Making Space

Cedar House

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?	Requires Improvement

Summary of findings

Overall summary

The inspection visit took place on 29 August 2017 and was unannounced.

Cedar House is a care home that provides short term accommodation and personal care and support for up to seven adults with physical and learning disabilities as well as people with autism. At the time of our inspection five people were using the service. The service supports 33 people at various times throughout the year. There is also a small supported living group home for adults with learning disabilities who receive personal care. Four people were using this service at the time of our inspection. At the last inspection on 14 April 2015, the service was rated good. At this inspection, we found the service remained good.

People continued to receive safe care. Staff knew their responsibilities to help protect people from harm and abuse. Risks associated with people's care and support were assessed to help them to remain safe. The registered manager was making improvements to some people's care records where it was known that marks or scratches could occur as people sometimes self-injured. Staffing numbers were suitable. The provider was currently recruiting an additional member of staff as there was a vacancy. The provider had safely recruited staff. This included carrying out the required checks. People received their medicines safely by staff who had received guidance and training to make sure they remained competent.

People continued to receive effective care from staff. Staff received training, guidance and support to make sure that they had the required knowledge and skills.

People were satisfied with the food and drink available to them and they were supported to maintain their health.

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

People were supported by staff who knew people well and who were kind and compassionate. People's dignity and privacy was maintained and staff communicated with people in ways that were important to them. People were supported to maintain their skills and were involved in decisions about their support where they could. Information about advocacy services was not available to people. The registered manager told us they would look at ways to help people to understand about these services and to provide information.

People received care in a supportive way that was based on their preferences and interests. Their support plans were focused on them as individuals and staff had up to date guidance about each person's preferences and support requirements. People had opportunities to take part in activities that they enjoyed.

The provider's complaints procedure was available to people and their family members. People's relatives were confident that their concerns or complaints would be appropriately responded to.

People's relatives and staff had opportunities to comment on the quality of the service. Improvements to communication were required as some staff and relatives did not always get the information they required.

Staff were aware of their responsibilities and received feedback on their work. They understood the aims that the provider strove to achieve.

The registered manager was aware of their responsibilities. This included them carrying out quality checks of the service to drive improvement.

Further information is in the detailed findings below.

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 remained safe.

Good

Is the service effective?

The service remained effective.

Good

Is the service caring?

The service remained caring.

Good

Is the service responsive?

The service remained responsive.

Good

Is the service well-led?

The service was not consistently well-led.

People's relatives and staff had opportunities to offer feedback on the quality of the service. Improvements were required to the communication relatives and staff received.

Staff received support and knew their responsibilities.

The registered manager was aware of their registration responsibilities with Care Quality Commission and they carried out quality checks on the service to drive improvement.

Requires Improvement

Cedar House

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 was a comprehensive inspection; the inspection visit took place on 29 August 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection visit, the provider completed a Provider Information Return. 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. We reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch Lincolnshire (the consumer champion for health and social care) to ask them for their feedback about the service. We received feedback and took this into account when making our judgements.

We spoke with one person using the service and with a relative of another person during our visit. We also spoke with five relatives on the telephone after visiting the service. We spoke with the registered manager, a senior support worker and two support workers. We observed staff offering their support throughout our visit so that we could understand people's experiences of care.

We looked at the care records of two people who used the service. We also looked at records in relation to people's medicines, as well as documentation about the management of the service. These included training records, policies and procedures and quality checks that the registered manager had undertaken. We also viewed three staff files to look at how the provider had recruited and supported their employees.

Good

Is the service safe?

Our findings

Staff knew how to protect people from abuse and avoidable harm. The provider had guidance that staff knew about. Staff could describe the signs that a person could be at risk of abuse and knew the action they should take. One staff member told us, "I would be concerned if there was a big change in behaviour or if they were withdrawn. Things that would concern me would include bruising or marking to their arm for example or increased anxiety. I would report it to the senior or manager. If nothing was done I know I can go to the CQC [Care Quality Commission], social worker or police." Staff were confident that the registered manager would take action to deal with actual or suspicions of abuse.

