Cedar Care Homes Limited

The Orangery

Inspection report

Englishcombe Lane
Bath
Somerset
BA2 2EL

Tel: 01225311008
Website: www.cedarcarehomes.com

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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

The inspection took place on 06 April 2017 and was unannounced. The service was last inspected in January 2016 when it was compliant with the legal requirements at that time.

The Orangery is a care home registered to provide nursing care and accommodation for up to 40 people, some of whom were living with dementia. The home is located in a residential area on the edge of Bath. There were 38 people living there on the day of our visit.

There was a registered manager for the service. 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 safe in the home and there were systems in place to protect them from abuse and harm. There was enough staff deployed throughout the home to safely meet the needs of the people who lived there. The provider's recruitment procedures helped to minimise the risks of unsuitable staff being employed at the home.

People told us they were cared for by kind staff who they got on well with. People looked relaxed and comfortable in the company of the staff that supported them with their care. Everyone we spoke with praised and spoke highly of the staff that supported them. Staff were observed caring for people effectively and properly meeting their needs. Everyone we spoke with praised and spoke positively of the staff that supported them. Comments included, "The staff are all lovely girls." "They treat you like part of a family".

People were supported by a team of suitably trained staff. Nurses went on regular clinical training and updating of their skills. This was to help them know how to provide personal care based on up to date practice.

The staff went on regular training and were developed and supported in their work. This helped the team to improve and develop their skills with people. Staff received supervision which also helped to ensure they were competent in their work. Staff spoke positively about working as a team and the morale that was generally good among them.

People and their relatives had been involved in the planning of their care. The views of people were used to help ensure care was provided in the way people wanted it to be and in a way that met their needs. Feedback about the home from people and others involved in their care was positive. Reviews were undertaken to see where improvements were needed and the service could be further developed. There were systems in place to monitor quality so that people received care that was personalised to their needs.

People knew how to complain and make their views known .The provider sought the views of people and

their families about the service. Suggestions were acted upon and changes put in place if needed.

Staff spoke positively of the management structure in the home and the organisation they worked for. They said that the registered manager provided supportive leadership. The staff team told us they were well supported by the registered manager, who spoke positively about their role. Staff said they saw them every day and they were always there and supported them whenever they needed.

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 remains good	Good
Is the service effective? The service remains Good	Good
Is the service caring? The service remains Good	Good
Is the service responsive? The service remains Good	Good
Is the service well-led? The service remains Good	Good

The Orangery

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.
Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit. The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led

The inspection was unannounced and was carried out by two inspectors.

Some people who lived at the home were not able to make their views known about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not tell us their views.

We spoke to four relatives, five people, a GP, the registered manager and 10 members of staff about the service and the care.

We viewed six people's care records and 12 medicine administration records to see if these were accurate and reflected how to support people with their needs. We checked records relating to the management of the home. These included quality audits, health and safety checks, staff rotas, as well as a number of records that related to how the home was run.

Good

Is the service safe?

Our findings

The premises were secure and entrance could only be gained to the home by a keypad entry system. This helped ensure the safety of people in the home. There were also CCTV cameras monitoring the outside of the premises.

Staff had a good awareness of what their responsibilities were in regard to safeguarding people from potential harm and abuse. The staff were able to describe in detail how they would recognise abuse, and how they would act on concerns. Staff told us how they could report concerns immediately to senior staff or to the registered manager if concerned about someone.

A copy of the provider's procedure for reporting abuse was displayed on a notice board in communal parts of the homes so that it was accessible to everyone. The procedure was written in an easy to understand way. This was to assist people and make it effective and easy to follow. There was also other guidance from the local authority advising people how to safely report potential abuse.

The staff knew what whistleblowing at work meant for them and how they could safely report concerns about the service. Staff told us they were protected by law if they thought that there was wrongdoing at work. The team had been on training to help them understand this subject. There was a whistleblowing procedure displayed prominently in the home. The procedure included the contact information for the organisation's people could safely contact.

