Cedar House Care Home Limited

Cedar House Care Home

Inspection report

249 Station Road
Rothley
Leicestershire
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Tel: 0116 2303066

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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

This inspection took place on the 9 March 2015 and was unannounced.

At the last inspection on 6 November 2013 we found the provider met the requirements of the regulations that we looked at.

Cedar House is a care home for up to 32 older people in the village of Rothley in Leicestershire. On the day of our inspection 26 people were living at the home and two people were in hospital.

Cedar House is required to have 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 2008 and associated Regulations about how the service is run. At the time of the inspection a registered manager was in post.

Summary of findings

People who lived at Cedar House and their relatives told us people were safe. There were processes and systems in place to protect people from the risk of harm. This included safe recruitment and staff training in safeguarding people against the risk of abuse.

People's health and social care needs had been assessed. However, we found examples that showed there were some shortfalls in the content of information in plans of care. Risks associated to people's health care needs sometimes lacked specific details for staff however, the registered manager took immediate action to make the required improvements.

People told us that they received their medicines safely and we saw the administration and storage of medicines were correct. There were suitably qualified staff that were deployed appropriately to meet people's needs. The environment was safe and met people's needs.

People said that care workers were kind, caring and respectful and that their dignity was maintained and individual needs met. We observed care workers to be supportive to people's choices and needs.

Care workers were aware of the importance of gaining consent before care and treatment was given. The provider had new policies and procedures in relation to the Mental Capacity Act 2005 (MCA) Code of Practice. The registered manager had started to formally assess people's mental capacity where people could not make certain decisions with regard to their care and treatment.

The provider was meeting the requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, no authorisations had been made under DoLS to restrict people of their freedom or liberties. However, the registered manager gave examples of when they had submitted applications.

People told us that they were happy with the food choices and that their dietary and hydration needs were met. We observed lunchtime and saw people received a choice of what to eat and the food was freshly prepared and was well presented and looked appetising.

People said that they were supported to access healthcare services and that they had visits from the GP and community nurse if required. We saw the provider worked with healthcare professionals and sought advice and support when required.

The provider employed a dedicated activities coordinator who provided daily meaningful activities and developed opportunities to meet people's individual interests and hobbies.

There were systems in place to monitor and improve the quality of service people received. Care workers told us they felt supported by the management team and that they worked well as a team.

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

Good

People told that they felt safe living at Cedar House. Staff knew how to protect people from abuse and avoidable harm.

People had risk assessments in place that made sure people received safe and appropriate care. People told us they received their medicines safely. Medicines were managed correctly.

There were effective systems in place that made sure suitable and sufficient staff were recruited to meet people's needs.

Is the service effective?
The service was effective

Good

People told us that they were supported to access healthcare services. The provider sought appropriate support and guidance from healthcare professionals and supported people to maintain their health needs.

People said that the food choices were good and they had sufficient to eat and drink. The menu provided a balanced diet and was based on people's needs and preferences.

The registered manager and staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. Appropriate action was being taken by the registered manager to ensure the MCA code of practice was adhered to.

Is the service caring?
The service was caring

Good

People spoke positively about the approach of care workers and described them as kind, caring and respectful.

People's privacy and dignity was respected and people were referred to by their preferred names.

Care workers had a good understanding of people's preferences and how people wanted to spend their time.

Is the service responsive?
The service was responsive

Good

People were supported to pursue their interests and hobbies. People had a wide range of activities they could participate in.

People had their needs assessed before they moved to Cedar House and were involved in discussions and decisions about the care and support they received.

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

Good

Summary of findings

People and care workers said that the management team maintained a visible presence and engaged with people to seek their feedback on the service they received.

Care workers told us they felt well supported by the management team and that they could raise any issues, concerns or make suggestions to improve the service.

The provider had systems in place to monitor the quality and safety of the service.

Cedar House Care Home

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 9 March 2015 and was unannounced. The inspection was completed by two inspectors and an expert by experience. The expert by experience had personal experience of caring for someone using health and care services.

We reviewed information the provider had sent us, which included notifications of serious incidents that they are required to inform us about. We also contacted the local authority who had a contract with the provider, a GP and social care professionals for feedback about the service.

On the day of our inspection we spoke with seven people who used the service and a visiting relative to obtain their experiences of the service. We also spoke with a visiting community nurse and student nurse for their feedback. We spoke with the registered manager, deputy manager, the cook, the activity coordinator and four care workers of which three were senior care workers.

We also looked at the care records of four people who used the service and other documentation about how the home was managed. This included policies and procedures, records of staff training and records associated with quality assurance processes.

