Springcare (Albrighton) Limited

The Cedars

Inspection report

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Date of inspection visit:
06 July 2016

Date of publication:
07 September 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 6 July 2016 and was unannounced.

The Cedars is registered to provide accommodation for people requiring personal or nursing care. The service is can accommodate up to 42 people. There were 29 people living at the home on the day of our inspection. The provider had recently developed a unit to care for ten people living with dementia. This unit was not in use on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, this person was now working elsewhere for the registered provider. On the day of our inspection the service was being run by the acting manager who used to be the deputy manager. This person was in the process of applying for registration with the Care Quality Commission (CQC).

People were not always supported by sufficient staff because people's dependency and needs were not taken into account when setting staffing levels.

People told us they felt safe living at the home. People were kept safe because the acting manager and staff understood their responsibilities to identify and report potential harm and abuse. The acting manager consistently reviewed accidents and incidents to reduce the possibility of people being harmed. Risks to people's health and wellbeing were known by staff and well managed. The acting manager and staff maintained close links with external health care professionals to promote people's health. People received their medicines as prescribed from staff that had the knowledge and competence to give medicines safely.

People were able to access varied food and drink in sufficient quantities and variety to enjoy a balanced diet. People with difficulties in eating and drinking were provided with suitable food and drink and supported to eat and drink well.

People were supported by a staff team who knew them well and provided caring and compassionate care and support. People were supported by staff to make their own decisions wherever possible. People needs were assessed and planned by a staff team who ensured they were included in any decisions made about their care. People were supported to access external healthcare professionals when required to promote good health.

People were supported to maintain personal hobbies and pastimes. Relatives were enabled to visit at any time and be involved in the day to day life in the home. People knew how to raise any concerns and who they should report any concerns to. The acting manager responded to people's complaints and took action to improve the service as a result of complaints.

The acting manager was aware of their responsibilities and worked with the registered provider's systems to monitor the quality of the service people received. There was evidence of learning from incidents and investigations took place and changes were put in place to improve the service people received. The acting manager was continually discussing with people how they could provide the care and support they provided. In doing so they valued people's views about their lives in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.
Systems were in place to monitor staffing levels, however staffing levels were not always sufficient to meet people's needs safely.
People told us they felt safe and arrangements were in place to reduce the risk of abuse.
People's medicines were given to them in a timely manner and they were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who enabled them to meet people's needs effectively and in the least restrictive way.
People's choices and rights to make their own decisions were respected and promoted. People were supported to have enough food and drink and staff understood people's health and nutritional needs.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.
People were able to be involved in their own care and treatment.
People were treated with dignity and their wishes respected.

Is the service responsive?

Good

The service was responsive.

People received care and support which was personal to them and responsive to their changing needs.
People spent their time how they wanted to.
People were provided with opportunities to raise concerns and make a complaint if they needed to

Is the service well-led?

Good

The service was well led.

People were involved in decisions about how the home was run. Staff were aware of their responsibility to share any concerns. Staff were well supported by the acting manager. Systems were in place to monitor the quality of the service provided.

The Cedars

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced inspection took place on 6 July 2016. 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 care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We checked the information we held about the service and the provider. This included statutory notifications received from the provider about deaths, accidents and any incidents of potential abuse. A statutory notification is information about important events which the provider is required to send us by law. We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch are an independent consumer champion who promotes the views and experiences of people who use health and social care.

During our inspection we spent time in the communal areas of the home to see how staff provided care for people. We spoke with eight people who lived at the home and six relatives who were visiting at the time of our inspection. We also spoke with the acting manager and nine staff members. We also spoke with a health professional who was visiting the home.

We looked at one care plan for a person living at the home. We also looked at the information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

Requires Improvement

Is the service safe?

