S L Crabtree

Cedar Grange

Inspection report

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Date of inspection visit:
08 January 2016

Date of publication:
17 March 2016

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

This inspection took place 8 and 27 January 2016 and was unannounced.

Cedar Grange is a registered service providing accommodation for 16 older people. There were 14 people living at the service at the time of our inspection. The service is a large detached property located in the Holmfield area of Halifax and can be easily reached by public transport from the town centre.

The service had a registered manager in place. 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.

Staff were available at the times people needed them and had received training so that people's care and support needs were met.

Staff understood their responsibility to safeguard people from harm. Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to enjoy activities as safely as possible, access the community and maintain their independence.

People were involved in decisions about their care and told us that they received support in the ways they preferred.

People told us that staff encouraged them to remain as independent as possible and that they were supported to pursue their hobbies and interests. People were supported to maintain relationships with people important to them and visitors were welcomed at the home.

The service had a number of activities for people to join in with. Parties and trips out were documented for people to go on or reminisce.

Care records were created from initial assessments. Plans were created with people and their relatives. Plans were written in a person centred way and listed peoples personal preferences and like and dislikes.

People received a nutritious diet, had a choice of food, and were encouraged to have enough to drink.

People were referred to external healthcare professionals to ensure their health and wellbeing was maintained.

Staff were aware and people acknowledged they were treated with dignity and respect. We observed examples of staff providing support in a respectful manner. Staff had a good knowledge of the individual

people they supported.

Medicines were managed so that people received their medication as prescribed and we saw medicines were checked and stored in a safe way.

Staff understood the principles of the Mental Capacity Act (MCA), and care workers gained people's consent before they provided personal care.

There were processes to monitor the quality and safety of the service provided and to understand the experiences of people who lived at the service. This was through regular communication with people and staff, surveys, observation competency checks on care workers to make sure they worked in line with policies and procedures.

The service had a robust system for checks and audits. Arrangements were in place so that actions were taken following concerns raised, for the benefit of people who lived at the home.

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

Staff were available at the times people needed them, in order to meet their care and support needs.

Staff understood the risks associated with people's care, and plans were in place to minimise risks identified.

Staff understood their responsibility for reporting any concerns about people's safety wellbeing.

Medicines were stored and administered in a safe way. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff received the training and obtained the skills to support people effectively.

Staff understood the principles of the Mental Capacity Act 2005 and care workers obtained people's consent before care was provided.

People had a choice of food and drink which met their nutritional needs, and their health care needs were met.

Is the service caring?

Good

The service was caring.

Care workers ensured they respected people's privacy and dignity, and promoted their independence.

People received care and support from care workers that understood their individual needs.

Visitors were welcomed at the home.

Is the service responsive?

Good

The service was responsive.

Staff understood people's preferences and wishes so they could provide care and support that met their individual needs.

People were given opportunities to share their views about the care and support they received and the registered manager dealt with any concerns or complaints they received.

Is the service well-led?

Good

The service was well-led.

The management team had a good understanding of their roles and responsibilities, and had systems in place to monitor the quality and safety of service provided.

Staff felt supported and able to share their views and opinions about the service.

People had opportunities to give feedback about the service provided and these were acted upon in order to drive improvement in the home.

Cedar Grange

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 8 and 27 January 2016. This inspection was unannounced. The last inspection took place on 8 August 2014 and the provider was meeting the regulations in all areas inspected against.

The inspection team consisted of one inspector.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people who used the service to ask them for their views on the service. In addition we spoke with two care workers, one senior lead, two visiting health professionals, the registered manager and the provider. We looked at three people's care records and other records which related to the management of the service such as training records and policies and procedures.

On this occasion, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we reviewed all information we held about the provider and contacted the local authority to ask for their views on the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, "I like it here, Always feel safe." Another person said, "Yes, feel very safe here." Visitors told us "[person's name] is safe here." A visiting professional told us, "I feel that all the people that live here are very safe."

Potential risks to people who lived at the home had been identified and steps taken to minimise them. For example, one person had been identified as being at risk of falls. To minimise the risk of this person falling, the human and environmental hazards had been identified such as walking and transferring, and the risk reduced where possible. We saw the risk was reduced by two staff supporting with aspects of mobility.

Staff had a good understanding of the risks associated with people's care. A staff member told us, "We make constant visual checks on all people." We saw these were undertaken. A staff member told us that other people who had not been assessed as being at risk were asked when they came to the service, how much support they required. Assessments of other risks related to people's care had been undertaken. These included risk assessments in relation to bad language, shouting, the use of hospital beds, bed room doors and fire. The lead senior staff member told us and we saw risk assessments had been reviewed on a monthly basis to ensure that they reflected people's current care and support needs. Where, for example a person had been identified as being at risk of skin damage, equipment was provided such as pressure relieving cushions and mattresses to reduce the risk of skin damage.