Good

Is the service safe?

Our findings

People told us that they felt protected from any form of abuse and avoidable harm. People and their relatives we spoke with all agreed that the home was safe. One person told us, "It's [the home] safe and warm."

Care workers told us that people did not have behavioural needs that put themselves or others at risk. However, they were able to give examples of how they supported people at times of anxiety. One care worker said. "Sometimes people's mood can become aggressive, nine times out of ten a change of care worker will help." They added, "We also take people out for a walk or something and that helps."

Care workers had received relevant and appropriate training about protecting people from abuse and avoidable harm. Care workers we spoke with had an understanding and awareness of their role and responsibilities in recognising and reporting any suspected abuse. This included what the provider's safeguarding and whistleblowing procedures were. One care worker said, "I would intervene in the situation, get another member of staff and report it to the manager or deputy. If I needed to I would tell the police or CQC. I would whistle blow definitely."

We found some concerns in relation to the assessment of people's individual risks. Information was either missing or the control measures to reduce risks lacked detailed information. For example, some people had diabetes and the risk assessments advising staff of the action to take to support this need lacked specific detail. People's blood glucose level range was not recorded, this guidance was important otherwise staff would not know if the levels were too low or too high.

Other people had a catheter in place but the risk assessment was not sufficiently detailed advising staff of what the signs of infection were and what action to take if concerns were identified. These concerns were discussed with the registered manager and deputy manager who took immediate action to correct this. After our inspection the registered manager forwarded a copy of these amended plans of care and advised us that they had taken action to review and amend other plans of care and risk assessments.

Staff gave examples of the action they took to ensure the premises and equipment were safe. They also told us that fire drills and the alarm system were tested on a regular basis. We found that equipment had been appropriately serviced and was routinely checked. We identified some concerns with some of the window restrictors in place and two of the ground floor radiators that were hot to touch. We raised this with the registered manager and deputy manager who took appropriate action to get these concerns responded to.

The registered manager and deputy manager monitored and analysed accidents, incidents and safeguarding to identify patterns or trends, for example the amount of falls people had or where falls had occurred. We saw examples of what action had been taken following an accident to minimise further risk and to learn from incidents to avoid re occurrence. This included the registered manager making referrals to the doctor, the community nurse and people attended the falls prevention clinic. This is a multi-disciplinary service whose aim is to investigate the causes of falls, reduce their incidence and injury following falling.

We saw several people had walking frames that were in easy reach for them to use safely to get about independently. We observed staff supported people appropriately and safely following best practice guidance in moving and handling.

Six out of seven people we spoke with told us they felt there were sufficient care workers available to meet their needs. In response to questions about staffing levels one person said, "Oh golly no staffing is fine," and "no complaints about staffing levels." Another person said, "Staffing is very good unless they run short." This person also told us that whilst agency staff was not used regularly, they were concerned that agency staff were not always aware of their needs.

Care workers told us that they were satisfied with the staffing levels available. One care worker said, "Yes there are enough staff. We try and cover any shortfalls from our own staff first and then go to agency. We don't often have agency."

The deputy manager told us how they assessed people's dependency needs on a regular basis and used this information to determine the staffing levels required. The deputy added, "The provider is supportive, if people's

Good

Is the service safe?

needs increase there is no problem increasing the staffing levels." We looked at the staff roster that confirmed what we were told about the staffing levels and it reflected the staff on duty on the day of our inspection.

Care workers employed at the service had relevant pre-employment checks before they commenced work. This included a check with the 'Disclosure and Baring Service' (DBS) which checks criminal records and staff suitability to work with people who use care services.

People and their relatives were positive about the administration of medicines. One person said, "Oh yes, medication is on time," and another person told us, "No issue with medication."

We observed a senior care worker administer medicines. People were offered a choice of taking pain relief medicine that was prescribed on an as required basis. The senior care worker used effective communication and their approach was friendly, appropriate and unhurried. People were discreetly observed to take their medicine before this was signed for.

Care workers responsible for the administration of medicines told us they had received appropriate training and records confirmed this. The provider had a medicine policy and procedure to support care workers in the safe storage and management of medicines and we saw these were being followed. There were plans for how PRN medicines should be given. These are medicines that are given when needed, for example for pain, illness or anxiety. This meant that care workers had clear guidance to follow to ensure these medicines were being given safely. We identified a gap in a person's medicine record, they told us, "Oh I didn't go without, I would know if it had been missed."

Good

Is the service effective?

Our findings

People and their relatives told us they felt care workers had the required skills and knowledge to care for them effectively. One person said, "I am quite happy and content, I can't praise them [care workers] enough, they are good". This reflected other positive comments made.

