

Cedars Care Ltd

# Cedars Care Ltd

## 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 ●

# Summary of findings

## Overall summary

This inspection was announced and took place on 30 August and 6 September 2017. Cedars Care Ltd is a domiciliary care service which provides personal care and support to adults in their own homes. On the day of our inspection 15 people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

People were protected from the risk of abuse from staff who were knowledgeable about how to respond if they suspected abuse. People were supported by sufficient numbers of staff who received an induction, relevant training and supervision to carry out their roles effectively. People were supported to take their medicines when required.

Risks to people had been assessed and staff were aware of the measures they should take to ensure people were safe. Recruitment checks had been carried out to help ensure staff were suitable for the role.

People were supported to make independent decisions where they were able, to eat and drink enough and to maintain their health.

People were supported by kind and caring staff who showed genuine concern for people's well-being.

People felt listened to and involved in planning their care and were supported by staff who respected people's homes and demonstrated the values of privacy and dignity.

People received personalised care from staff who were knowledgeable about their needs and preferences. People had care plans in place which were reviewed and updated when people's needs changed.

People were provided with information about how to complain about the service and systems were effective in ensuring concerns were responded to.

The service had a registered manager in place who was aware of their responsibilities. Staff felt supported by the management team and people told us that communication with the management team was responsive and effective.

The registered manager monitored how the service was delivered and sought people's views about the support provided.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse from staff who were knowledgeable about how to respond if they suspected abuse.

Risks to people were assessed and staff were knowledgeable about the measures they needed to take to keep people safe.

People were supported by sufficient numbers of staff and staff were recruited safely.

People received support with medicines if they needed this.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received sufficient induction, training and supervision to undertake their roles.

People were supported to make independent decisions where they were able.

People were supported to eat and drink enough and to maintain their health.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who showed genuine concern for people's well-being.

People felt listened to and involved in planning their care.

People were supported by staff who ensured their privacy and dignity were maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care which reflected their preferences although this was not always clearly recorded.

People had care plans in place which were reviewed and updated when people's needs changes.

People were provided with information about how to complain about the service and systems were effective in ensuring concerns were responded to.

### **Is the service well-led?**

The service was well led.

People told us that communication with the management team was responsive and effective.

The service had a registered manager in place who was aware of their responsibilities. Staff felt supported by the management team.

The registered manager monitored how the service was delivered and sought people's views about the support provided.

**Good** ●

# Cedars Care Ltd

## **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 August and 6 September 2017 and was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to be sure that someone was available to assist us with the inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of 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.

During our inspection we spoke with one person who used the service, six relatives and an external healthcare professional by telephone. We also spoke with a team leader, a care worker, the registered manager and the director. We reviewed a range of records about people's support which included the care plans and daily records for three people. We reviewed other records relating to the management of the service such as minutes of meetings with staff, the employment records of three members of staff and training records.

## Is the service safe?

### Our findings

People told us they felt safe using the service. All of the people and relatives we spoke with told us they felt people were safe as they were visited by familiar care workers. One person's relative told us, "[Relative] will not let anyone in unless they know them. The carers are all known to [relative]. Nobody turns up unexpected because the same carers work a rota between them."

People could be assured that staff knew how to respond to any allegations or incidents of abuse. The service had a safeguarding policy in place and the staff we spoke with were aware of the procedure they should follow if they suspected abuse. They described how they would report any concerns to the registered manager, who they were confident would take appropriate action, and were aware of which external agencies they could contact for support if required. One member of staff told us, "I would talk to [registered manager]; I know the numbers to contact the (local authority) safeguarding team. I have not had any concerns." Training records showed that staff had received training in safeguarding adults or were in the process of completing this.

People told us that staff used equipment safely and competently and followed security arrangements in their home. One person's relative told us, "The staff gently moved my [relative] on a turning stand to the shower in a very safe way. [Relative] was in very safe hands." Some of the people and relatives we spoke with described how the staff used a key safe to gain access to their property. One person's relative said, "The key safe works well and the carers are very careful with [relative] when they use the stair lift."

The staff we spoke with told us they were aware of risks that people may face and gave examples of how they ensured people's safety, for example, when assisting them to mobilise. Records showed that staff had received training in how to support people safely with their mobility and staff told us they felt confident in using any equipment that people required. Staff told us the registered manager would not agree to support people without ensuring they had the right number of staff with suitable skills to meet their needs.

