Care Quality Commission

Cedars Health 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

Overall summary

We inspected The Cedars on 24 October 2014. This was an unannounced inspection which meant that staff and the provider did not know we would be visiting.

The Cedars provides accommodation for up to 56 older people who require nursing or personal care. There were 53 people living in the service when we carried out our inspection some of whom lived with dementia and had complex nursing care needs.

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 and associated Regulations about how the service is run.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have

Summary of findings

capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection no people had had their freedom restricted.

People who lived in the home and their relatives were happy with care provided. They said they felt safe and were treated with compassion and dignity.

We found examples of care and support which enabled people to maintain their independence as far as they could, to feel included in the way the home was run and to receive care in the way they wished. Staff provided care and support in a warm and caring manner.

Staff understood people's needs, wishes and preferences and they had been trained to provide effective and safe and care which met people's individual needs.

People and their relatives were able to raise any issues or concerns and action was taken to address them.

There were robust arrangements for ordering, storing, administering and disposing of medicines.

We found that people were provided with a choice of nutritious meals. When necessary, people were given extra help to make sure that they had enough to eat and drink.

People had access to a range of healthcare professionals when they required specialist help.

The registered manager assessed and monitored the quality of the service provided for people.

The home had established strong links with local community groups which benefited people who lived in the home.

The home had been accredited with a Gold Standards Framework award since 2005 which is a comprehensive quality assurance system which supports care homes to provide quality care to people nearing the end of their life.

Summary of findings

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 was safe.

Staff had a good understanding of how to recognise and report any concerns and how to keep people safe from harm.

People who lived in the home were safe because there were enough skilled and experienced staff to support them.

Good

Is the service effective?
The service was effective.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People could see, when required, health and social care professionals to make sure they received appropriate care and treatment.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards. Staff received appropriate training and had an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

People who lived in the service and their relatives told us that they were very happy with the care they received.

During our inspection we observed that staff showed respect towards people and maintained their dignity.

There was a homely and welcoming atmosphere in the home and people could choose where they spent their time.

Good

Is the service responsive?
The service was responsive.

People received care which was individualised and responsive to their needs.

People and their relatives knew how to raise a concern or complaint if they needed to and the provider had arrangements in place to deal with them.

There was an activities programme available and people had opportunities to take part and could choose what they did.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People, their relatives, staff and healthcare professionals were all positive about the registered manager. They told us that they were visible in the service, approachable and always available for support and guidance.

The home had been recognised and awarded with a national accreditation for its end of life care.

The quality of the service was effectively monitored to ensure on-going improvements.

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.

We inspected The Cedars on 24 October 2014. This was an unannounced inspection.

The inspection team consisted of two inspectors and an expert by experience who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection the provider completed 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. We reviewed the information included in the PIR along with information we held about the home and spoke with local authority commissioners and health and social care professionals who visit the home.

During our inspection we spent time talking with 10 people who used the service and five relatives who were present on the day. We also spoke with the registered manager, the deputy matron, a registered nurse, four care workers, and members of the activities, housekeeping, training and catering staff.

We observed care and support in communal areas and reviewed a range of records about people's care and how the home was managed. This included the care plans for six people, staff training and recruitment records and arrangements for managing complaints. We also reviewed how staffing levels were managed in the home to ensure that people's needs were met.

We looked at the quality assurance audits that the registered manager completed which monitored and assessed the quality of the service provided by The Cedars.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People and their relatives that we spoke with told us that they felt staff kept people safe at The Cedars. One person told us, "All the staff are really nice. I feel safe here." Another told us, "I love it here, I feel so safe and comfy." A relative we spoke with told us. "I feel [my relative] is safe and I leave here with peace of mind."

Staff we spoke with told us that they had undertaken safeguarding training and they were able to describe how they kept people safe and the action they would take if they had a cause for a concern. They were confident the registered nurses and registered manager would deal with any concerns raised and were clear on how to escalate concerns should the need arise.

We looked at the safeguarding log for the service and saw that safeguarding concerns had been appropriately recorded raised with the appropriate authorities and the action taken had been identified. The registered manager told us the local safeguarding team were supportive and the registered manager and the deputy matron had a good relationship with the team. This meant that the provider had access to the most up to date material for staff to access should they need to raise a concern.

We looked at people's care plans and saw that possible risks to people's wellbeing had been identified. For example, the risk assessments and care plans described the help and support people needed if they had an increased risk of falls, were at risk of choking, had reduced mobility or were likely to develop a pressure ulcer. The care plans identified the action required to reduce these risks for people, for example, having a soft diet or a pressure relieving mattress.