Care workers spoke positively about the support and ongoing training they received. One care worker told us, "Yes I feel supported. I've done moving and handling, first aid and diabetes recently. I really enjoyed first aid, I came back more confident." Another care worker said, "I'm very supported. There's plenty of training. Most recently I did first aid. I'm going to do team leading."

Care workers received opportunities to meet with their line manager to discuss and review their learning and development needs and any issues or concerns. Care workers said they felt well supported.

The registered manager told us they based care workers training on the needs of people that used the service. We identified from the training matrix that there were some gaps in the training care workers had completed. We discussed this with the registered manager and deputy manager who said they were aware of this. In response they were in the process of arranging training sessions for care workers to receive support to complete the outstanding training. We saw a staff meeting record dated March 2015 that confirmed what we were told. This showed care workers received the training they required to do their jobs and meet people's needs.

The registered manager showed us the induction that new care workers completed when they commenced work and the employee handbook all care workers received. This information clearly stated the requirements and expectations of all care workers.

The pre-assessment form used to assess people's needs before they used the service, included consideration of a person's capacity to consent and if a person had an Advanced Decision or Lasting Power of Attorney. However, the registered manager had not sought confirmation of this. It is important that where people are acting in a person's best interest this is done with correct authorisation. We discussed this with the registered manager who said they would take measures to check these details.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to their care and treatment. It also ensures people are not unlawfully restricted of their freedom or liberty.

The registered manager showed us a new policy and procedure about the MCA and DoLS. This provided appropriate information and guidance on the MCA Code of Practice. Including how to assess people's needs and the action required when best interest decisions were made for people that lacked the mental capacity to make certain decisions themselves. The registered manager told us that they were aware that they needed to assess some people's mental capacity with regard to certain decisions to ensure they were fully protecting people's human rights. After our inspection the registered manager sent us information confirming they had started assessing people's mental capacity where required and what date they expected this to be completed by.

Whilst there was no person present that had an authorisation in place that restricted them of their liberty, the registered manager gave an example of where they had submitted an application to the supervisory body. They were also able to give examples of previous applications that had been made. This showed the registered manager was aware of their responsibility and acted in accordance to the DoLS legislation.

Care workers showed they understood the principles of the MCA and DoLS and they had received appropriate training. During our inspection we saw care workers sought consent before care and support was provided.

People told us they received sufficient to eat and drink and that the menu provided choices. One person said, "The food is good, I am very impressed." Another person said, "I am a diabetic and they [staff] cooperate as I have to watch what I eat."

We observed lunchtime and saw people had the choice of eating in three dining rooms or they could eat in their room. Two of the three dining rooms were used. We saw people were offered the choice from two options and the food was nicely presented, was of good portion size and looked appetising. We noted that people were left alone during the meal as they did not need any assistance; however there was no staff presence should a problem arise. We observed one care worker stopped at the door

Good

Is the service effective?

looked in but did not interact with anyone. We saw people were offered a choice of drinks and biscuits during the day of our inspection and fresh fruit was available for people to help themselves to.

The cook was aware of people's nutritional needs and preferences, including if people had health conditions that were affected by their diet and known allergies. The menu appeared to be nutritionally balanced and offered people a choice of what to eat. Food stocks were plentiful and where people required a high calorie diet appropriate food such as full fat milk, cream and cheese was available.

People told us that they were supported with their health care needs and that they received opportunities to access healthcare services. On the day of our inspection we saw one person received a visit from the chiropodist. We spoke with a visiting community nurse, student nurse and the local GP. Positive comments were made about how Cedar House supported people in their care.

Care workers showed a good understanding of people's needs and the action they took if they suspected a person was unwell. This included an awareness of the importance of people being kept hydrated and how a change in a person's behaviour maybe an indication of an infection. However, where the GP or registered manager had identified that some people required their fluid intake to be monitored to reduce the risk of infection or dehydration, staff had not been advised of what the individual optimum fluid intake should be for people. We discussed this with the registered manager and deputy manager. After our inspection the registered manager sent us information that confirmed they had sought further guidance and this information had been added to people's plan of care.

The provider had various communication systems in place that showed staff communicated about people's health and welling needs. We observed a staff handover and staff confirmed these were arranged at the change of every shift. In addition a communication book and diary was also used for staff to exchange information.

Good

Is the service caring?

Our findings

People and their relatives were positive about the approach of care workers and described them as caring, kind and respectful. One person told us, "All [care workers] are very caring." Another person said, "The care workers are looking after me well," whilst a third person added, "Staff vary a little but all good to me."

