S L Crabtree

# Cedar Grange

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Requires Improvement |
| 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 on 30 May 2018 and was unannounced.

Cedar Grange is a residential care home for up to 18 older people. There were 18 people staying in the home when we inspected.

At the last comprehensive inspection on 8 January 2016 we rated the service as 'Good' and there were no regulatory breaches. At this inspection we found the overall rating for the service remained '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.

Staff understood safeguarding procedures and how to report any concerns. Medicines were managed safely and people received their medicines when they needed them.

Staff recruitment procedures ensured staff were suitable to work in the care service. Staff received the training and support they required to carry out their roles and meet people's needs.

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.

Although some people and relatives felt there were not enough staff, we found staffing levels were sufficient. However, we asked the registered manager to review the early morning routines to ensure people were not being rushed or having to get up early. Following the inspection the registered manager confirmed the action they had taken to review the routines and staffing levels.

Risks were assessed and well managed, although the recording and monitoring of people's behaviour that challenged others needed to improve. Following the inspection the registered manager confirmed they had addressed this with staff and put a more robust monitoring system in place.

People received person-centred care which was reflected in their care plans. People's nutritional needs were met. People had access to healthcare services and systems were in place to manage complaints.

Activities were provided however the provider had identified the range and variety could be improved. A staff member had recently been appointed to lead activities and was working with people to meet individual interests and needs.

People and relatives spoke positively about the care they received and praised the staff who they described as kind and caring. People were treated with respect and their privacy and dignity was maintained.

The service was well managed. The management team led by example and promoted person-centred care. Effective quality audit systems were in place.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service has deteriorated to Requires Improvement. | **Requires Improvement** |
| **Is the service effective?**<br>The service remains Good | **Good** |
| **Is the service caring?**<br>The service remains Good | **Good** |
| **Is the service responsive?**<br>The service remains Good | **Good** |
| **Is the service well-led?**<br>The service remains Good | **Good** |

# 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 30 May 2018 and was unannounced. The inspection was carried out by two inspectors and an expert by experience with experience in the care of older people. 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 we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We asked 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We observed how care and support was provided to people. We spoke with six people who were using the service, six relatives, three care staff, two senior care staff, a domestic and the registered manager. We also spoke with a visiting health care professional.

We looked at three people's care records, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms and communal areas.

Requires Improvement

# Is the service safe?

## Our findings

This domain has been rated Requires Improvement. This is because we identified some areas for improvement in relation to risk management, staffing and recruitment. There were no regulatory breaches and the issues we raised were all addressed by the registered manager following the inspection.

People told us they felt safe. Staff had received safeguarding training and were confident any concerns they reported would be acted on. Staff carried with them pocket sized prompt cards which provided information about what they should do in emergencies. The safeguarding procedure and contact details for reporting safeguarding concerns to outside agencies were included. Safeguarding incidents had been referred to the local authority safeguarding team and notified to CQC. Accidents and incidents were well recorded and showed the subsequent action taken to ensure people's safety and make improvements. Systems were in place to analyse accidents and incidents for any trends.

People's safety was risk assessed and managed. After any accident the management team completed an assessment checklist which identified follow up actions to reduce repeat events. We saw one person had a fall and a sensor mat was put in place to help prevent further falls. Care plans included guidance around supporting people with behaviour that challenges. However, we found some staff had recorded entries where people had been described as agitated or aggressive in daily notes but had not recorded any information on specific forms that were used to monitor behaviour. We discussed this with the management team who following the inspection told us how they had addressed this with staff and put a more robust process in place for monitoring behaviour so they could be confident care was appropriate to meet people's needs.

The registered manager showed us the dependency tool they used to assess people's needs and ensure safe staffing levels. We saw the levels were regularly reviewed and they had recently increased the number of evening staff as two people's needs had changed. During the inspection although we observed staff were busy, we found people's needs were being met.

We received mixed feedback about the staffing levels. Some people and relatives felt there were not always enough staff. One relative commented that staff were 'rushed off their feet'. However, other people told us they received the support they needed from staff. Comments included, "I like to get up at around 8am, I have a shower, clean clothes every day and I get all the help I need"; "I usually get up about 8.15am, get help washing and dressing and then have my breakfast" and "I get up when I want, this morning it was 8.30am. If I need staff I just press this (call bell) and they're here."