People could be assured that risks to their health and safety had been considered prior to support being provided by the service. Risks associated with the environment that people were receiving support in had been considered as part of an initial assessment. For example, by ensuring that smoke alarms were fitted and tested, that furniture was at the correct height for people and the floor was free of trip hazards.

People were supported by sufficient numbers of staff. None of the people or relatives we spoke with reported any care calls which had been missed. People and their relatives were complementary of a regular care team which they could rely on. One person's relative told us, "The carers are really reliable and completely trustworthy", whilst another relative told us, "I asked for the same carer to come every day and that is exactly what happens."

Staff we spoke with told us there were sufficient amounts of staff to meet the needs of people who used the service. One staff member told us, "We are never short staffed. Staff will pick up extra (care calls). We are a good team." Another staff member said, "People's needs are met, we work well as a team to ensure that."

The provider told us in their Provider Information Return (PIR) that, 'we ensure at all times staffing levels are correct, giving staff time for clients rather than feeling pressured'. The registered manager showed us copies of staff rotas which showed that support had been planned at the times required by people, that two staff were provided when required and that allowances had been made to ensure staff had time to travel between care calls.

People could be assured that checks had been carried out to help ensure care workers were suitable to provide support. We checked recruitment records and saw that before staff were employed, criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of identification and references had been sought prior to employment and retained in staff files.

People were supported to take their medicines if required. Some of the people and relatives we spoke with told us that care workers supported them to take their medicines. They told us this was done efficiently, at the time they required support and that details of the support provided was recorded by staff.

Staff told us they had received relevant training and the registered manager had checked their competency in the administration of medicines. We saw records which confirmed this. We saw that when people's medicines had been hand written on medication administration records (MARs) these had been signed by two members of staff to ensure the accuracy of information. Staff had signed the MAR sheet when they had provided support with medicines or provided information about why support was not provided, such as the person refusing medicines or family providing support.

We found that peoples MAR sheets did not include details of the person's GP or any allergies they had although this information was available in another section of the care plan. Information about how the person preferred to take their medicines was also not recorded although staff were aware of people's needs and preferences. The registered manager told us they would review current good practice guidance and include further information as recommended.

## Is the service effective?

### Our findings

People told us they were supported by regular care workers who had sufficient knowledge and skills to meet their needs. One person's relative told us, "[Staff member] is very friendly and professional. [Staff member] helps my [relative] to the bathroom where they use the electric lift to get my [relative] into the bath. [Relative] is in very safe hands. I am very confident that [staff member] looks after my [relative] well." Another relative said, "[Staff member] has a lot of experience working with people that have dementia." They also complimented the positive effect the care workers interaction had on their relation.

The staff we spoke with were complimentary of the induction they received when they started working for the service. One staff member we spoke with described it as "brilliant". We looked at staff files and saw that staff had completed an induction when they started working at the service which included familiarising themselves with policies and procedures. Staff told us they received sufficient training and were able to request additional training if they felt it was required. One staff member told us, "I don't feel there is anything I couldn't ask for. I mentioned dementia and am doing this (training) now and we also have diabetes training."

The registered manager told us and records confirmed that new employees were enrolled onto the Care Certificate. The Care Certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. The registered manager told us that the training provided was a mixture of practical and on line training and that reminders were sent to staff to complete training which had been made available to them, to ensure their training was up to date.

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.

We checked whether the service was working within the principles of the MCA. People told us that staff asked them about the support they required and respected their choices. One person's relative told us, "They (staff) know what [relative] likes to eat and drink, but they always ask [relative] what they want."

The staff we spoke with recognised the importance of following people's preferred routines and giving them choices about the support they provided. One staff member described working with a person whose capacity could fluctuate and involving the person and their relative in decisions.

People's care records contained information about how they had consented to their care. We saw this had been discussed with them and either written or verbal consent had been obtained. We spoke to the registered manager about one person whose relative had signed the consent form on their behalf. The registered manager told us that the relative had a lasting power of attorney to make decisions about their

relations care and they had seen evidence of this. A lasting power of attorney (LPA) is a legal document that lets people appoint one or more people to help them make decisions or to make decisions on their behalf. This information was not clearly recorded in the person's care plan. The registered manager confirmed this would be recorded in addition to evidence of a capacity assessment having been carried out.