Accidents and incidents had been recorded and analysed to identify any trends. Any risks or learning points identified as a result of these were cascaded to the staff team. Referrals were made to external professionals as required. This was so that specialist advice was sought to reduce the risk of further accidents and incidents occurring again.

Staff understood the importance of safeguarding people and their responsibility to report this. Staff we spoke with had a good understanding of the provider's safeguarding policy. They told us they had received training about this, knew how to recognise the signs of potential abuse and knew what to do when safeguarding concerns were raised. A staff member told us, "I would go straight to the manager." We asked and staff demonstrated to us the procedure they would follow if they saw someone potentially being abused. Staff also said they would follow up and if they felt someone was still at risk, they would take it further to someone outside of the provider. However staff indicated they had confidence in the provider.

People told us, and we observed that staff were available at the times people needed them, so they received care and support that met their needs and preferences. We asked staff whether there were enough of them to meet people's needs. A staff member told us, "We have time when it's quiet to sit and chat with residents and get to know them." And, "There's plenty of staff as the manager helps out as well." We asked the registered manager how they ensured there were sufficient numbers of staff available. They told us that they were confident there was enough staff to meet the care and support needs of the people who currently lived at the home. This was based on people's care dependency levels. Some of the staff had worked at Cedar Grange for a significant period of time; this helped to ensure continuity of care for the people who lived

there.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who lived at the home. Staff confirmed they had to wait for their police checks and references to be completed before they could start working at the service. We looked at three staff members' files. We saw staff had been interviewed for the post, had their identity documents checked, at least two references checked and their gaps in employment discussed. We also saw staff had received a check from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions by identifying persons who are unsuitable to work with vulnerable people.

We looked at how people's medicines were managed. People told us they were happy with how they received their medicines. We observed medicines being administered during our inspection. Staff wore a tabard indicating to others not to disturb them. Staff told people what they were doing and they had knowledge of what medicines were for. Before administering medicines we saw staff checked to make sure they had the right medicine and the right person. This helped to reduce the risk of mistakes. We saw medicines were given to one person at a time and people were not rushed. Only after people had taken their medicines would staff return to the Medication Administration Record and sign to say medicines had been administered. The lead senior staff member told us one person who used the service liked to wake up later which had made administering their morning medicines difficult. They had returned to the doctor with the person and gained permission to administer the same medicine at lunch time. This showed us the service supported people to receive their medicines in line with their lifestyle.

Creams prescribed for people were in their bedrooms so that care workers had access to these. Although body maps indicating where creams should be applied were not in place, staff had a good knowledge of where they were to be applied and what they were for. A number of people were prescribed medicines 'as required' (PRN). PRN medicines did not have protocols in place which meant staff did not have guidance to follow about when to administer the medicine and the amount to give. We mentioned this to the registered manager who told us staff had the knowledge but agreed this was not documented. They also told us and showed us evidence that PRN protocol documentation was in the process of being created and would be implemented in the near future.

Arrangements were in place to check the premises and equipment, to ensure that people were kept safe. For example, in relation to fire safety equipment we saw that all checks were up to date and no issues had been identified. During the inspection we looked round the service escorted by the registered manager. The service was surface clean with regular domestic staff cleaning in line with their checklist and we did not notice long standing malodours. However we noted the service would benefit from some modernisation and redecoration.

Good

Is the service effective?

Our findings

Staff we spoke with told us they had the skills and knowledge to meet the needs of people who used the service. A staff member told us, "We have a load of training which is good."

Staff at the service completed an induction when they first started to work; this prepared them for their role before they worked unsupervised. One staff member told us, "The induction is very good and you are supported by the manager." The registered manager told us they checked staff's ongoing knowledge of subjects included in their training. For example, they checked staff members' knowledge of safeguarding and promoting independence during supervision sessions and team meetings. Staff received other on-going training the provider considered essential to meet people's care and support needs. We saw that staff had put their training into practice. For example, in relation to moving and handling training, we saw staff supported people to move in a safe and encouraging way. The registered manager regularly checked staff had the skills and knowledge to meet people's care and support needs. If further learning was identified, this was reviewed and discussed through staff supervision and appraisal, and further training was arranged. We looked at the training matrix for the service. This showed us all mandatory training courses for all staff was up to date.