Staff we spoke with demonstrated they were aware of the assessed risks and management plans within people's care records. They told us how they used this information on a day to day basis to keep people safe.

The risk assessments and care plans had been reviewed on a monthly basis and amendments had been made when people's care needs changed. We did find some minor inconsistencies in two of the risk assessments where they had not been updated with current information about the care the person required. Although these shortfalls had not resulted in people coming to any harm, and staff were able to confirm how they were managing these people's needs, they had increased the risk that a person might not always be consistently supported by staff.

On the day of our inspection there were enough staff on duty to meet people's needs. We saw the deputy matron, two registered nurses and eight care staff were on duty in line with the staff rota. There were also 14 other staff on duty who supported the home with housekeeping, administration, activities, catering and maintenance tasks. The registered manager told us that staffing levels were reviewed on a monthly basis and adjusted as an when people's needs changed. Records we saw confirmed that the dependency of people's needs was monitored.

The registered manager told us, and records confirmed, that agency staff were not used within the home. Permanent staff and a small bank of carers were used to fill unexpected shortfalls due to sickness. We spoke with staff who told us that there were, "Generally enough staff employed to meet people's needs". We looked at the staffing rotas for the month of September and found that there were no significant gaps. When there was an unexpected shortfall, we saw how other staff were used to cover these shifts, including the deputy matron. Staff we spoke with told us how they worked as a team, and when required members of the activities team and housekeeping team would assist care staff to ensure that people's needs were met.

People who lived in the home and their relatives confirmed that there were enough staff to meet their needs. One person we spoke with told us "I don't have to wait. If I ring my bell, they are there straight away." A relative told us, "There is always someone around for [my relative]. I don't think I have ever visited and not seen staff around or had to search someone out for [my relative]."

Staff employed by the service had been through a thorough recruitment process before they started work at the home. We looked at five staff personal files and found the process included completion of an application form with a full work history, a formal interview, references, identity checks and professional qualification checks. The registered manager told us how they had included a resident as part of the interview panel for new staff. They said that the feedback had been positive and it had been useful to have the insight and comments from a person who lived in the home.

Is the service safe?

We looked at 10 people's medicine records and found that they had been completed consistently.

We observed medicines being administered to people and noted that appropriate checks were carried out and the administration records were completed. We saw that registered nurses administering medicines had undertaken initial training on commencement of their employment followed by supervised medicines rounds and competency checks.

Monthly medicines audits and the results of these were stored with the medicine charts. We noted that there had been an independent audit of medicines management in March 2014 and that actions identified from the audit had been noted and actioned. All of these checks ensured that people were kept safe and protected by the safe administration of medicines and that we could be assured that people received their medicines as prescribed.

Is the service effective?

Our findings

We saw that measures were in place to ensure that people received a healthy and nutritious diet.

People who used the service told us, "The food choice is good - and they'll cook me a piece of bacon for my breakfast if I ask." A relative we spoke with told us, "[My relative] has the soft menu and is fed by the staff. I'm happy with the food and the drink they have." Another told us, "The food is very good. They often have seconds and two cooked meals a day if they can."

People's had been asked about their food preferences and any specific dietary needs. Assessments had been carried out and had been kept up to date and action taken when a person's needs changed. We spoke with a member of the catering team who told us about their role and how they worked to ensure that people received a full and varied diet.

We saw how they kept an overview of the nutritional value of each meal prepared and how they used this information when planning meals and menus. This was useful when people were identified at risk of poor nutritional intake. We saw how meals were planned for people who were on special diets, for example, pureed food and how this was presented attractively to encourage people to eat.

We observed people having lunch in two of the dining rooms in the home and noted that the meal time was relaxed and a social event in the day as people who lived in the home were encouraged to come to the dining room. However, people could dine in the privacy of their own bedroom if they wished to do. We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their privacy and dignity was maintained.

People were offered a range of alternative foods if they did not want what was offered. We observed at lunchtime that one person did not want chips, so these were replaced with mashed potatoes.

Feedback from people and relatives was positive about the quality of the food and the choice on offer. We saw from minutes of the relatives' and residents' meetings that the chef attended and discussed new menu plans and asked for feedback on food choice and how they could improve. Comments at these meetings were very positive about the food choices.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. They had an awareness of what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty was lawful.

We were told that none of the people who currently used the service were being deprived of their liberty or were subject to any restrictions which included one to one supervision to keep them safe.