We attended the morning staff handover where it was evident most people were already up and had eaten breakfast. We discussed this with the management team as we were concerned the night staff must have either started getting people up very early or people had limited time with staff support. The registered manager agreed to review the early morning routines and staffing levels and wrote to us after the inspection to confirm the action they had taken to address this.

We looked at recruitment records for three recently employed staff. We saw references and criminal record checks had been completed and any gaps in employment history had been explored prior to appointment. However, we found employment details for one staff member were not clear and a reference had not been obtained from the most recent employer. The registered manager acknowledged this was an oversight and wrote to us after the inspection confirming the reference had been obtained.

People told us they received their medicines when they needed them. Comments included, "I get my tablets on time and (staff) stay while I take them" and "I always take my medication at the same time, they never miss." We found safe systems were in place to make sure people received their medicines as prescibed. We watched a senior care staff member giving people their medicines and saw this was done safely and attentively. Medicine administration records (MARs) were well completed with no gaps. Controlled drugs (medicines subject to tighter controls because they are liable to misuse) were stored and recorded in the right way. Medicine stocks we checked tallied with the balances recorded on the MAR, apart from one medicine which had one more tablet in stock than recorded. This was addressed by the registered manager with staff after the inspection.

The accommodation was well maintained and comfortably furnished. Two relatives told us they felt the home needed refurbishment. Regular health and safety checks were undertaken on the premises and equipment, which included the fire, electrical and gas systems, lifting equipment and water temperatures. Maintenance certificates and safety checks were up to date. Personal emergency evacuation plans (PEEPs) were in place clearly outlining the individual support each person required to vacate the building in an emergency.

Effective infection control systems were in place. The home was clean. An odour was noted in one bedroom and the provider took immediate action to ensure this was addressed. We observed staff followed good hygiene practices. Personal protective equipment such as gloves and aprons were available and used appropriately.

Good

# Is the service effective?

## Our findings

The registered manager told us people's needs were assessed before they were admitted to the home and this was confirmed by the pre-admission assessments we reviewed.

Staff told us they received good support and attended training that equipped them with the knowledge and skills to do their job well. One staff member said, "They are on the ball with training." Staff records confirmed they received regular supervision where they had opportunity to discuss their role and responsibilities.

The Mental Capacity Act 2005 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 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 maintained a list showing when DoLS applications had been made, any DoLS authorisations in place and if these had conditions. We checked one person's DoLS which had one condition which was being met. Staff were confident people's rights were respected and our discussions with staff confirmed they had a good understanding of capacity. Staff carried a pocket size guide which prompted them with the key principles of MCA and DoLS. We reviewed people's care records which showed mental capacity assessments and best interest meetings involving others had been completed appropriately.

Most people told us they liked the food. They said they had a choice at breakfast and tea but not at lunch time. The provider had recently introduced new menus because they had identified that the variety of meals could improve and were trialling different dishes. We reviewed the menu for May 2018 and saw meals were varied. Although there was only one choice for lunch, staff said if people did not want this they would be offered an alternative. This was confirmed in our discussions with people. We saw people were provided with drinks throughout the day. On the day of the inspection, a senior care worker was cooking the meals. They were familiar with people's specialist dietary needs.

People's care records showed the service involved other professionals when appropriate including GPs, district nurses, chiropodists and opticians. We spoke with one healthcare professional who visited the home regularly. They told us the staff were very good and referred people to them promptly and appropriately. They said staff acted on advice they gave.

Good

# Is the service caring?

## Our findings

People spoke positively about the staff and the care they received. Comments included; "Staff are always friendly and talk to us when passing, the boss man comes in every Friday and says hello to everyone" and "The staff are really nice and respectful, most of them are very kind." One person said they felt one or two of the staff were 'a bit sharp' but would not elaborate when asked what they meant by this or identify who these staff were.

Relatives also praised the staff. One relative said, "The staff are fantastic I can't fault them. They are always friendly and approachable, nothing is too much trouble. They know (family member) really well and do their best to make sure (family member) is happy."

Another relative said, "I think my (family member) is happy here, I've no complaints, 90% of the staff are okay. I'm happy with (family member's) care."

A further relative said, "The staff do the best they can with what they've got and are always cheerful." Many of the relatives and people we spoke with mentioned a male care worker who they singled out as being especially kind and caring. One person described him as 'the best' and a relative said he was 'worth his weight in gold'.

