act to keep people safe. People appeared relaxed and happy in the company of each other and staff.

There were enough staff on duty to support people to do things when they wanted and for themselves. All the staff had worked at the service for over 10 years and knew people very well. The registered manager continued to consider people's needs when deciding how many staff to deploy at different times of the day. The registered manager was on call out of hours and provided any advice and support staff needed.

People were supported to take risks, while staying as safe as possible. Action had been taken to reduce the risks involved in daily living tasks, such as meal preparation. For example, people used a one cup kettle to reduce the risk of them scalding themselves while making hot drinks.

Staff followed positive behaviour support plans to help people manage any behaviours that challenged. Plans included any potential 'triggers' and how to respond to prevent people becoming upset or anxious. Staff anticipated when the triggers may occur and supported people to avoid these where they could.

Accidents continued to be recorded and were checked by the registered manager to look for any patterns. Accidents and behavioural incidents were rare and were analysed to look for themes and new triggers.

Plans were in place to support people in an emergency. These were regularly practiced by people and staff and everyone knew what to do in an emergency. Regular checks were completed on all areas of the building and equipment, including fire alarms to make sure they were safe.

People were supported to keep the service clean and protect themselves from the risk of infection. We saw staff prompting people to wash their hand before preparing their meals. Staff had completed infection control and food hygiene training and we saw them using safe practices.

People's medicines were managed safely. Effective systems were in operation to order, store, administer, record and dispose of medicines. People were supported to safely administer their own medicines when they wished to. When people went out with friends and relatives staff made sure they had the medicines they needed. Staff supported people to have an annual medicines review.

Safe staff recruitments systems were in place. No new staff had been employed since our last inspection.

Is the service effective?

Our findings

The registered manager met with people and their representatives to talk about their needs and wishes before they moved into the service. A detailed assessment was completed which summarised people's needs and how they liked their support provided, including their religious and cultural beliefs and personal history. This helped the registered manager make sure staff could provide the support the person wanted and they would get along with the other people. No one had moved into the service since our last inspection.

People were involved in choosing and preparing a balanced diet that met their preferences. People continued to be involved in planning menus and shopping for food including fresh fruit and vegetables. We observed people choosing and preparing their own sandwiches and drinks at lunchtime. People were weighed monthly and records showed their weight was stable.

People were supported to make choices about all areas of their lives. Staff followed guidance about how to support people including, showing them items to help them understand the choices on offer. When people were unable to make complex decisions, staff worked with them and people who knew the person well, including their family and social worker, to make a decision in their best interests.

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). The registered manager had applied for DoLS authorisations when they were needed. No one had a DoLS in place. No one was restricted and everyone went out with staff when they wanted to.

Staff supported people to maintain good health. They continued to identify any changes in people's health and supported them to see their health care professionals. Any advice received was recorded and followed. People had regular health checks including dental checks. Staff continued to support people to see health care professionals who specialised in supporting people with a learning disability or autism. This helped people understand what would happen and remain calm. Everyone had a health action plan to tell staff and health care professionals about their health care needs. People were encouraged to stay active and went for long walks and swimming which they enjoyed.

Staff had the skills they needed to support people. They completed regular training updates and learnt skills to meet people's specific needs, such as Makaton sign language. We observed staff using Makaton signs to communicate with people. Staff told us they felt supported by the registered manager and received regular supervision and an annual appraisal which included discussing plans for their future development.

The service was decorated in a homely way and a complete refurbishment of the building and gardens was planned. People's bedrooms were personalised to their taste. There was a safe outside space which was accessible to people.

Is the service caring?

Our findings

People considered the service their home. We saw people were calm and relaxed with their friends and staff. Staff described how people enjoyed going away to visit relatives but also enjoyed returning to their home.

People were treated with dignity and respect. Staff valued people and their opinions and supported them to share these with their family, professionals and the provider. The registered manager told us, "It's about them and what they want, not what we want". Staff shared this view and explained how they support people to be actively involved in all areas of the service. People were described in positive ways to us and in their records.

People were given opportunities to express their sexual orientation or gender identity and these were respected. Staff gave people time to chat privately about their personal relationships if they wanted to. People were treated as individuals and their choices and lifestyles were respected.

Staff gave people the information and reassurance they needed to remain happy and relaxed. For example, staff described how they responded to one person's questions and how consistent responses reassured the person. Records showed that this was effective. Staff had the skills to communicate with people. We observed people and staff understood each other, including gestures and facial expressions and people got what they wanted.