Our findings

We found that people were not always supported by sufficient staff. We saw that many people living at the home were very dependent and needed support from two staff for safe moving and handling. In addition, many people required assistance from staff to be able to eat and drink. Because of this, some people had to wait to receive their meals. One person told us, "The staff do their best and are caring but they are short staffed." A staff member said, "We are very busy. Most people are so dependent that we do struggle to get through sometimes." We saw that some people required extra support on the morning of the inspection because they needed extra moving and handling to be able to visit the hairdresser. We discussed this with the acting manager who agreed that the staff team were stretched at times. They told us that the staffing levels were worked out by the area manager and were based on ratios of people to staff. They confirmed that people's dependency and needs were not taken into account when setting staffing levels. They said that they had discussed this with their line manager and they were intending to begin completing dependency scores in the near future. The provider had developed their own bank of nurses and carers who worked between their different services. This enabled the acting manager to use the same staff members to cover shifts. This provided continuity of staff working at the service. They had received the provider's induction and knew the people living in the home.

People told us they felt safe living at the service and were supported by staff who they felt confident with. One person told us, "I feel safe here, the staff look after me." Relatives told us they felt their family members were safe. One relative we spoke with told us, "I have peace of mind that staff keep [person's name] safe as they are always there to help them." Staff we spoke with were able to tell us how they worked to keep people safe and protect them from harm and abuse. Staff told us they had received training in how to keep people safe from the risk of abuse. All staff spoken with confirmed that they would report any possibility of abusive practice to the acting manager straight away. Every staff member spoken with told us that they felt the acting manager would listen to their concerns and do something about them. Staff also knew who they could report concerns to outside the service, such as, the local authority and the Care Quality Commission. We saw that staff had access to an easy to follow flow chart about how to recognise and act on any concerns. One staff member told us, "I would report abuse straight away because we are here to protect them. It is my job to keep the residents safe".

We saw that people were supported to do things they wanted to and the staff team looked for ways to help people do what they wished whilst keeping them safe. Staff we spoke with had a good understanding of what risks there may be for people living at the service. The provider had developed policies and procedures which informed staff members about how they should assess risk. Staff told us that they were confident to undertake risk assessments with people and that they would always go for the least restrictive option for the person. One staff member said, "By looking at the least restrictive option it means that we do not deprive the resident of their freedom. We can't wrap people in cotton wool." For example, one person liked to walk every day but their ability to walk unaided had reduced due to illness. We saw that the staff supporting them made sure the person was enabled to walk a short way with another staff member following with a wheelchair. This meant that the person was still able to maintain that freedom to walk safely for a short way.

We observed staff using equipment in a safe way. For example, we observed two staff members moving a person using a hoist. They used the hoist in accordance with the guidance in the person's care plan and risk assessment, worked as a team and reassured the person all the way through the process.

Staff confirmed that appropriate checks had been completed by the provider. These included satisfactory Disclosure and Barring Service (DBS) checks. The DBS is a national agency which keeps records of criminal convictions. They also sought two written references to ensure staff were safe to work with people who lived at the service before they could start work. We also discussed with the acting manager how they dealt with staff whose attitude was considered to be below what was expected. They told us that new staff are monitored very closely and that all staff are aware of the provider's disciplinary processes.

People received their medicines from staff that had the knowledge and competence to give medicines safely. We observed medicines being dispensed and saw that the staff member assisted people to take their medicines in a kind and supportive way. They took time to support each person in taking them and made sure they had a drink to help them swallow. Staff did not dispense medicines unless they had received training. Staff competency was checked every six months by the training manager. Medication Administration Records (MAR) were audited weekly by the manager to check that staff were correctly completing them. Any areas of concern were dealt with by way of staff supervision

Good

Is the service effective?

Our findings

People we spoke with told us they thought staff had the right training and skills to meet their needs. One person told us, "I always get good care, I am well looked after here." Another person said, "They [staff] all know what I need and make sure I am OK." Staff we spoke with told us that they received good levels of training and support. One staff member said, "We can have any training we request. We have all been enrolled on an e-learning programme which is very good." The provider employed a training manager who visited the service and supported the staff team to learn. The provider had also made a commitment to qualified staff to support them with the re-validation required by the Nursing and Midwifery Council (NMC). New staff were supported to get to know the people living at the home, and their new role. They also had a six month probation period where their progress was monitored and support provided to learn how to undertake their role effectively.

