Care Quality Commission

Cedar Oak Healthcare Services Ltd

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Inspection report

REGUS Office 107B, Castle Court
41 London Road
Reigate
RH2 9RJ

Tel: 01737735052
Website: www.cedaroakhealthcare.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Cedar Oak Healthcare Services Ltd is a domiciliary care agency providing care to people in their own homes. The service is registered to provide care to older people, people living with sensory impairments, mental health needs, dementia, and physical and learning disabilities. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were 15 people receiving personal care on the day of the inspection.

People's experience of using this service and what we found

People using the service told us they felt safe with staff. People told us they had not experienced missed visits and that staff were usually on time. Risks associated with people's care were assessed and managed appropriately including in relation to the management of medicines.

Staff told us they usually had sufficient time to travel between visits. Staff had received relevant training in relation to their role and told us they were offered opportunities for further training and progression.

We observed staff following infection prevention and control guidelines in relation to COVID-19 whilst in the office. People told us staff used personal protective equipment appropriately when they visited their homes.

People and relatives told us staff were kind, caring and respectful towards them. Staff encouraged people to be as independent as possible. People's care plans and the support from the registered manager provided staff with the information required to support people effectively.

There were systems in place to monitor the quality of care provided. People using the service, relatives and staff knew how to complain and told us they felt confident the registered manager would listen to their concerns and address these.

People using the service, relatives and staff told us they felt the leadership of the service was effective and encouraged people to be engaged and involved in their care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
This service was registered with us on 16 October 2019 and this is the first inspection.

Why we inspected
This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and as the service had not been inspected since registering with CQC. As a result, we undertook a comprehensive inspection of all five key areas.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

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Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 May 2021 and ended on 3 June 2021. We visited the office location on 21 May 2021.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with three members of staff including the registered manager, administrator and deputy manager. The registered manager is also the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures was reviewed.

After the inspection
We spoke with four people who use the service and four relatives to hear their feedback about the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five members of staff. We spoke with three professionals who regularly engage with the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People using the service and relatives told us they felt safe with staff when they undertook care visits in their homes. One person told us, "I feel safe with the carers." A relative told us, "They are very good, very friendly, very attentive and make dad feel good and safe."
● Staff told us they understood what constituted abuse and what they would do if they needed to raise a concern. One member of staff told us, "[Abuse] can be physical, neglect, emotional. I would whistle-blow. I would tell CQC or Social Services." Another member of staff told us, "Tell the manager straightaway. If the manager is involved in abuse, we report to CQC." A third member of staff told us, "I would speak to [registered manager]. Would raise it with the social worker and we would do a safeguarding to the CQC. If I was very concerned, I would immediately raise it with police."
● Staff had received training for safeguarding and there was a whistleblowing policy informing staff how to raise a concern. We saw that whistleblowing had been discussed at staff meetings and the registered manager had encouraged staff to report concerns. A member of staff told us, "There's a policy for whistleblowing. I would check that."

Assessing risk, safety monitoring and management
● People using the service and relatives told us that staff had taken steps to identify risks to people and to reduce the risk of potential harm. This included risks relating to the prevention of pressure areas, nutrition and hydration, and falls. One person told us, "[Care staff] help me to walk around with my trolley because I struggle on my own."
● Staff told us they knew how to reduce risks when visiting people in their homes. A member of staff told us, "We made sure the [walking] frame is within reach. We always make sure he has his walking aids with him and nearby."
● Where people were at risk of developing pressure areas, we saw in care records that the registered manager had liaised with the district nursing team and other healthcare professionals to ensure the pressure-relieving air-flow mattress was monitored regularly.
● The provider had put risk assessments in place to provide guidance to staff about the potential risks and the action to take to minimise risks to people. For example, where a person was supported using the hoist, there were clear instructions for staff to lower the bed to its lowest setting prior to using the hoist in order to reduce the risk of falls from height.
● The provider had a contingency and prioritisation plan in place to ensure people would receive a service based on their needs. This plan was in place for use in the event of an emergency.