To support staff to keep people safe, risk assessments were completed and management plans were in place. These addressed a number of key risk areas that included nutrition and hydration, weight loss, moving and handling, falls, pressure ulcers and use of equipment such as pressure relieving mattresses and bed rails. Where people were assessed as at risk of developing, or already had pressure ulcers, they were supported with pressure relieving mattresses. The mattresses we saw had automatic pressure settings and were adjusted for comfort. There was also information in care plans that explained what hoists and slings were needed for those who had been identified with specific needs. We saw staff use equipment safely and it was readily available for staff to use. The registered manager audited falls and ensured action was taken when needed. The information about falls that had occurred was analysed to understand which people were most at risk of falling. The registered manager also looked for any trends in times and locations of these incidents. If needed staffing levels would be adjusted to help keep people safe.

People were supported with taking their medicine safely at the times that they were needed. The service used a combination of a monitored dosage system and administered medicines from packages and bottles. Monitored dosage systems aim to reduce the risks of errors occurring. Medicine records had a photograph of the person concerned alongside them to ensure correct identification. The medicine administration records we checked were complete and accurate. They clearly showed people received the medicines and topical creams that they required. We saw the registered nurses assist people to have their medicines. This was done by following a safe procedure. The nurse checked they were giving the medicines to the right person. They also signed the medicine charts after they had given each person their medicines. Medicines were

stored safely and the trolleys were locked safely away when not being used. Medicines that needed further security were regularly checked by staff to ensure that stocks were safe. There were accurate stock records and remaining balances of medicines that had been given to people. There were daily records of the fridge and room temperatures to ensure medicines were kept at the temperatures needed to maintain their effectiveness. There was guidance for people who had medicines prescribed to be taken as and when required, for example to help people manage their pain. Body charts were used to help staff to apply creams and lotions. This helped to ensure people were given their medication safely.

Our observations demonstrated that there was enough staff to safely meet the needs of the people who lived at the home. This was evidenced in a number of ways. Staff provided one to one support to people who needed extra assistance with eating and drinking. Staff were attentive and readily available when people needed support with their mobility needs. Staff also sat with people and engaged them in social conversation when they were not providing them with their care. We saw staff sat with people talking, reading and looking at the newspaper. The people we spoke with told us they thought there was enough staff on duty to care for them. The service had recently recruited new staff to increase the numbers. The registered manager said that the numbers of staff were increased when they needed to be. When people were physically unwell for example, and required extra care and staff time. The numbers of staff hours needed to provide each person with their care were calculated based on their levels of need and dependency.

To support people to stay safe there were health and safety systems in place to minimise risks in the home and from any equipment used. There was for example, a fire safety risk assessment that had been completed. There were also contracts set up with external companies to check firefighting equipment and fire detection systems. Equipment people needed such as hoists and slings were regularly checked and maintained in suitable condition. This helped ensure people were protected by safe equipment to support them with their needs.

To protect people from the risks from unsuitable staff the provider had in depth recruitment processes in place. All potential new staff completed an application form prior to employment and provided information about their employment history. Previous employment or character references were obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. The DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified. Where required, the service had ensured that staff were properly registered with the correct bodies, for example the Nursing and Midwifery Council.

To help to reduce risks there were systems in place to minimise cross infection between people. Care staff, housekeeping and laundry staff helped maintain a hygienic environment. Housekeeping staff had a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection. Cleaning equipment used to clean toilets was not used to clean bedrooms and communal areas. We saw that all staff involved in direct care wore protective plastic gloves and aprons when giving personal care. This was to further reduce the risks of cross infection between people in the home.

Good

Is the service effective?