Staff told us they felt supported with regular one to one meetings with their line manager. One care worker told us, "I have supervisions every other month." Another staff member said, "We are well supported." Staff received individual supervision once every three months, and had regular team meetings with agendas they contributed to. We looked at staff meeting notes. We saw the meeting agenda focused both on staff issues, and how best the staff could support people who lived at the home. This gave staff the opportunity to discuss and put forward their suggestions about the service provided to people who lived at the home.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We asked the registered manager if anyone that used the service was subject to their liberty being deprived. Two people had a DoLS authorisation in place. We viewed the paperwork to find recognised deprivations had been identified. Other referrals had been made to the DoLS team but the service was waiting for their response. We found no one being unlawfully deprived of their liberties.

Care workers had an understanding of the principles of the MCA and how this affected their practice. A staff member told us, "Everyone has capacity to make decisions until proven otherwise." Care workers understood the importance of obtaining people's consent to their care and support. A staff member told us that they would always ask people for their consent prior to undertaking care tasks. Discussions with the staff team provided us with many examples where people were encouraged to make decisions and choices about their daily lives. This included how and where they spent their time, where they preferred their meals to be served and the times they chose to get up in the morning and go to bed at night.

We checked whether people received enough to eat and drink in order to meet their nutrition and hydration needs. People had a choice of meals, and alternatives to the main meal options were offered. On the day of inspection we saw people had fish and chips for their lunch. We observed one person said they did not want fish and chips and the kitchen staff made something else for them. Staff had a good understanding of people's specific dietary needs and we saw that they supported the small number of people who required additional encouragement during meal times, at their own pace. The cook was provided us with information about people's individual dietary needs and preferences. We saw that people were weighed regularly and where people had been assessed as requiring extra calories, fortified food was provided and regular snacks were given.

Appropriate and timely referrals had been made to health professionals, for example when people were unwell or when staff had identified that people were losing weight. From the care records we saw staff followed instructions given to them from health professionals to make sure people received the necessary support to manage their health and well-being. This included advice given by the GP, speech and language therapists, district nurses and community dieticians. We spoke with two visiting health professional on the day of inspection. One health professional told us staff followed their direction and were quick to communicate any issues people were experiencing. Another health professional said the service responded to people's needs and they had no concerns.

Good

Is the service caring?

Our findings

Most people and relatives we spoke with were positive about the staff and told us they were caring. People told us, "I'm happy with the staff and we have a good laugh with them;" and, "I like it here." A relative told us, "It's perfect; it's very good all the way through the service. My relative has all their needs met by friendly caring staff. We visit nearly every day and it's always a pleasure to do so." A staff member described the atmosphere within the home as, "Like a big family."

We observed good communication between people who lived at the home and the staff team. It was clear that staff had built up good relationships with people and had a good understanding of their needs and any preferences they had in relation to the way their care and support was provided. We overheard friendly chatter between people and saw staff spending time talking with people about topics of interest to them. People appeared happy and relaxed mixed with laughter and jokes.

Relatives told us visiting was never a problem. They said the service said they could visit whenever they wished during day time hours and were encouraged to do so. One relative we spoke with told us they had been invited to parties held at the service and at Christmas were welcomed to eat at the service so they could enjoy a Christmas meal with their relative. The provider told us they had one of the communal areas redecorated and fitted with chairs and children's toys. They told us this was an idea they tried so grandchildren came and visited their grandparents and played with toys on the floor while their grandparents observed. This recreated a homely atmosphere that mirrored what they may have done at home.

People we spoke with confirmed they were involved in making decisions about their care and had been involved in planning their care. They told us they were supported to maintain their independence and the support they received was flexible to their needs. One person told us, "They help us to do things for ourselves." One staff member explained how they supported one person with their personal care, telling us they were able to do somethings themselves so staff encouraged them to do what they could. This enabled people to choose and get involved in day to day activities and chores.

People told us their dignity and privacy was respected by staff. We saw that overall, this was the case, staff greeted people by their preferred names and personal care was provided in private areas of the home. We observed one person who was hard of hearing. Staff spoke clearly and directly into this person's ear so they did not have to raise their voice to ask them if they wanted to go to the toilet. This ensured other people in the room had not heard the conversation. We also observed staff supported people to pull their jumpers and cardigans down, once they sat up from a chair. We asked staff how they ensured people's dignity was maintained. One staff member told us to ensure their privacy and dignity when assisting a person with personal hygiene they would, "Close the door and curtains and cover the person when appropriate."

Good

Is the service responsive?

Our findings

People told us they received care and support in the way they preferred and met their needs. They said their support needs had been discussed and agreed with them and their families and as such, care staff knew about their likes and dislikes. One person told us they were happy with the support they received and said, "I like chatting to staff, they listen to what I ask of them and do it."

The registered manager and staff team had a good understanding of people's preferences and current care needs. A 'key worker' system was in place. This meant designated staff members had responsibility for overseeing people's care and support needs were met. Although we spoke with staff about various people who used the service, and found staff's overall knowledge was high and the handover of key information was effective.