Staff were kind, caring and had time to spend with people. Staff spent time with people when people wanted and respected their wish to be alone at other times. One person chose to spend time alone during our inspection. Staff checked if they needed anything from time to time and smiled at them across the room, the person smiled back. Both people and staff were relaxed in the quiet atmosphere.

People had privacy. For example, staff waited outside the bathroom while people bathed, only going in at people's request to help them wash their back or hair. Staff maintained people's privacy during our inspection. The registered manager knew about the General Data Protection regulations and kept personal, confidential information about people and their needs safe and secure.

People's friends and relatives were encouraged to call or visit their loved ones as often as the person wished. Staff supported people to go out with their relatives for the day, as well as short breaks and holidays. People were supported to plan for holidays, including counting down the "sleeps" until they went. This helped people manage their excitement and expectations about when they would be going.

People were able to share their views about some areas of their life with staff and others involved in their care. When people required support to do this they were supported by their families or their care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

People's care and support was planned with them to meet their needs, preferences and aspirations. This included the household tasks they enjoyed and any goals for the future, such as developing their cooking skills. Staff knew the support people needed and how they liked this provided. We saw staff prompting people to complete some parts of a task such as clearing the table and praising them for other parts of the task they completed without support.

Care plans were detailed, had been reviewed every six months and updated when people's needs and preferences changes. People's relatives and social workers were invited to attend annual reviews. These showed that people had continued to develop their independent living skills and achieve their goals.

People's preferred daily routines were followed by staff and this helped people feel relaxed. Some people liked to do things, such as having a bath, at the same time every day. Staff planned other activities, such as appointments around people's routines and we saw this helped people remain calm. Staff support was flexible to changes people made to their routine and told us, "It's their choice what they do each day". We saw people doing things when they wanted.

People continued to take part in a range of activities and pastimes at home and in their local community. One person chose to go out for a walk and lunch during our inspection, another person chose to stay home and watch television programmes on their tablet computer. The person had learnt to operate the tablet without support and we saw them choosing and watching programmes they enjoyed.

Plans were in place to support people and their relatives to talk about their wishes and preferences at the end of their life. Everyone was young, fit and well and no one had life limiting conditions. We will look at the plans people had put in place at our next inspection.

Complaints were considered as opportunities to improve the service. The process to respond to complaints was available to people in an easily accessible format. This had been discussed with them and each person had a copy. Staff observed for signs that people were not happy with the service, such as a change in their body language and made changes until they observed that person was happy. No formal complaints had been raised since our last inspection. The registered manager and staff continued to immediately address any concerns raised with them.

All organisations that provide NHS or adult social care are required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily understand. The provider was meeting the Accessible Information Standard and had developed accessible ways of communicating with people, such as easy read documents.

Is the service well-led?

Our findings

The registered manager had been leading the service for over twenty years and knew people and staff very well. 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 kept their skills and knowledge up to date and subscribed to several best practice websites, including Skills for Care. They continued to work in partnership with community professionals, including social workers to ensure people received the support they needed.

The provider, registered manager and staff shared a clear vision and philosophy of care which included, privacy, dignity, independence and civil rights. Staff delivered the service as the provider required. The provider's policies were accessible to staff when they needed to refer to them.

There was a culture of openness; staff and the registered manager spoke with each other and with people in a kind and respectful way. The registered manager was supportive and always available to give staff advice and guidance. One staff member told us, I can go to her if there is something I don't understand and she helps me". Staff were clear about their roles and responsibilities and were held accountable. They were motivated and had all worked at the service for over ten years. Staff worked together as a team to support people.

The registered manager continued to have oversight and completed checks on all areas of the service. They also worked alongside staff and observed their practice. Any shortfalls identified were addressed immediately. A system was in place to analyse accidents and incidents to identify any trends and reduce the risk of them happening again.

The provider encouraged visitors and staff to feedback their experience of the service. A quality assurance survey had been sent out in December 2017 and the feedback had been collated. People's responses to the survey had been positive. Staff were encouraged suggest ways to resolve any problems they found and told us their ideas were listened to and implemented.

Records of people's needs and the care they had received were accurate and up to date. Staff had access to information about people when they needed it. Records reflected people and their needs and preferences.

Services are required to inform the Care Quality Commission (CQC), of important events that happen in the service so we can check that appropriate action has been taken. We had received notifications when they were required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can

be informed of our judgements. The registered manager had conspicuously displayed the rating in the entrance to the service.