We saw that the provider had developed a ten bed dementia care unit. On the day of our inspection the unit had not yet accepted new people to live there. We saw that the unit had been refurbished by a professional designer to provide a dementia friendly environment. We spoke with the staff member who was to lead the service provided in this unit. They had received extra training in preparation for the opening of the unit. This training was to enable them to support the staff team to assist people living with dementia. The provider had supported the staff member to undertake training in team leading and advanced management. They told us that were looking forward to welcoming people into the unit. In addition, all staff who would be supporting people as they came to live in the unit had received relevant training.

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 interest and as least restrictive as possible. One staff member said that the acting manager was very keen that all staff knew about the MCA and how it supported good care. We saw that people were considered to have capacity to make their own decisions wherever possible. We heard staff asking people in a kind and supportive manner what they wanted to do and when they wanted things to happen. For example, one person had chosen to remain in their room and did not want to get out of bed. Staff were seen to respect this decision. They were then seen to make sure that the person had drinks and were assisted to go to the bathroom as required. One staff member said, "It would be better for [person's name] if they got up but they don't want to so that is OK. They may want to get up later." We saw that where people needed to be supported in their best interests, the process for doing so was robust. People were still involved, as were their family members, where appropriate. Other healthcare professionals, such as the GP, social worker and an independent advocate were also involved in the decision making.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were

being met. The acting manager had provided separate folders where any information about people's mental capacity, any best interest's decisions and DoL authorisations were kept. This enabled staff to access the information readily. Staff we spoke with knew where to access the information and were able to say why they thought some people were subject to a DoLs authorisation. The main reason given was that people were at risk of having an accident if they went out alone. We saw that some DoL authorisations had lapsed but no new applications had been made. We discussed this with the acting manager who confirmed that this had been identified and had been commenced.

People who lived at the service told us they liked the food and drink provided. One person told us, "The food is very good, I have no complaints." Another person said, "I like the meals and if I fancied something different that is not a problem." Relatives we spoke with were complimentary about the food provided. A relative told us, "[Person's name] tells me the food is great. I must say it always looks and smells delicious. The staff make sure they have plenty to drink as well." We saw hot and cold drinks were offered throughout the day to combat the risk of dehydration. The chef and care staff we spoke with had a good understanding of people's preferences. The chef told us they had up to date information about people's dietary needs. We saw that specific diets were catered for on the menu. The chef and their assistant spoke with passion about their job and how they were able to brighten people's day by providing good, tasty food that people enjoyed. There were 12 people living at the service who required assistance from staff to eat and drink. We saw staff supporting people to eat in a kind, dignified and gentle manner. Meals which needed to be softer were presented in a way which was still appetising. We saw people had been given a choice of food and noted throughout the day people were offered and supported with snacks.

People and their relatives told us they were able to see other health services when they needed them. We saw people were supported to see their doctor, attend hospital appointments and there were regular visits from other health professionals. People were supported with their health needs by one doctor who visited the home twice a week. Because they did this, people were able to be seen proactively if they were unwell and receive treatment in a timely manner. People also received support from other healthcare professionals such as Speech and Language Team (SaLT), tissue viability nurse, and the community mental health team. We spoke with the consultant psychologist who was visiting a person on the day of our inspection. They told us that they were very happy with the care and support provided at the service. They said, "All my patients are very happy living here. They feel supported by the staff team."

Good

Is the service caring?

Our findings

People told us that they were supported for by staff who were kind and caring. One person told us. "I am very happy here, I love my room and view." Another person told us, "The staff are very good, they look after me well even though they are very busy." We saw that all staff members actively sought the views and wishes of people as they supported them. We observed one staff member supporting a person who was feeling unwell. This staff member reassured the person in a gentle and caring manner. Their conversation was about what the person wanted the staff member to do to help them to feel better. The person told us, "I often feel like this and the staff let me decide what to do because I know what makes me feel better." During our inspection, we saw a member of the catering team spending time with people as they chatted about their meal choices. Their approach was courteous and caring. The staff member supported people to make meal choices at their pace and did not rush them. We could see that people responded in a positive way to this staff member with smiles and jokes. One person said, "[staff member] is lovely. They never rush me to choose my food." One relative visiting their family member was very keen that we went to speak with them together. The person said, "I was very ill when I came here. I was not eating or sleeping and going down fast. They have done wonders with me and I want to live again!" Their relative said that they both wanted to emphasise that they had been pleasantly surprised by the amount and quality of the care they have both received from the staff team. The relative said that they were looked after too. They told us, "I am taking [person] out with me for my 90th birthday. We never thought we would be able to do that!"