People's relatives felt that their loved ones were safe. One relative told us, "It's brilliant. I don't have any worries leaving [person] here." Risks to people's health and well-being were assessed and reviewed to help people to remain safe. Where people required checks throughout the night to make sure they remained well, these were in place and staff understood their responsibilities to carry these out. There were also plans in place to support each person based on their specific requirements during an emergency, such as a fire.

The provider carried out a range of checks to help people to remain safe. The provider had routinely checked the safety of the water supply and other utilities as well as checking fire detection equipment. Staff told us that they routinely tested the temperature of the hot water. This was important to reduce the risk of scalds. The registered manager told us that staff did not record these checks but that they would implement this to show that they had been carried out. The registered manager had arranged for fire evacuation practices. They told us they planned to carry out a night time evacuation test soon so that they could be assured that staff knew their responsibilities as a test was due.

Staff members recorded when an accident or incident occurred at the service. We found that accidents and incidents were handled safely and people received the support they required when one occurred. The recording when scratches or small marks were found on two people took place but the action taken to investigate how these had occurred was not always noted. The registered manager told us they had no concerns about the scratches or marks as these were most likely due to people injuring themselves as this often occurred. They told us they would make improvements to their recording.

We received mixed feedback about staffing numbers from staff. One staff member told us, "There can be oversights [in getting additional staffing] when we have day care as well. When we're not full it's okay but when we're full it is a struggle. There should be three seniors but there are only two." Relatives generally felt that staffing numbers were suitable to offer their family member the support they required. We found that people received the care and support they required at the times they needed it when we visited. The registered manager told us that they were aware of the difficulties with staffing levels at times and that the service was no longer offering new day care places to people. They gave us assurances that they were advertising for an additional senior member of staff as there was a current vacancy. The provider had followed its procedures to safely recruit new staff members. This included checks on their suitability.

People received their medicines when they required them. One relative told us, "They are on the ball if

[person] is unwell. They get a paracetamol if [person] is not well." We observed staff administering one person's medicines. They followed the guidance that had been made available to them and spoke to the person about what they were doing. We found that people's medicines were stored safely and the recording of the administration of people's medicines was accurate. Staff received training, guidance and their competence was checked to make sure they continued to handle people's medicines safely. Staff knew their responsibilities should a mistake occur when handling a person's medicines. One staff member told us, "If I made a mistake I would call 111 straight away and tell the manager or whoever is on-call."

Good

Is the service effective?

Our findings

People received care and support from staff members who had the required skills and knowledge. One relative told us, "Oh yes, they know their stuff." New staff completed an induction when they started to work for the provider as well as receiving on-going support and guidance. One staff member told us, "Supervision is approximately every month. Overall it's helpful. I can discuss concerns and it is someone to talk with to gain guidance."

Staff completed the required training in topic areas such as learning disability awareness, emergency first aid and supporting people with behaviour that could pose a risk to themselves and others. Staff spoke positively about the training they had received. One staff member told us, "I think the training is really good. It's being offered. There's lots of e-learning. The refresher courses are usually every six months to refresh your knowledge." The provider looked at the future learning needs of staff routinely to make sure that staff continued to have the knowledge and skills they required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and found that it was.

People were asked for their consent before staff provided their support. They were encouraged to make decisions about their support and their day to day routines and preferences. Where there were concerns about a person's ability to make a decision, the provider had completed assessments and people's support plans were written in a person's best interest. Staff knew the requirements of the MCA. One staff member told us, "It's about whether people have the capacity and are able to give their consent. Certain people can't make decisions and someone makes them. It could be the parent, care staff and social worker doing this." Staff received training on their responsibilities under the Act and we found staff working to the principles during our visit.