Staffing and recruitment

● The provider operated safe recruitment practices when employing new staff. This included requesting references from previous employers and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people at the time.
● People using the service and relatives told us they had not experienced missed visits and staff would contact them should they be running late. One person using the service told us, "They slip sometimes, but never more than ten minutes late. I'm quite happy with that." One relative told us, "They are exceptional with their time keeping. In fact, I know that [carer] will ring on the doorbell precisely. It gives me peace of mind."
● In the event of sickness or other short-notice absences, the provider had plans in place to ensure visits could be covered. Staff told us there were a sufficient number of staff to cover visits. One member of staff told us, "I have enough time to travel in between clients."

Using medicines safely
● People told us staff supported them safely with their medicines. Where people were prescribed 'when required' medicines, there were protocols in place for staff to follow.
One person said, "They help me with my tablets. I don't know what I would do without them."
● Staff had completed training and competency checks relating to the administration of medicines. We reviewed records which confirmed appropriate checks had taken place prior to signing the member of staff off to administer medicine to people. The registered manager told us, "Before they start, they need to be signed off for competency." A member of staff confirmed, "[Registered manager] has done my medication competency."
● Where people were supported with their medicines, there were clear medicine administration records (MARs). The MARs included the person's medicine, the times this should be administered and the person's allergies.

Preventing and controlling infection
● People using the service and relatives told us staff followed good infection prevention and control (IPC) practices. One person told us, "[Care staff] wear a mask, and an apron and gloves when they come in. I've had no concerns."
● Staff told us they understood national guidelines in the use of personal protective equipment (PPE) and that they took steps to ensure people were protected from the risk of infections such as COVID-19. One member of staff told us, "We have got enough PPE and when the government makes changes we talk about it as a team. I always make sure I wash my hands and put on new PPE."
● The registered manager had carried out spot checks to ensure staff were following IPC guidelines, such as following good hand hygiene practices and the use of appropriate PPE.
● We observed staff following national guidelines during the inspection and saw that the provider had ensured there were adequate supplies of PPE and COVID-19 tests.

Learning lessons when things go wrong
● Staff understood their responsibilities to raise concerns and record incidents appropriately. We saw incident and accident reports had been completed. A member of staff told us, "I would fill in an accident form and let the manager know." Another member of staff commented, "I [would] inform [registered manager] and we have paperwork to do."
● The provider had completed a regular analysis of accidents and incidents to respond where risks could be reduced further. We saw relevant safeguarding authorities had been notified of incidents appropriately. The registered manager told us they took steps to ensure every accident and incident report was reviewed for lessons learnt.

● The registered manager had discussed incidents and accidents such as medicine errors with individual staff and shared any learning with the team. For example, where instances of potential abuse had occurred, this was discussed in the staff meeting to share the learning and identify areas of improvement.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider had assessed information prior to agreeing to a care package to ensure the service could meet the person's needs. Due to the COVID-19 pandemic, this had been done via a mixture of telephone calls, video calls and in-person assessments where this was possible.
● Assessments included information about the prospective service user's allergies, communication methods, medical history, mobility, dietary requirements and cognition.

Staff support: induction, training, skills and experience
● People using the service and relatives told us they felt staff had received training and were competent in their role. One relative told us, "They all know what they're doing. I think they have decent training."
● Staff had received induction training and there were systems in place to ensure staff had shadowed colleagues before they were assessed to work independently. A member of staff told us, "I had an induction and shadowing. I'm comfortable to speak to [registered manager] if I need more training."
● Staff were provided with a mixture of in-person and online training. This included training for safeguarding, nutrition, health and safety, dementia, mental health, learning disabilities, basic life support, medication and moving and handling.
● The registered manager undertook regular supervisions with staff to assess performance, provide relevant updates and offer support. We reviewed records which showed latest government guidelines and training opportunities had been discussed. The registered manager told us, "[Staff] can contact me anytime." A member of staff told us, "We have supervisions. I feel very supported by [registered manager]."
● The registered manager had undertaken 'spot checks' of staff. These were unannounced visits to observe the conduct and performance of care staff. One relative commented, "[Registered manager] regularly checks up on [their] team to ensure that care is delivered according to my mum's needs and my mum constantly sings their praises."