The support that staff provided for people to eat and drink varied according to people's support needs. People and relatives told us that where support was required, this was provided. Comments included, "They (staff) prepare [relative's] food and discuss alternatives for the following days" and "we cook meals together and they tidy up afterwards."

Staff described supporting people with meal preparation and ensuring that people had enough to drink. The staff were knowledgeable about possible consequences of poor hydration including the increased risks of developing a urinary tract infection (UTI). They knew which people were at risk of a UTI and told us they checked that people were drinking enough by preparing drinks and prompting the person and their relative to ensure the person drank sufficient amounts.

People were supported to maintain their healthcare. People and their relatives told us that staff were aware of any medical conditions they had and supported them appropriately, including seeking medical attention when required. One person's relative told us, "One carer decided that my [relative] was very poorly. [Care worker] rang me and we agreed that [relative] needed to go to hospital. The carer took charge of everything and stayed with my [relative] until I could arrive. They didn't even charge me for the extra time the carer spent waiting with my [relative]. I call that really good care."

The staff we spoke with were knowledgeable about people's health conditions such as diabetes. They told us that clear instructions were available in one person's home which gave them instructions on what action to take if a person's health condition deteriorated. One member of staff described a staff member following these instructions and seeking medical attention for the person. We spoke to an external healthcare professional who told us that care workers sought advice when needed and followed any instructions they gave to ensure people's health was monitored appropriately.

## Is the service caring?

### Our findings

People were supported by staff who were kind and caring. One person's relative told us, "We get no surprises; everything is done with a caring manner. This gives me great peace of mind." Another relative said, "My [relative] finds the carers to be really trustworthy and friendly."

People's relatives described the high level of concern that care workers showed towards their relation. One person's relative told us, "[Staff member] leaves messages for my [relative's] cleaner who also does the shopping, for example if [relative] is running short of anything. The carers really look out for [relative]." Another person's relative described calling the registered manager for help when they needed support and the registered manager arrived straight away to help. They told us, "That's how caring and helpful these people are." A third relative told us, "They (staff) were brilliant with me and my [relation] through very difficult times."

The staff we spoke with told us they were provided with information about the people they supported including their background, family relationships and preferred lifestyle. They told us they got to know people by reading their care plans and talking to them and their families. One staff member said, "It's in the front of the care plan; information about likes and dislikes. You also get to know the family and get to know what songs they like. It's really important to have enough time to talk." Staff spoke about people respectfully and described how they respected people's homes. Records confirmed that staff were provided with information about people's personal preferences and what was important to them.

People told us they felt listened to and respected by staff. People's care plans and daily care records were kept in their homes. People and their relatives told us they felt involved in planning their or their relation's care and that the registered manager frequently spoke to people and their relatives about the service they received to ensure it was meeting their needs.

People had access to advocacy to help them express their views. Advocates are trained professionals who support, enable and empower people to speak up. People were provided with a service user guide when they started receiving a service which contained details of local advocacy services. The registered manager told us that no one was using an advocate at the time of our inspection but were aware of the circumstances when an advocate may be required.

People were supported by staff who were respectful of their privacy and dignity. One person's relative told us, "They (staff) helped [relative] to get washed, dried and dressed in a very respectful way." Another relative commented, "They (staff) washed and dressed [relative] just how they liked it. They were all excellent. I would give them a double A star."

The staff we spoke with described how they ensured they used communication methods appropriate to the person they were supporting, explained what they were doing and asked for consent. They also told us they would ensure people's privacy by making sure curtains and doors were closed when supporting them with personal care. Records showed that spot checks and observations had been carried out by the registered

manager who checked that staff spoke respectfully to people, used their preferred name and worked in a person centred way.

## Is the service responsive?

### Our findings

People told us they received the support they needed at a time and in the way they preferred. One person's relative told us, "The Cedars Care team are definitely meeting our needs. If we need to change the time of a visit [registered manager] can be contacted very easily and different arrangements are made to suit our needs." Another relative informed us, "We have re-arranged the times of my [relative's] visits and the staff have been really helpful in meeting our needs."