Our findings

We saw that the individual needs of people who lived at the home were effectively met. This was evidenced in a number of ways. We saw staff prompt and then go to assist people, discreetly with intimate personal care needs. The staff assisted people with their mobility needs and used the right equipment for each person. We saw staff prompt people with care needs such as bathing in the ways that were explained in their care plans. Staff also assisted people who needed support with moving and positioning. They also helped people who were expressing behaviours that were challenging to become calmer in mood. They did this by using a calm approach, open body language, and distraction methods such as going for a walk together. We saw that people became more relaxed when they expressed behaviours that were challenging and staff responded in this way.

People were provided with effective care that met their needs. Staff told us they supported a small number of people with their particular needs on each shift. People had ben grouped into small 'teams'. Staff said this system helped them get to know people well and ensure that they provided effective care to them. The staff also told us this way of supporting people ensured they provided an individualised service to each person. They staff gave us examples of how they did this. They said they knew when each person liked to get up, to go to bed, what food they enjoyed, and how they liked to spend their day.

Relatives spoke positively about the staff and the care that they provided for their relatives. We spoke to a GP who spoke very highly of the staff who they said were skilled and had a good knowledge of the people they supported. The GP said that staff knew people well and were very caring and kind towards people .The GP also said that staff treated people as unique individuals and were positive and focused on what people could do for themselves.

People were well supported with their physical and health needs. A GP from a local surgery visited the home regularly and saw people when needed. People were also able to receive the services of opticians, dentists and chiropodists. We saw Dental appointments were made for people when required. We saw in care records, how guidance had been offered from the palliative care services when needed and specialist equipment, for example specialised mattresses provided to ensure people were comfortable and to help prevent skin break down.

Staff were able to tell us and we also observed that they knew how and why they must obtain consent. The staff also understood the importance of ensuring rights were upheld before they offered people care and support. The staff we spoke with said they asked and then talked through what they were about to do before carrying out care. We saw staff ask people before they carried out any part of their care.

The staff team had attended Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 is a legal framework to support decisions to be made in the best interests of adults who do not have the capacity to make an informed decision. There was guidance available about the Deprivation of Liberty Safeguards (DoLS). This information meant staff could get hold of

guidance, if needed to ensure safeguards were in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application

People were happy with the food and told us they were always offered choices at each mealtime. The staff understood the different nutritional needs of people and told us special diets were properly catered for. They said they were given information from staff when people required a specialised diet. We heard staff talk with people and tell them what the food was. The staff were organised and they communicated among themselves to ensure everyone had their meal in a timely way. There were menus available in picture format to help people make a choice from the meals to be served. We observed a choice of water and other soft drinks. People were also offered tea and coffee and other drinks throughout the day.

We read guidance information in care records that explained how to support people with their nutritional needs. An assessment had been undertaken based on a recognised assessment tool. This is a five-step screening tool to identify adults, who were malnourished, at risk of malnutrition or obesity. The care records also clearly set out how to assist people with their specific dietary needs. Certain people for example, needed a diet that was low in sugar and this was provided for them.

Staff were positive in their views of the training opportunities they were able to go on. They told us the training had helped them to learn how support people effectively. The staff raining records showed that staff had been on training in a range of relevant topics. These included learning in health and safety, food hygiene, first aid, and infection control and safe medicines management, nutrition, wound care, care of older people, and dementia care. There was a system of staff supervision for monitoring the team's performance and their development. The staff told us they met with their named supervisor to review how they were performing. The staff said that at each meeting the needs of people were discussed with them. This meant people were assisted by staff that were supervised and guided in their work.

Staff were provided with an in depth induction programme before they began working at the home. The induction programme included learning about different health and safety practises and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. They were also inducted about the needs of people who lived at the home and how to meet them. We spoke with recently employed staff who told us they had completed an in-depth induction programme and this had included working alongside experienced staff learning how to provide good care.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring to them at all times. One person said, "They look after us all so well". Another person said "The staff are all kind". One relative told us is there supposed to be a quote here?. Another relative said, "The care they provide is second to none". People told us they felt safe living in the home. People and their relatives told us they would tell the registered manager if anything happened that made them feel unsafe.