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they felt staff ensured they had sufficient food and drinks. One person told us, "They ask what I'd like to eat and make it for me. They're very good."
● Staff told us they ensured people using the service had sufficient food and drinks of their choice available and supported them appropriately. A member of staff told us, "Even though there's an option, I always double check what they might fancy."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
● People's care records showed GPs and other healthcare professionals had been contacted appropriately by the agency on people's behalf. This included physiotherapists and the community mental health team. Where healthcare professionals provided guidance for staff, we saw that this had been recorded in care records.
● People using the service and staff told us that when staff noted a concern, they contacted the relevant healthcare professionals. A relative told us, "They'll call for an ambulance if I'm not here [if person using the service is found to be unwell]." A member of staff told us, "If the client is on the floor, I phone 111 or 999. Then I will call the relatives and [registered manager]."
● Staff told us they worked well together as a team and supported each other. One member of staff said, "We work as a team to make sure people are safer." Another member of staff told us, "We have a chat every morning. We work together."

Ensuring consent to care and treatment in line with law and guidance
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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● People told us they were asked for their consent before staff delivered care. A person using the service told us, "They always ask and they don't disturb me if I don't want to be disturbed." A relative told us, "[Carer] gains consent from mum first."
● Staff had received training in relation to the MCA. One member of staff told us, "I've done MCA and DoLS [Deprivation of Liberty Safeguards] training. It's all about giving the person choice." Another member of staff told us, "I always give them the choice. I always assume capacity."
● Where a person lacked specific capacity to make decisions relating to their care, a capacity assessment had been undertaken by a healthcare professional with the involvement of the person's family to assess what care was to be provided and how to deliver this in the person's best interest. Where this was the case, the service had requested copies and ensured instructions were reflected in care records.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● People using the service and relatives told us staff were kind and caring. One person told us, "They are very kind, I feel." A relative told us, "The carers are very kind to [person using service] and me."
● Staff had completed training for equality and diversity and had an understanding of how to be inclusive and treat people with respect. A member of staff told us, "I have done training for equality, diversity and respect. Everybody is different so we ask them and respect their choice."
● We reviewed records which confirmed staff had been provided with training in relation to protected characteristics under the Equality Act. This included training for "Equality, Diversity, Privacy and Dignity" and training entitled "Supporting LGBTQ+".

Supporting people to express their views and be involved in making decisions about their care
● People using the service and relatives told us they felt involved in the planning of their care and were able to make choices relating to care delivery. A relative told us, "They've shown us the support plan and we've told them to change a bit."
● We reviewed care plans and saw that people using the service and relatives had been involved in their care. For example, where a relative had highlighted a preference for female carers, this was noted in the care plan and steps were taken to ensure the person's needs were met.

Respecting and promoting people's privacy, dignity and independence
● People using the service and relatives told us people were respected and treated with dignity by staff. One person told us, "They are very helpful and respectful. They always knock."
● Staff encouraged and supported people to be as independent as possible. For example, one person was assisted using a mobility aid following discharge from hospital. Staff had followed the instructions of healthcare professionals to encourage the person and they were now able to mobilise without any aids.
● People were supported by the same care staff where this was possible. One relative told us, "We have had [member of care staff] who has a really good rapport with my mum. I am really happy."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
- Care plans we reviewed were personalised with a social history and how to support the individual appropriately. In one care plan we reviewed, information for staff was included on how to care for the individual's dry heels, such as which creams to apply and how to apply them. One relative commented, "[Registered manager and the] team were diligent and detailed in the documentation of the care plan and when this document needed to be updated, this was promptly completed."
- Where a person was living with medical conditions, there were details recorded on how to support the person. For example, time-sensitive medicine for a person living with Parkinson's disease was clearly highlighted in care records. This included information for staff on the precautions they should take and in order to prioritise these visits to ensure people were receiving the medicine within the appropriate time frame.
- Staff told us they had time to read the care plans in order to understand the person's needs before starting to care for an individual. Staff understood how to report changes to people's needs to the registered manager to update care plans. One member of staff told us, "We have the care plans and before we go to someone new, we read it. We check what support the client needs. If the condition changes then the manager is informed."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in the care plan and there was information on how staff could effectively communicate with the person. For example, where a person was living with impaired hearing, the communication care plan detailed how best to communicate with the person and how to ensure hearing aids were functional.

Improving care quality in response to complaints or concerns
- Concerns and complaints were taken seriously and the provider used these as an opportunity to improve the service. People using the service and relatives told us they felt confident the provider would action any concerns they may report. One person said, "They always respond."
- When a complaint was received, the registered manager investigated this appropriately and responded.