We were able to talk with six other relatives who were in the home. They were happy to talk with us about the care and support their family member received in the home. One relative told us," The provision of care is excellent. [Person] has been provided with a new bed. The staff have healed their sores and they now are able to get about in a wheelchair." Another said, "[Person] has improved since they came here and I am very pleased with their progress. I know when I leave that I am leaving [person] in good hands." We spoke with a healthcare consultant who was visiting one of their patients. They told us that they were pleased that the staff made sure that people were involved in making decisions about their care and support, They said, " Because they [staff] make sure each person makes their own decisions whenever possible, this improves their self esteem and mood."

We saw that people were treated in a dignified, compassionate and caring way at all times. Staff were seen to be courteous and respectful when assisting people. We saw where people needed assistance to use the toilet staff responded in a discreet and timely way so people were not left feeling uncomfortable. One person told us, "They may be young people but they have a lot of respect for me. They respect my age." One staff member said, "I treat everyone living here as if they were my own family. Everyone here deserves to be respected."

Good

Is the service responsive?

Our findings

People received care and support from a staff team who knew them well. Staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff were able to describe how they supported people. Staff members we spoke with told us that they assisted with care planning and involved the people as much as possible. We saw that care plans were developed with the people. Their relatives were also involved where relevant. The information we read was individual to that person, and they were able to tell us what was written in the plan. The plans included information for future wishes which had been completed with people. This ensured that staff had information about how and where the person wished to be cared for, and who they wanted to be present in the event of the person coming to the end of their life. We saw from care records how staff were able to respond quickly if a person's needs changed. For example, one person's normal demeanour changed and they became aggressive and agitated. We saw that the staff had looked at why this had occurred and had identified that the person had an infection. The doctor was called and the person was treated for the infection. As a result of this information, the staff team identified that, if the person's demeanour changed in a similar manner, their first action would be to check if they had an infection. This action enabled staff to be proactive in the care and support of this person. A relative told us that the staff had responded quickly to their family member being unwell. They said, "[Person] was ill a few days ago and I got a telephone call to tell me what it was and what they suggested doing. They knew I was visiting that day but wanted to get the treatment started as soon as possible."

People were encouraged to personalise their rooms and we saw that people had photographs and other personal items on display in their rooms. The acting manager told us that they had to move one person from their room in order to carry out maintenance of the room. We saw that they had engaged the support of the person's family to help them do this. The room chosen was in the same position on the ground floor. This meant that the view from the window was similar. All the person's personal belongings were placed in the room exactly as they were in the previous room. This prevented the person becoming disorientated by being in a very different room. People could choose to spend time in the communal areas of the home and the garden, as well as in their own room. We saw that people were assisted to undertake individual activities in the morning. These included reading newspapers or books, watching television and knitting. Group activities were normally undertaken in the afternoon with the activities coordinator. The acting manager said that this way of supporting people was working well as not everyone wanted to be busy all day. One person told us, "I enjoy just sitting here and reading my book. I can join in with stuff in the afternoon if I want to. Sometimes I do but not always." We saw that people enjoyed chatting with staff and other people's visitors during the course of the day.