We observed warm relationships between the staff and people. We saw that staff communicated with people with a friendly and personable approach. We saw that people responded well to these approaches from the staff. We also saw staff assist people who were anxious and agitated in mood in a caring way. The staff responded to each situation with care and discretion. The members of staff used different approaches. They used gentle good humour, distraction, and offering to take people to a quieter area to talk. People responded to all of these approaches. The members of staff successfully communicated people in a way that was meaningful to them. The staff also gave people reassurance and support when needed.

Staff told us how they ensured that they treated people with respect as well as ensuring that privacy and dignity were maintained. The staff gave us examples such as making sure people were covered when being helped with intimate personal care. Other examples included making sure curtains were used, making sure no one else came into the room and not talking to each other over people. Observations showed that people's privacy and their personal space were respected. Staff knocked on people's bedroom doors and made people aware they were there before entering. Care plans contained details of how to support people to maintain their dignity. Staff were sensitive to people's changing needs and the importance of maintaining privacy during personal care.

There were many written compliments letters and cards from people about the care at the home. We read many positive letters and cards from relatives .People repeatedly praised the staff and their caring attitude to their family members who had stayed at the home. People and their relatives were well supported to express and have their end of life wishes and preferences honoured. This information was clearly recorded in the care plans.

The staff told us that people's religious and cultural needs were promoted and respected in the home. Care plans explained if people chose to participate in religious practice. Chaplains were also available to come to the home from a local church.

When people moved into the home they were given useful information about the home .This included what people should expect from the service, how to make a complaint and the main telephone numbers for a range of organisations. The numbers people were given included the Care Quality Commission and the local authority. This helped to ensured that useful information was communicated to people. To also keep people up to date, newsletters were produced each month and these gave details of planned events and activities.
Care records contained personal plans that were in place for end of life care. These plans were reviewed

regularly. People's preferences and wishes for preferred place of care and specific funeral arrangements were included. Staff we spoke with knew peoples wishes. Some staff had been on end of life training. This meant staff knew how to provide care to people who were nearing the end of their life.

Good

Is the service responsive?

Our findings

People were cared for by staff who knew their individual preferences and daily routines. Staff were able to tell us how they supported each person with their particular needs. Staff told us they were allocated people to care for at the start of each shift. They explained this helped them become familiar with people and know what sort of care and assistance they preferred. The staff said when caring for people they aimed to ensure they received an individualised service centred on meeting their unique needs. They said for example that some people liked to be helped to get up early, some people much later.

Due to some people's complex needs and some people living with dementia they were not able to directly tell us what they thought of the service. The staff engaged and responded to people who could not make their views known in a kind and caring way. We spent time in the lounges and saw how people were cared for. The staff were caring and attentive in their approach with each person.

Care plans guided staff to provide flexible care that met the needs of the person they were written about. The information in the care records we saw clearly set out what care each person required as well as what actions were needed to support each person with their needs. The nurses had identified people's nursing care needs and put care plans in place with the actions nurses needed to follow, to effectively support people. People whose skin integrity was vulnerable to breaking down for example, had a care plan in place to show how to keep it healthy and minimise risks to their heath. This included nutritional guidance, as to what type of mattress the person needed and how to assist the person to move safely when in bed. Care plans set out how to support people with a range of activities of daily living. These included how to support people with their nutritional needs, their mobility needs and their communication .Care records also contained information about what name people preferred to be known by, and we saw that staff used these names.

Care records included information about the person and their personal life history. Personal life histories tell the life story and memories of each person and help staff deliver person centred care. They enable the person or relative to talk about their past and give staff, visitors and other professionals an understanding of the person they are caring for. Personal life histories have been shown to be especially useful when caring for a person with dementia. The care plans had been reviewed and updated regularly. This helped show the needs of people were monitored and staff were able to provide them with up to date care that met their full range of care needs.