Where a complaint was complex, the provider shared this with the commissioning body, such as the clinical commissioning group (CCG).

End of life care and support

● People's needs and preferences in relation to end of life care were recorded in care plans. For example, one person's end of life care plan had clear details recorded to inform staff how to manage pain and agitation. One relative commented, "Thank you very much for looking after mum so well over the last few weeks. We all really appreciate your work." Another relative commented, "Thank you for your support."
● Staff had worked with other organisations to ensure people were receiving appropriate care when they were approaching the end of their life. In one instance, we saw in care records that plans had been made for the local hospice and healthcare professionals to be involved in the person's care.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- People using the service and relatives were complimentary about the management. A person using the service told us, "I would phone the manager. She's very good. We have met [registered manager]." A relative told us, "[Registered manager] always answers [their] mobile [if they have questions]."
- Staff told us they felt the registered manager was approachable and spoke positively of them. One member of staff said, "To see someone who is as dedicated as [registered manager] is really good." Another member of staff told us, "[Registered manager] is always saying thank you [to staff]."
- The registered manager told us they felt it was important to ensure new staff understood the culture, the vision and the values of the service. The registered manager told us, "All new staff have induction training with me, then shadowing for one week to understand [the] culture of organisation first and then E-Learning [online training] when they are comfortable to start." When we spoke with people using the service, relatives and staff, this was confirmed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- There was a clear structure of governance in place and staff told us they knew what their role was. One member of staff told us, "I know my job. If I get a new client, I can talk to [registered manager] and [they] will explain and we can go there together."
- Where we highlighted areas of improvement, the registered manager communicated with us to inform us that they had addressed these. Where we noted an issue with a staff supervision, the provider took steps to ensure they addressed this.
- The provider had carried out regular audits of the quality of care provided. These included audits for COVID-19 testing compliance, PPE, care planning, medication and dignity. Where areas of improvement were highlighted, this was discussed in team meetings.
- Staff told us they had sufficient time to travel. member of staff told us, "I have my set clients. I have enough time to go. I think [registered manager] is quite fair."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- People using the service and relatives had the opportunity to feed back on the service and told us they felt the registered manager was approachable. The provider had sent regular surveys and made telephone calls

to people and relatives. One person told us, "They phone me and ask me [for feedback]." A relative told us, "[Registered manager] is very approachable."
● The provider had held regular team meetings via videocalls. This included discussions of recent complaints and actions to be taken; changes in COVID-19 guidelines; and to give staff an opportunity to feed back.
● Staff told us they felt valued and supported. One member of staff said, "Yes, I definitely feel valued. [Registered manager] supports me all the time and is very flexible." Another member of staff said, "[Registered manager] is very supportive." A third member of staff said, "I really feel supported. It's big support."
● Staff told us they felt able to contribute to the running of the service. One member of staff told us, "I talk to [registered manager] if there's something that could help the agency, then [registered manager] will look into it and we will talk about it. [Registered manager] does look into things if I have ideas."

Continuous learning and improving care; Working in partnership with others
● People using the service and relatives told us they felt the service would take action if they identified an area for improving the care provided. A relative said," I am confident that [the registered manager] would deal with anything."
● Staff told us they discussed incidents and accidents and how to reduce the risk of them happening again in team meetings. A member of staff told us, "We work as a team to make sure people are safer. We talk about issues when we have our meetings and we get emails [from the registered manager]."
● Staff had worked with other organisations to improve the care delivered. We saw in care records where a person had issues with their mobility, the community physiotherapy team was informed as soon as staff noted this. A member of staff told us, "[Registered manager] deals with it quickly and she talks to the OT [Occupational Therapist] and other healthcare professionals." This was confirmed by professionals working with the service. One professional commented, "They are very proactive, provide timely updates to changing situations and liaise effectively with other organisations involved in supporting their clients such as GPs, Community Medical Teams. They will also go above and beyond their remit when faced with unscheduled circumstances."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of events including significant incidents and safeguarding concerns
● Relatives had been contacted where staff had noted changes in a person's care needs or when there had been an incident. One relative told us, "They let me know if there is anything untoward."