People who used the service and their relatives told us that staff made sure they saw an appropriate healthcare professional whenever they needed to. One person told us how their relative had been at The Cedars for four years and how a chiropodist and an optician had visited during the past year and provided treatment and new prescriptions.

Records showed that people had access to appropriate healthcare services such as GP's, opticians, dentists and chiropodists. During our inspection we observed that a resident had been recently admitted for end of life care. We noted how the registered nurse spent time in liaison with the person's GP and requested a visit that day to ensure the person received adequate pain relief and symptom control. They then accompanied the GP when they arrived at the home to review the resident's pain relief.

We saw that staff received regular support, supervision and appraisal sessions. Staff we spoke with told us they found the sessions useful and helped them to develop their skills. One staff member told us, "I have access to lots of training and always get the support I need to complete it." Records showed training was provided in subjects such as infection control, health and safety and moving and handling. Staff told us that they received additional training in topics such as tissue viability, Parkinson's disease and end of life care. Staff who showed an interest in certain areas were given roles called 'link nurses'. They attended further training in these areas and were a resource for other staff. This included a wide range of areas such as tissue viability, privacy and dignity and nutrition.

Is the service effective?

We saw that support staff all held or were working towards a nationally recognised care qualification. We spoke with a senior housekeeper who told us how they had completed training in hospitality and how other housekeepers undertook training in customer service. This meant staff were appropriately trained and supported to meet people's individual needs.

Is the service caring?

Our findings

People who used the service and their relatives told us they were happy with the care provided. All of the people that we spoke with told us that staff were kind and caring.

Some of the comments we received included; “[My relative] gets good care and attention here.” Another person said, “I’m 100% happy. Nice staff and I like the food.” and, "It’s comfy, there’s always somebody around. If I have a nap in the day, they’ll gently wake me sometimes to make sure I’m ok.”

There was a homely and welcoming atmosphere within the home during our visit. We observed the relationships between people who lived there and staff were positive and caring. One person said, “I have a really good relationship with all the staff. I tease them and we have a laugh together. All of them are very kind and patient.”

We saw staff supporting people in a patient and encouraging manner. We observed that staff provided reassurance and support to people with dementia. For example, one person repeatedly asked staff to provide items, move their position (the sun was shining on them), and told staff their relatives were outside. All staff were very patient and respectful, providing reassurance and tending to their requests.

We noted that staff respected people's privacy and dignity. All of the people that used the service had their own bedroom that they could use whenever they wished. We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff were able to describe the actions they took such as closing curtains and doors, checking on people’s wishes and asking permission before providing care.

We asked staff and healthcare professionals about the ‘mum test’ and if they would want a member of their family to live in the home. They all told us that they would. One member of staff told us, “I had [a relative] live here. It was fantastic, I would never have thought of having them anywhere else.” A healthcare professional told us, “I would have no hesitation in recommending the home to anyone.”

People could choose where they spent their time. There were several communal areas within the home and people also had their own bedrooms. We saw that people’s rooms were spacious and that people had been encouraged to bring in their own items to personalise them.

Records we looked at showed that some people had chosen to make advance decisions about the care they wanted and did not want to receive. We saw that there were correctly authorised instructions for people who did not want or would not benefit from being resuscitated if their heart suddenly stopped.

People had been asked about the arrangements they wanted to be made for them at the end of their life. This included details about funeral arrangements and the involvement of family members. These measures all contributed to people being able to receive personalised care that reflected their needs and wishes.

Is the service responsive?

Our findings

We received positive feedback about the range of activities on offer for people. One person told us, "I like the Bingo – they make it fun, and the quizzes and dominoes. We get prizes too. Some girls come from Nottingham University and do a good game." Another said, "I like the plays and music things. There's always something interesting to do." Relatives were also positive about the range of activities on offer.

People had been supported to continue to enjoy their hobbies and interests since they moved into the home. We were told how people continued to attend church activities and community clubs in the local town.

People were supported in promoting their independence and community involvement. We saw evidence of art work in the lounge areas from the local primary school and people told us how much they enjoyed the plays which the local schools performed for them. We saw that a Christmas pantomime was planned along with local choirs and a Christmas fete.

There was a dedicated social activities team in the home who were responsible for planning activities, including at the weekends. There were schedules of planned activities on display in the home so that people knew what was available for them to participate in if they wished to. Staff documented when people had taken part in an activity and noted how they had interacted with other people and staff.