The provider told us in their PIR that, 'Our care plans are completed on an individual basis with the client or a family member. If (a person has) no family, the manager will help the client complete their care plan, this is then read by the client/family member to ensure all details correct. All choices and preferences are always taken into account and this is reflected in the care we give as well as written into the care plan'. We saw that care plans were variable in the amount of information they contained about people's individual preferences and level of independence. The registered manager was aware of this and showed us how they were in the process of developing preference sheets and more detailed information for care workers about the personalised support needed on each care call.

People were supported to maintain their independence. One person described how staff supported them to do as much as they could for themselves. They said, "I am a very independent person and I like to do as much for myself as possible. The staff know exactly what support I need and they do respect my capabilities, but they make sure I am safe in what I do. They are never rushed and they are always patient with me."

The staff we spoke with were very knowledgeable about the individual preferences of the people they supported. They described how they supported people to remain as independent as possible by helping them to maintain and develop their capabilities. One member of staff described in detail how they supported a person to be more confident and independent by providing reassurance and suggesting exercises to help their mobility.

People and relatives told us that staff were focused on doing their best for people by ensuring they met people's needs. One person told us, "My [relative] and I are so much happier now. The support we receive from Cedars Care is fantastic. They will do anything we ask of them. We get a visit each morning, which is always on time. They will do extra chores if I ask them." An external healthcare professional told us they had observed staff going 'above and beyond' to ensure people were given choices and were able to engage in activities they enjoyed.

People's care plans were checked by a member of staff to ensure they remained accurate. We saw that when a person's relative had made suggestions about needs that had changed or risks that had arisen and this information had been incorporated into their care plans. The staff we spoke with were complimentary of the guidance provided in care plans which they confirmed was up to date and that changes were made when needed. They told us the registered manager ensured they had the information they needed to meet people's care needs.

People and their relatives were provided with information about how to make a complaint which included giving people the opportunity to say what outcome they wanted. The registered manager told us that no formal complaints had been received, however they had recorded informal concerns that people had raised. Records showed that people's concerns had been listened to and appropriate action taken in response.

## Is the service well-led?

### Our findings

People spoke highly of the service they received from Cedars Care Ltd. One person's relative told us, "Everyone is happy with the set up. Long may it last" whilst another relative said, "I have no doubts about the excellence of their care."

People told us they found the registered manager to be accessible and responsive. They told us that communication was good and there was always someone they could contact when needed and they always received a response. One person's relative told us, "I know that [registered manager] is on the end of a phone if a problem arises."

People views in relation to the support they received were sought on a regular basis, either informally when the registered manager visited, via spot checks on staff or through formal surveys carried out with people. All of the people and relatives we spoke with told us they had regular opportunities to discuss any concerns they had and were confident that any concerns would be addressed positively by staff.

Staff told us they felt supported by the management team. One member of staff said, "It is the nicest care company. We have meetings and are able to raise issues. I feel supported in my role and listened to. There is always support available." Another staff member said that the management team, "work hard to make sure service is good. They will listen and take advice, offer praise and if improvements are required they will say." The staff we spoke with told us there was always someone available to talk to if they needed advice outside of office hours via an effective on call system.

The service had a registered manager in place who was aware of their roles and responsibilities. The registered manager told us they carried out checks to ensure that the values of the service were reflected in the support staff provided to people. The staff we spoke with confirmed this and records showed that spot checks had been carried out. Staff received supervision from the registered manager and records showed that they received feedback on their performance. Staff told us they felt able to make suggestions and one staff member gave us an example of one of their suggestions being taken on board by the registered manager and acted upon. The service had a whistle blowing policy in place and staff felt confident acting on any concerns if required.

People benefitted from a staff group which worked well as a team. The registered manager described how they communicated with staff to ensure they had the information they needed and how they were able to ensure that people's needs were met because staff would ensure that care calls were covered.

The registered manager maintained oversight of the service by providing care calls themselves which gave them the opportunity to talk with people about the support they received and check paperwork. Records showed that reviews of care plans had been carried out and any changes recorded. Any incidents or accidents which occurred whilst support was being provided were reported to the registered manager. We saw a record of an accident which had occurred and the relevant paperwork had been completed when required. The registered manager was aware of which incidents would require reporting the local authority

safeguarding team or notified to the Commission.