People were encouraged to visit the service to see if they would like to live there. Pre-admission assessments had been undertaken to assess whether people's care and support needs could be met at the service. A pre admission assessment included information about the person's care and support needs along with their likes and dislikes. Part of this assessment was an 'activity assessment' sheet. This sheet gathered personal information from people to gain what they enjoyed and disliked. This included information about their town of birth, important people in their lives, where they lived, which school they attended, their hobbies, their family and what activities they would like to be involved with. Individual care plans were created from this information with the involvement of the person and their relatives. These outlined how people wanted to receive their care and support and instructions for staff to follow. Staff we spoke with confirmed they found these useful so that they knew what care and support to provide.

We saw that people were actively involved in care reviews and family and friends were also invited. Staff told us they were kept informed about people's changing care needs and we saw that care plans were regularly updated to reflect this. This ensured that people's changing needs were met at the home. Staff 'handover ' meetings were in place to keep staff updated about the care and support people required.

People were encouraged to pursue their hobbies and interests. One relative told us, "I get to take my wife out when I wish." One person who used the service told us activities were good. Another person told us they had been to the cinema recently. We saw photos on the walls of parties and events that people had been involved with. On the day of inspection we saw staff playing 'bowls' with people and encouraging people to take part. The provider told us people often went out for lunch and fish and chips, and recently they had rented a barge for a canal boat trip.

People told us that they knew how to raise any concerns and make complaints if needed. People told us, "I would tell the carer, but all the staff are good." A relative told us they had not had any reason to complain but they knew who they could speak with for any concerns. The provider's complaints procedure was available in a prominent area of the service. Information in the complaints record showed one formal complaint had been received in the past 12 months. We discussed complaints and concerns with the registered manager and they were able to describe the process followed. We saw evidence the one formal

complaint had been responded to and reviewed in line with the provider's policy. The registered manager told us that arrangements were in place to record and resolve concerns. Issues were shared with the staff team using team meetings and handovers so that improvements could be made if needed.

Good

Is the service well-led?

Our findings

People told us they were happy living at the home and thought it was well-run. A visiting health professional told us, "I can't find any fault. I don't have any concerns." A staff member told us, "The home has a good reputation; we treat everyone as an individual."

The service had a registered manager in post. It was clear they had a good understanding of people's needs and drove improvement within the service for the benefit of the people who lived there. People and their relatives told us that the registered manager was approachable and they felt they could raise any concerns with her. We asked the registered manager what they felt proud of and what they did well. They told us, "Personalised care that is family orientated."

The registered manager gave clear direction to the staff team and the staff were complimentary about their management style. Staff told us that they felt supported in their job roles and said, "We can go to the manager at any time with any problem and they will help us," and, "The manager is very approachable." The registered manager was supported by a lead senior staff member, a consultant and the provider which meant that staff had management support for the majority of the time.

Staff told us they had a good understanding of their role and responsibilities. They told us and we observed that they enjoyed their work and valued the service they provided. They told us they were happy and motivated to provide high quality care. Staff told us they had opportunities to put forward their suggestions and be involved in the running of the service, for example they had put forward suggestions for activities provided and individual care needs. Staff felt their ideas and concerns were listened to. Staff had a good understanding of the provider's whistle blowing policy and told us that although they had not needed to use this, they would be confident to do so should the need arise. One staff member told us, "I feel confident to report;" and, "If I had concerns I would go to the manager."

People were encouraged to put forward their suggestions and views about the service they received. The provider had a regular presence in the service and asked people for their experiences. People told us they spoke to staff about anything they wanted changing and staff helped them to do so. This gave people the opportunity to be involved in issues around the service.

Service satisfaction surveys were distributed to people who used the service, their families and healthcare professional involved with the service. These surveys were sent out annually in order to obtain their feedback on the quality of service they received. The results had been analysed and overall people's feedback from the most recent surveys dated November and December 2015 was positive. When asked within the surveys 'what could be better? One person had stated 'the meals could be better.' In response to this the action plan stated the registered manager would spend time with the person to find out what it was they disliked and look for improvements. The results of the surveys sent to family members were mostly positive with them believing people were safe, well cared for and received effective levels of support from experienced trained staff. There was only one reply from a healthcare professional; this was entirely positive in its remarks.

The registered manager played an active role in quality assurance and to ensure the service continuously improved. They used a range of audits to check the quality and safety of service people received. This included checks on housekeeping, water temperatures, people's monies and various checks on the safety of the premises. People's care records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. This information from audits and quality checks was fed back to the providers and the consultant to review. The provider and registered manager drove improvement for the benefit of people who lived at the service. There was on going refurbishment of bedrooms and ensuite facilities.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications to us so that we were able to monitor the service people received.