During our inspection we observed an afternoon ball game in the lounge. There were two staff supervising and everyone was encouraged to have a go throwing, with assistance if needed. This created a good atmosphere and friendly banter between residents and staff.

People who lived in the service and their relatives were involved in planning the care and support they needed. The registered manager told us how people and their relatives were encouraged to visit the service before they moved in. This would give them an idea of what it would be like to live at The Cedars.

We heard about a new initiative called the 'enquiry champion'. We spoke with this person who told us about their new role and how they made the initial contact with a person or their family when they enquired about the home. They arranged for them to visit the home and spend time looking around, meeting staff and other residents which allowed them to 'get a feel for the home'. This meant that people and their relatives had been given the appropriate information and opportunity to see if the home was right for them and could respond and meet their needs.

Everyone who lived at the home had a care plan that was personal to them. The care plans contained information about people's likes and dislikes as well as their needs. We looked at six people's care plans which demonstrated how individual needs such as mobility, communication, religious and social needs, continence and nutrition were met. We saw that people had been involved in reviewing their care plans to ensure that they received the appropriate care which met their needs,

We spoke with the registered manager who told us of a new initiative being implemented in the home called a 'life story project'. We saw that each person in the home would in time have a book which would contain information and pictures about the things and people which were important to that person. These books would be complied by the person, their relatives and staff and would be an on-going project. This meant that staff would then have information which would enable them to provide care that was personal to the individual.

The home had a complaints procedure which was available in the main reception of the home and also in the service user book which was available in each person's bedroom. People we spoke with and their relatives told us they felt comfortable raising concern's if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. We looked at the last formal written complaint made to the home and found that this had been investigated and responded to in line with the provider's policy.

Is the service well-led?

Our findings

People and staff that we spoke with described the management of the home as open and approachable. People told us, "[The registered manager] has been very supportive to me personally and [my relative] recently. They are always around and I cannot praise them enough for their hard work. They are always ready to have a chat with me.", and "Oh yes, I know [the registered manager] and [the deputy matron]. They pop and say hello and check all is well."

There was a clear management arrangement in the home which ensured lines of responsibility and accountability for staff. Staff we spoke with told us that they knew who to escalate any concerns to. The registered manager and the deputy matron were available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff.

We observed that people were relaxed with the management team and saw that they made themselves available and chatted with people. One health and social care professional told us, "[The registered manager] is great. She knows everyone in the home and has a sense of what is going on. [The registered manager] treats everyone staff the same, with respect, no matter what role they have in the home."

The management team kept up to date with current good practice by attending training courses and building links with health and social care professionals in the local area. For example, we saw how the management team had recently attended a local authority training day which focused on resilience planning in the event of an emergency in the home. They were also active members within the local care home association. This ensured that the home remained involved in proposed changes in local adult social care services and the impact this could have on people who lived in the home.

The home had been accredited with a Gold Standards Framework award since 2005 which is a comprehensive quality assurance system which supports care homes to provide quality care to people nearing the end of their life. The home was due for renewal of its accreditation in January 2015 and in preparation for this had established links with a local hospice in the area. The registered manger told us that they were working with the hospice to create a care pathway for people who required end of life care and this would ensure that people received consistent and individualised care.

There was a long association with local charities and support groups using the home for meetings and fundraising. We saw that the local Dementia Friends group held their monthly meetings at the home. These were accessed by people, their relatives and staff who told us they found this a useful resource for information and support. Due to the involvement with the local Dementia support group the home had received a Dementia Friendly Community award.

We saw that the registered manager had been nominated for an individual award for 'excellence in leadership' and had received a highly commended manager's award. This demonstrated that the abilities and commitment of staff were recognised outside the home.

There were effective quality assurance systems in place which monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. The registered manager submitted quality indicator reports on a monthly basis to senior managers which monitored the home's performance and highlighted any risk in a number of areas. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the home had an approach towards a culture of continuous improvement in the quality of care provided.

There were various systems in place to seek people's views about how the home was run. There were meetings for people how lived in the home and their relatives and they were encouraged to give their feedback to members of the support teams in the home who attended these meetings. This included members of the activities, catering, housekeeping and maintenance teams.

People's views were also gathered via suggestion books, comment cards and customer satisfaction surveys. This allowed the home to monitor people's satisfaction with the service provided and ensure that changes were consistent with people's wishes and needs. A separate meeting was held called the 'Resident Environment & Social Team' (REST). These meetings were used to plan social and

Is the service well-led?

community activities in the home and people were encouraged to attend and share their views on the activities available in the home and discuss future plans for events.

The home has notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.