It was evident from our observations that staff knew people well. One person said, "The staff know me well, they know what I like and not." We heard staff called people by their names and chatted to them about things they were interested in such as forthcoming visits from family and friends. At lunchtime we saw staff offered choices of drinks and checked people had had enough to eat and enjoyed their meal.

People had a 'this is me' document which provided information about their life history. We saw one person's family had been involved and provided comprehensive information.

People said staff were respectful and maintained their dignity. One person said, "They listen to what I say and respect my choices. They ask me if I want to go downstairs and if I don't that's fine. They knock and check I'm okay." A relative told us, "The staff are very respectful and always pull the curtain around the bed." We saw staff were discreet when asking people if they wanted to go to the toilet and any personal care was carried out in private. We saw staff knocked on people's doors before entering their rooms.

Good

# Is the service responsive?

## Our findings

One relative told us how their family member had improved since they moved into the home. They said, "When (family member) came in last April (they were) not good at all but have come on in leaps and bounds. I am involved in (family member's) care plan, we have a yearly review." Another relative said, "The personal care is very good." We saw care plans were person centred and covered key areas of care such as medication, sleep, skin integrity, mental health and wellbeing and activities. People had a communication and needs assessment which helped ensure staff understood how best to communicate with each person.

One person told us, "We have music about once a month someone comes in and sings, the lounge and dining room were done up for royal wedding, not much else to do, we have a cat called George. We don't go out on trips." Another person said, "We don't do any activities. Now and then an entertainer will come but it's very rare. My (relative) comes and takes me out." Two relatives told us they felt activities was an area that needed to improve. One relative said, "They have made some effort to do activities lately."

The provider had recognised the activity programme needed to improve to make sure people's social and leisure needs were met. A staff member had recently been given the lead role for developing a monthly activity plan. This staff member told us, "We are trying new activities and finding out more about what people want."

We looked at activity information displayed in the home and saw activities included crafts, decorating doughnuts, quizzes, games in the garden and indoor games. Some people had attended a local coffee morning and the royal wedding was celebrated.  A monthly music for health session was held.

The complaints procedure was displayed. People and relatives told us they knew who to speak with if they had any concerns and felt these would be dealt with. One person said, "I would speak to (registered manager) if I had a complaint, she listens to us." Another person said, "If I had to complain I would tell the manageress, she would sort it." The registered manager told us there had been no formal complaints although some minor concerns had been raised. Records we saw showed these had been addressed.

The registered manager told us one person was receiving end of life care. We saw this person in bed. They looked comfortable and well cared for. An end of life care plan was being developed by staff and following the inspection the registered manager confirmed this had been completed. We spoke with this person's relative who said, "My (family member's) been here seven years. The care here is brilliant, it couldn't be any better. (Family member) is kept comfortable and pain free, which is all you could ask for. I visit every day and I'm always made welcome. I've no complaints."

Good

# Is the service well-led?

## Our findings

The home had a registered manager. 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 very positive about the management team who were described as supportive. One staff member said, "(Registered manager) really cares about her staff. If you have any personal issues she will always do anything she can to help. She's been very good to me." Another staff member said, "(Registered manager) is amazing. She's definitely caring. No-one is just a number."

Staff told us communication was effective. They said they attended daily handovers and regular team meetings where important information was shared. Minutes from meetings held this year showed a variety of topics had been discussed including activities, care documentation, training and CQC inspections. Staff said they had the opportunity to put forward ideas and suggestions at meetings and during supervisions which were carried out by the registered manager.

We saw regular residents meetings had been held; four in 2017 and one in March 2018. Some relatives we spoke with said they thought it would be helpful to have relatives meetings too.

We saw regular audits were carried out including areas such as medicines, infection control, health and safety and the environment. Provider visit reports we reviewed evidenced regular monitoring of the service with actions identified for further improvement. One relative said, "The owner is lovely, comes in regularly and is always ready to chat."

During the inspection we saw the provider continued to drive improvement. A senior care staff member was taking part in a local authority 'best practice' training course and developing more networks with other providers and agencies. The staff member provided examples of changes they were introducing in the home which focused on empowering people who used the service and staff. For example, they had initiated changes with activities and menus and at staff meetings. One staff member said, "The last staff meeting we did it differently. We had a big piece of paper and put lots of ideas forward about things that we thought could improve. I felt really involved." The senior care staff member told us they were also introducing lead roles for some staff, for example, a nutrition champion.