People were supported to complain if they were unhappy with anything. This was because the senior staff spoke daily with people to ask how they were and if they had any problems. One person told us, [Manager and deputy manager] always ask us if we are OK. I would tell them if I was not and they would sort it out." During our inspection we saw that the deputy manager went into every person's room and chatted with them. They told us, "I like to make sure I see everyone every day when I am on duty to make sure everything is alright." All the relatives we spoke with said that they had no reasons to complain but were confident that the acting manager would sort out any problems straight away. One relative told us, we were given the

complaints procedure when [person] came here so we know the process. We can't see that we would need to use it though." Another relative whose family member had recently been admitted to the home told us, "I have some concerns about [person] not eating much. I know how to get [person] to eat more and I have talked to the staff about it. I am talking to [acting manager] today and I feel happy that they will listen to me." The acting manager confirmed to us that they had arranged to speak with the family member that day. We saw the complaints and compliments log which showed detailed evidence of how the information was acted upon. We saw the acting manager had maintained a record of complaints and in the last twelve months here had been one complaint. We saw action had been taken to promptly resolve the concerns.

Good

Is the service well-led?

Our findings

People we spoke with told us that they liked the acting manager. The acting manager was, previously, the deputy manager so some people still thought of them in that role. One person said, "[acting manager] is so kind and is always smiling. They cheer me up all the time." Throughout the inspection we saw the acting manager spending time with people. The positive interactions seen between the people, the acting manager and their relatives showed us that this was a normal occurrence in the home.
We saw staff worked together as a team and they were organised and efficient. Staff were also aware of the provider's whistle blowing procedures which they told us they would not hesitate to use if they felt their concerns were not addressed by the acting manager.

We saw that the staff team respected the acting manager and listened to their instructions. Staff we spoke with told us that they were motivated to work to the providers values and vision for the home. They said this was about preserving and maintaining the dignity, individuality and privacy of all the people who used the service. They told us the acting manager influenced them in this because they led by example. We received many positive comments about how the acting manager supported the people living at the home and the staff team. These comments included, "The manager is very organised and makes sure the staff are organised as well. They are always hands on and interested in people. They always come to handover to talk to the staff team as they come on duty. Another important thing they do is that they always say thank you to the staff. It is a small thing but means everything when you are tired at the end of the shift" Another staff member said, "The manager is supportive at all times. I am confident that the home will go from strength to strength with [acting manager] at the helm. They make the home special."

People were encouraged and supported to maintain links with the local community. Many people living at the service were local and their families lived locally also. This meant that people visiting their family member also spent time with other people living there during their visits. The provider recently enabled people to be involved in the local air show, which was held at the nearby airbase. They enabled some people to attend, and provided outdoor seating and refreshments in the ground for people who could not go to the showground.

The acting manager told us that they are learning new skills in their new role as manager. They said that they were enjoying this but their first and foremost priority would always be the people living at the home. They said, "I still work with staff on the floors. The residents are the reason we are all here. They deserve our respect at all times." In order to keep themselves up to date they researched areas of best practice by using the Royal College of Nursing (RCN) and Nursing and Midwifery Council (NMC) member's websites. In addition, the provider worked with the local care partnership to provide up to date information for all staff.

People were able to make their views known to the acting manager as they spent a lot of time with people and showed interest in their views. They also ensured they kept in contact with family members. We discussed with the acting manager their views on how they would enable the service to improve. They told us, "I have had my supervision meetings with my line manager and have provided a plan for the future. Within that we discussed the staffing levels and I am now able to start using a dependency tool to be able to

show how dependent our residents are. I feel that getting the staffing right is the most important initial change we need to make."

The provider had developed a quality assurance auditing process which the acting manager, as part of their role, had to complete within specific timescales. Part of this process was to find out the views of people and their relatives by using surveys. This information was collated by the provider's management team and fed back to the manager. We looked at audits for accidents and incidents, safeguarding concerns and complaints. We saw that, where an accident or incident had occurred, the acting manager looked at what caused the accident and how they could reduce the possibility of it happening again. For example, we saw one record where a person received an injury when the hoist became stuck on the wires beneath their profiling bed. The acting manager checked all profiling beds and arranged for the wires underneath to be attached to the underside of the bed away from the floor. This action reduced the possibility of a similar occurrence. We also saw that the acting manager and deputy manager worked well as a management team to daily monitor, check and review the service and ensure that good standards of care and support were being delivered.