The registered manager told us that currently the local authority did not require DoLS applications where there were restrictions on people's freedom to help them to remain safe. We spoke with the local authority who said that a review of the arrangements for applications for people receiving a short break was due to take place so that they could offer guidance to the provider.

People were satisfied with the food and drink available to them. One person told us, "They ask what I want and they get it." When speaking about the food options available to their family members, relatives were complimentary. One relative told us, "They get special food in for his diet" Staff knew about people's preferences for food and drink and we saw them offer people different options when we visited. Where people had specific support requirements in relation to their food, staff carried this out. One relative told us, "They [staff] have been really helpful. [Person] stopped eating at home. They [staff] have helped no end and they weigh [person] and [person] eats bits which they know they like."

People were supported to maintain their health. A relative told us, "I ring for updates [about their family member's health] where needed and they let me know." Staff knew the action to take should they have concerns about a person's health. People's medical history was available to those supporting them and we found that staff worked closely with healthcare professionals where this was required to help people to remain well.

Good

Is the service caring?

Our findings

People received support that was compassionate and kind. One relative told us, "There are some really good carers." People were listened to and staff gave people the time they needed to communicate and respond. Where people were upset, staff offered their reassurances in a gentle manner. We heard staff speak about people in a kind way and the recording of the support carried out by staff was focused on each person's unique abilities. We saw that staff protected people's dignity and privacy. For example, when people were asked if they required support to freshen up, they did this in a discreet way. When discussing people's dignity one staff member told us, "I make sure when doing personal care to close blinds and the door. I ask if they are comfortable with us doing personal care. I offer gentle support and keep the person informed about what I'm doing."

Staff knew the people they were supporting. They described how they read people's support plans and gained information from their colleagues or the person's family. Staff involved people in day to day decisions about their care and support where they could. We heard people being asked how they wanted to spend their time and what they wanted to eat. Staff also supported people to be as independent as they could. One staff member explained, "I've been taking one person out to show them how to use public transport. It involved helping them to understand money. They are picking up the confidence to do this for themselves. In fact, they use the bus on their own now." This meant that people were supported to develop new skills.

Staff members adapted their communication methods according to the person they were supporting. Staff described why this was important. One staff member told us, "One person can communicate verbally. It is important you use short sentences with them and that helps [person] to answer." Another staff member said, "Some use sign language, some use a tablet [computer device] or folder that they can point to things to tell us." During our visit we found that staff used a variety of methods to communicate and these were responded to well by people. In these ways people received information in ways that were important to them.

We found that where people may require additional support to make decisions, information on advocacy services available to them was not available. An advocate is a lay person who can support people to speak up for themselves. The registered manager told us they would look at ways to help people to understand that this support was available to them if they required it.

People's private and sensitive information was stored securely and only available to those authorised to view it. Computer records were password protected to make sure that people's confidential information was handled safely.

Good

Is the service responsive?

Our findings

People received care and support based on their preferences and things that were important to them. A person told us, "I press the buzzer and they come. If I want anything they come." A relative said, "They know [person's] routines and what works." Another relative commented, "They know her little habits." We found that people's care and support requirements were being met by staff who were flexible and adaptable in their approach. Where people had specific routines and behaviours that mattered to them, these were respected by staff.

People had support plans that were centred on them as individuals. These had been developed following an initial assessment by the provider to make sure the service could meet people's needs. They contained up to date information for staff to follow about people's likes, dislikes and preferences. We found that staff had a thorough understanding of people's support requirements and preferences and they offered their support in ways that people responded well to.

People using the service could not always contribute to the planning of their care and support due to their communication differences. On these occasions their family members acted as their representatives. People's relatives confirmed that they had been consulted about their loved one's care and support. One relative told us, "I was involved in writing the support plan."

People's care and support was routinely reviewed. A staff member explained that people's families were consulted before each short break that a person had. They told us this was to obtain the most up to date information about each person so they had the information they required to offer good quality care. A relative confirmed this. They said, "I've had the care plan updated and I was involved. They always ask me." People's support requirements were also formally reviewed. A staff member commented, "We used to have our own [review] meetings. We now review the paperwork and ask parents to check. We join other reviews such as the local authority one."