Our observations of care workers interaction with people that used the service was limited due to most people choosing to spend their time in their room. We saw a person was accompanied by a care worker to use the outside space. We observed care workers offered people drinks throughout the day and supported some people with their mobility needs, offering reassurance and encouragement when required. Care workers were seen to be polite and respectful. We also observed how the activity coordinator supported a group of people with an art activity. They spoke with people respectfully, offered choices and support to enable people to be actively involved in the activity. They were also seen to spend time with people who were doing the same activity but chose to do this in their room. This showed a caring and thoughtful approach.

We observed a person show that they felt overwhelmed with the request from a care worker to make advanced decisions of the meals they wanted for the day. The care worker responded to this well by acknowledging the person's concerns and explained using good communication skills; the chef was going to introduce a new way of ordering meals that should make it easier for people. The person was quite positive by this change and reassured by the care worker.

We spoke with the chef who had recently started working at Cedar House. They told us that they had begun to meet with small groups of people to gain their views and wishes about the menu choice.

Care workers we spoke with were knowledgeable about people's needs including preferences and people's individual routines. They also told us how they promoted people's independence. One care worker said, "For independence we just supervise people, sit with them, encourage them, give a little help if needed." Additionally, a care worker gave examples of how they communicated with people who had communication needs such as a hearing impairment. They said, "We use clear speech, hand gestures, gain eye contact, some people can lip read."

Care workers told us how they ensured they respected people's individual needs and understood what was important to people. One care worker said, "Everyone has their own choices. How they want their tables. [This person] has make up and earrings on in the mornings, another has an electric shave every morning and a wet shave a couple of times a week." Another care worker told us, "We ask, would you like help? Would you like us to do this? We ask ladies in the morning what they would like to wear. I like to treat people like they are my mum and dad." These examples give a good example of the personalised approach care workers had towards people they cared for.

One person told us they were aware and involved with the development and review of their plan of care. Another person was not aware of their plan of care and two others were not sure if they had one. A relative we spoke with was aware of their family member's plan of care. However, all people told us that they felt they were involved in discussions and decisions about how their care was provided.

Whilst we could not see that people had access to independent advocacy information, the registered manager told us that this information was available but had not been put back on display after the home had recently been decorated but that they would do this.

People told us that visitors were welcome to visit and no restrictions were placed on visiting. People had the opportunity to meet their visitors in a choice of areas within the home that offered privacy with an additional accessible, secure outside space with seating, patios, grass and lighting.

The registered manager told us that care workers received training on equality and diversity and we saw the provider had a policy and procedure that advised care workers of their responsibilities and expectations. The registered manager also told us that they were applying for the local authority's quality assessment framework, we saw their application that confirmed what we were told. This is whereby the local authority works in partnership with care providers to promote best practice and put quality and dignity at the heart of service delivery.

Good

Is the service responsive?

Our findings

People told us that care workers were responsive to their needs and this included making sure they had their needs met as required. People also said that care workers spent time with them and that they received opportunities to pursue their hobbies and interests. Whilst we saw most people on the day of our inspection chose to spend their time in their rooms, they told us on the whole care workers checked on them at regular times.

Care workers gave examples that showed they were aware of and supported people with their chosen religious and spirtural needs and choices. This included respecting when people wanted quite personal time to pray. One care worker told us that they sat with a person when they prayed as this was a comfort to the person. Care workers told us that people had visits from their chosen place of worship or people were supported to attend these services in the local community.

We spoke with the activity coordinator who told us that the activities available were developed by asking people what their interests and hobbies were. They added that a suggestion box was also used by some people and relatives to make suggestions and the monthly 'resident' meetings were an opportunity to discuss activity choices. As well as daily activities we were told day trips to the local railway for a trip on a steam train and a trip to the canals for a boat journey were arranged. People and relatives confirmed what we were told.

Throughout the home WIFI had recently been installed to enable people that used the service and their relatives to gain access to the internet should they wish. We saw there was a large and clear activity board that displayed the activities for the following week. We saw this included weekly pet therapy. The person who provided pet therapy visited during our inspection. We saw how people enjoyed stroking the dog and this brought back fond memories. We also saw that a room had been recently refurbished to represent a hair dressing salon. This was decorated nicely and included equipment you would expect to find in any high street salon.

Cedar House had developed links with the community, such as the local primary school that had visited the home and provided concerts. The home was also active in various fundraising activities. We spoke with some people who told us they had knitted for charity events including hats for premature babies at the local hospital. They were very proud of this and we saw in the afternoon of our inspection, people were knitting and the activity coordinator sat with people using a 'tablet' browsing the internet for knitting patterns for people to choose.