People were well supported to take part in a range of flexible social activities and events. These were arranged based on what people enjoyed doing for entertainment and stimulation. Activities were promoted on a noticeboard. We observed people enjoyed the activities they did with staff from the home. One person told us, "I liked the singing" .The provider employed an activities co-ordinator who organised a variety of activities for people who lived at the home to participate in. On the day we visited, a small group of people enjoyed a sing-along and chair based ball exercises. We observed people actively participating and clearly enjoying the activity. The activities coordinator spent time during the day with people who were in their bedrooms talking with them.

People were also given pampering treatments such as having their nails done, seeing the 'pat' dog who came in, DVDs of old musicals were put on and we saw that people were responding animatedly to these . These examples of activities helped showed how the individual social needs of people were being met.

People had access to a specially designed enclosed seated area. There were coloured corridors and dementia friendly signage was used to help people orientate themselves around the premises. Signs on doors showed in pictorial form the purpose of the room to assist people to get around the home and know where they were going. There were notices displayed letting people know about forthcoming events and activities that were planned. We also read a copy of the home's newsletter. This was this was used to update people, their relatives and friends about the way the home was run and other matters related to delay life. It was also used as a way of asking people to tell the provider what they felt about the service.

People and relatives told us they were given a folder which included useful information about the services that were provided at the home. Information in the folder included a copy of the complaints to assist people if they felt they needed to make a complaint or raise a concern. The complaints procedure was also on display. It was easy to follow and it fully set out how to make complaints about the service. Relatives and residents meetings were also held at the home. We saw dates of future meetings scheduled at different times and days of the week. This was to make it convenient for people to attend.

A service user and relatives survey was carried out on an annual basis. The results were analysed by the provider. The most recent survey had been very positive. However, action plans were prepared to improve the overall service.

Good

Is the service well-led?

Our findings

People were relaxed and comfortable about speaking to the registered manager at any time .The registered manager was attentive when people approached them and gave people plenty of time. We also saw that visitors went to the office and approached the registered manager to speak to them. The registered manager told us they met with people and their relatives on a regular basis. They used these meetings as an opportunity to find out what people felt about the services they received.

We saw the registered manager prioritised their availability to ensure they were available for people and their visitors. People's visitors were encouraged to discuss their relative's care and treatment with the manager and staff. The registered manager also said they met with people and their relatives on a regular basis and used these meetings as an opportunity to find out what people felt about the services they received.

The staff were positive in their views of the registered manager who they said was approachable and they felt that they managed the home well. The staff we met said that they enjoyed working in the team and said there was good teamwork among them. The registered manager ran a daily meeting with senior staff from all parts of the home. The registered manager told us this was an effective way to communicate with each other about relevant issues of the day. If a new person had moved in for example or if someone's health had changed.

The staff conveyed to us that they had a good awareness of the provider's visions and values for the service. We saw how these values were reflected in the way staff cared for people. One of the service's values was treating making people as if they were family and were living in their own home. The staff we met demonstrated they followed these values by treating people in a respectful manner at all times.

The registered manager followed their responsibilities of registration with us. They promptly reported significant events to us, such as safety incidents .This was in accordance with the requirements of their registration as manager of the service.

The provider had quality monitoring systems in place to fully check the quality of the care and overall service. Areas that were checked regularly included pressure care and wellbeing, medicines, management, care plans, falls, untoward incidents, and weights. These checks were regularly completed and medicines for example were monitored to gain an overview of the health of people. If there was an increase in people being prescribed antibiotics this was reviewed .This was to ensure people were being provided with the care they needed. Care plan checks also took place regularly. Recent checks had picked up when certain care plans needed updating. This had now been acted on and care records we viewed were up to date and accurate.

The home had achieved a five star Food Standards Agency (FSA) hygiene rating. Five is the highest rating awarded by the FSA. This showed good hygiene standards were in place for food preparation and cooking. This showed that the registered manager and provider worked to provide a high quality service.