People had opportunities to take part in activities that they enjoyed. During our visit two people were supported to go for a walk in the local area. One person was enjoying spending time in the garden whilst another was playing a ball game with staff. People's relatives were satisfied with the opportunities available to their family members. One relative told us, "[Person] loves going outside. They take [person] down the shops. [Person] has been to Peterborough on the train with them." Another relative said, "They take [person] out, they know what [person] likes."

One person told us how they would make a complaint should they need to. They said, "I have no complaints. I would just speak with the staff if I had." The provider's complaints procedure was available for people, their relatives and visitors in the reception to Cedar House. Relatives told us they knew the process to follow and were confident any concerns or complaints would be acted upon.

Requires Improvement

Is the service well-led?

Our findings

Most people using the service could not offer their feedback on the service they received due to their communication differences and complex support requirements. People's relatives had opportunities to feedback on behalf of their family member. Some relatives told us that this system could be improved as they were not always given the information they required. One relative said, "I have had some questionnaires but no one feeds back to you." Another relative told us, "They [staff] don't let me know how he's been. I have to ask. It would be useful." Another relative commented, "In the last 18 months there has been no feedback, we don't get a lot of feedback." We spoke with the registered manager about giving feedback to relatives. They told us they would review their arrangements and make changes to the way feedback is given to relatives following a short break at Cedar House. Other relatives were satisfied with the communication they received. One relative said, "I sometimes get questionnaires and sometimes I do not but I talk with them every time I come." Another relative told us, "We have attended meetings and I'm happy. I don't have any ideas for how they could improve, I'm pretty satisfied."

We saw that the provider had a range of ways to capture the feedback from people's relatives and visitors. There was a suggestions box within the reception area as well as 'Have your say' forms. Two of these forms were completed shortly before our visit and they contained complimentary comments about the quality of the service. We did not find that people or their relatives were provided with feedback based on comments received.

Staff members told us that the registered manager was approachable and that they could give suggestions for how the service could improve. However, feedback we received about actions the provider and registered manager took following these suggestions was varied. One staff member told us, "The manager has been very approachable if I've had any struggles. They sort things out pretty quickly and very good generally." Another staff member said, "You can raise suggestions but they are not always acted upon. We last had a staff meeting in July. A lot of time people don't want to speak. I don't think a lot of things are actioned." Some staff felt that they did not receive feedback on the suggestions they had given to make improvements to the service. The registered manager told us they would consider this feedback and take action to make improvements where needed.

Staff knew their responsibilities and received feedback on their work. They attended meetings with the registered manager and the provider had made available to them policies and procedures so that they knew their responsibilities. Staff demonstrated good knowledge about their duties including what they would do should they have concerns about a colleagues' practice. One staff member told us, "I would go to the senior or the manager. I could go to the area manager or safeguarding [local authority] or CQC." Staff were recognised for their contribution to the service. The provider had an awards ceremony where staff had attended to receive thanks and gratitude.

The provider had clear aims for the service which staff were knowledgeable about. Staff told us about how they provided care that was individual to each person and that respecting people's choices was key to providing good quality care. We saw staff putting this ethos into place when we visited.

There was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager understood their responsibilities and the conditions of registration with CQC were met. During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.

The registered manager and provider carried out checks on the quality of the service to drive improvements. Checks on the safety of the building, people's care records and staff files all took place so that the provider could be sure they were meeting their legal obligations and good practice guidance. Action plans were in place where improvements were required and these were reviewed to make sure action was taken. Where significant incidents had occurred, the registered manager analysed these and took action to change the practice of staff where this was required to improve the service for people. For example, where medicines errors had occurred the registered manager had introduced new booking in and out procedures to make sure that people's medicines were always accounted for. In these ways people could be sure that they would receive a service that was continually striving to improve.