The activity coordinator was creative and resourceful in developing opportunities for people that used the service. They told us they had also joined the home onto an event that provided funds to facilitate activities that were connected to the First World War and the centenary events. Last year they made instruments to play the Last Post and this year they were hoping to make biscuits to an original recipe that was used to send to the soldiers and turn them into photo frames.

People told us that they or their relatives had contributed to their pre-assessment before they moved to Cedar House. We saw the pre-assessment involved people and their relatives in discussions about their health and welfare needs and how these should be met. This showed the provider assessed people's needs prior to moving to Cedar House to ensure people's individual needs could be met or if care workers required additional training.

Care workers told us that they used people's plan of care to guide them of how to meet people's needs. Some care workers said they found that plans of care lacked detailed information about what people's health conditions were and how it affected the person.

We looked at four people's care files. We found examples where people had specific health conditions, such as Parkinson's Disease but had not got a plan of care in place. Whilst care workers showed an understanding of people's needs, new or agency care workers would not have this knowledge without information being recorded. We discussed this shortfall in information with the registered manager and deputy manager. They told us they would take the required action to improve information available for staff. After our inspection we received examples of plans of care from the registered manager that showed us that information for staff had been amended

The provider had a complaints procedure, however, it was not displayed in an easily accessible place for people that used the service and visitors. For example, the information was placed on a notice board partway up the stairs. The registered manager showed us a copy of the service user

Good

Is the service responsive?

guide that had recently been updated. This included information about the complaints procedure and the registered manager said that a copy of the service user guide would be given to people.

People told us that they would not hesitate to speak with the registered manager or provider who visited the service daily if they had any concerns or complaints. One person gave an example of when they had made a complaint but said this was a while ago. They said that the home had dealt with this in a timely manner and that they were happy with how things went and the home was "Very understanding."

The registered manager added that the suggestion box was also used as a method by people or visitors to give any feedback or raise any concerns or complaints. One care worker said, "I'm not sure about a procedure I haven't met this situation. We have had no complaints." Another care worker told us, "We have a procedure but I don't think we have any complaints."

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the service they received and described it as, “Good care. Excellent care really.” Additionally, people were positive about the leadership of the service and said they felt confident with the management team.

People who used the service told us that resident meetings were arranged to enable them to give feedback about the service they received. We saw the meeting record from a resident meeting in Match 2015. This showed the registered manager used these meetings as an opportunity to share information with people such as changes with staffing and anything affecting the service. It was also used as an opportunity to consult people about food choices and activities. In addition the activity coordinator produced a monthly newsletter; this was used to show what activities had been available and if people had enjoyed it. It also gave people an opportunity to make comments or raise questions.

The registered manager told us that as part of the provider’s quality assurance procedures people that used the service, relatives, staff and visiting professionals were given an opportunity to share their feedback about the service. We saw a recent questionnaire asking for feedback about how safe people thought the service was, had been sent and returned. The registered manager told us that further questionnaires would be sent asking for feedback in other areas. Whilst the registered manager had not yet analysed the feedback for any required action, we looked at a sample of returned questionnaires. The overall response received was positive.

Care workers spoken with made positive comments about working at Cedar House. One person told us, “Yes I am happy. They [management] take action when needed. The best thing is the standard of care. I can’t think of any improvements.” Another care worker described the leadership as, “They are good management, professional and prompt.”

We looked at staff meeting records and saw that there were discussions about the standards of care the provider expected and the action required of how these were to be met.

All care workers felt communication systems worked well and they received enough information. One care worker said, “We have handover, the communication book and residents files.”

There were clear lines of accountability and managers and staff knew what their responsibilities were. People told us and care workers confirmed that the registered manager, deputy manager and provider were easily accessible and visible to people, their relatives and staff.

Care workers knew about and shared the values and vision of the service. Care workers said that the management team expected people to receive the best quality care they could and that the expectation was to provide a ‘five star hotel’. One care worker said, “I think the residents feel at home and have what they need. I would be happy for my mum to come and stay here.” Another care worker told us, “The residents are happy. If a resident asks to do something different we can try to do that. There is nothing in my mind to change.”

The provider had various audit systems and procedures in place that monitored the safety of the service. However, these had not identified the shortfalls in the information in people’s plans of care, risk assessments and the issues with two of the radiators and some of the window restrictors. We were satisfied the registered manager took immediate action to resolve these issues and we were informed of the systems that had been changed to avoid further shortfalls in the audit checks in place

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.