Care Quality Commission

Cedar House Care Home Limited

Cedar House Care Home

Inspection report

249 Station Road
Rothley
Leicester
Leicestershire
LE7 7LD

Tel: 01162303066

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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

Cedar House is located in the village of Rothley, Leicestershire. The service provides care and accommodation for up to 37 older people with age related needs. On the day of our inspection there were 35 people living at the service.

At the last inspection, in March 2015, the service was rated Good. At this inspection we found that the service remained Good.

People told us they felt safe living at Cedar House. The staff team were aware of their responsibilities for keeping people safe from avoidable harm and knew to report any concerns to the management team.

People's needs had been assessed and the risks associated with their care and support had been assessed and managed.

Care plans had been developed for each person using the service and although these were not always thorough in content; the staff team knew the needs of the people they were supporting well.

Checks had been carried out when new members of staff had started working at the service. This was to make sure that they were suitable and safe to work there. An induction into the service had been provided for all new staff members and on-going training was being delivered. This enabled the staff team to provide the care and support that people needed.

Staff members were aware of their responsibilities under the Mental Capacity Act 2005. People had been involved in making day to day decisions about their care and support and the staff team understood their responsibilities with regard to gaining people's consent.

People received their medicines as prescribed though the recording of when people were assisted to apply their creams was not always consistent.

People's nutritional and dietary requirements had been assessed and a balanced diet was provided, with a choice at each mealtime. Monitoring records used to monitor people's food and fluid intake were not always completed to accurately show snacks and drinks offered in the evening.

People we spoke with felt there were currently enough members of staff on duty each day because their care and support needs were being met.

People were supported to maintain good health. They had access to relevant healthcare services such as doctors and community nurses and they received on-going healthcare support.

The care workers we spoke with felt supported by the management team and they felt able to speak with

them if they wanted to raise any issues.

People told us that the staff team were kind and caring and they treated people with respect. The relatives we spoke with agreed and we observed the staff team treating people in a kindly manner throughout our visit.

People were supported to follow their interests and take part in social activities. An activities leader was employed and they supported the people using the service with both one to one and group activities which people clearly enjoyed.

Relatives and friends were encouraged to visit and they told us that they were made welcome at all times by the staff team.

People using the service and their relatives knew what to do if they had a concern of any kind. A formal complaints process was in place and this was displayed. Everyone we spoke with were confident that any concerns that they had would be taken seriously and acted upon.

Meetings were held and surveys were used to gather people's views on the service provided.

There were systems in place to regularly monitor the quality and safety of the service being provided. Regular checks had been carried out on the environment and on the equipment used to maintain people's safety.

A business continuity plan was in place for emergencies or untoward events.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used 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?

Good

The service remains safe.

People felt safe and the staff team knew their responsibilities for keeping people safe from avoidable harm.

An appropriate recruitment process was followed when new members of staff were employed.

The risks associated with people's care and support had been assessed.

People were supported with their medicines in a safe way.

Is the service effective?

Good

The service remains effective.

The staff team had the knowledge they needed to be able to meet the needs of the people using the service.

Where people lacked the capacity to make decisions for themselves, these had been made for them in their best interest with someone who knew them well.

A balanced and nutritious diet was provided and meal choices were always offered.

People had access to all the necessary healthcare professionals.

Is the service caring?

Good

The service remains caring.

The staff team were caring and kind and treated people with respect.

People's privacy and dignity were maintained.

People's relatives were able to visit and were made welcome at all times.

The staff team knew the needs of the people they were supporting.

Is the service responsive?

Good

The service remains responsive.

People's needs had been assessed and they had been involved in deciding what care and support they needed.

People had plans of care in place though some were more comprehensive than others.

People were supported to follow their interests and participate in stimulating activities.

A formal complaints process was in place and people knew what to do if they were concerned or unhappy about anything.

Is the service well-led?

Good

The service remains well led.

The service was appropriately managed and the management team were open and approachable.

Staff members we spoke with felt supported by the registered manager and the management team.

People had been given the opportunity to share their thoughts on the service they received.

Monitoring systems were in place enabling the registered manager and the management team to check the quality of the service being provided.

Care Quality Commission

Cedar House Care Home

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 28 February 2017. The visit was unannounced.

The inspection team consisted of one inspector manager, two inspectors 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 that asks the provider 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 judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about.

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had any feedback about the service.

At the time of our inspection there were 35 people using the service. We were able to speak with 11 of the people living there and one relative of another person. We also spoke with the registered manager, the deputy manager, the chef, the activities leader, the maintenance worker and three care workers. Two visiting professionals were spoken with to gather their views of the service provided.

We observed care and support being provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with. We also 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 talk with us.

We reviewed a range of records about people's care and how the service was managed. This included five people's plans of care. We also looked at associated documents including risk assessments and medicine administration records. We looked at records of meetings, three staff recruitment and training files and the quality assurance audits that the management team had completed.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Cedar House and they felt safe with the staff team who supported them. When we asked one person what feeling safe meant to them, they told us, "Having this thing [buzzer] handy if I need help and knowing they will come." Another person explained, "I do feel safe, I always feel safe."

There was a safeguarding protocol for the staff team to follow and care workers we spoke with were aware of their responsibilities for keeping people safe from avoidable harm. Not all of the staff team had received training on the safeguarding of adults but this was in the process of being arranged. Staff knew the procedure they needed to follow when concerns about people's safety had been identified. This included reporting any concern to the registered manager or a member of the management team. One care worker explained, "Safeguarding? I would report it to [registered manager] and take it higher, [provider] or the safeguarding team." Another told us, "If I was concerned? I would Inform the seniors and the manager. I would make sure something is done about it and if not, I would go to the Care Quality Commission (CQC)."

The management team were aware of their responsibilities for keeping people safe and they knew the procedure to follow when a safeguarding concern had been raised with them. This included referring it to the local authority and the CQC. Both the registered manager and the deputy manager had been enrolled onto a safeguarding train the trainer course. This would enable them to train the rest of the staff team around safeguarding and assure themselves that through providing this training, people were kept safe from avoidable harm.

When people first moved into the service, the risks associated with their care and support had been identified and assessed. This was so that any risks could, wherever possible, be minimised and properly managed by the staff team. Risks assessments had been reviewed on a regular basis and covered areas such as people's mobility and their nutrition and hydration.

We looked at the maintenance records kept. We found that regular checks had been carried out on both the environment in which people's care and support had been provided and on the equipment used to maintain people's safety. An up to date fire risk assessment was in place and regular fire drills had taken place. The staff members we spoke with knew what was required of them in the event of a fire.

A business continuity plan was in place for emergencies and untoward events such as loss of power, flood or fire. This provided the management team with a plan to follow should these instances ever occur. Personal emergency evacuation plans were also in place within people's plans of care. These showed the staff team how each person must be assisted in the event of an emergency and made sure that people were supported appropriately to keep safe.

We checked the recruitment files for three members of the staff team. A check with the Disclosure and Barring Scheme (DBS) had been made prior to them starting work. A DBS check provides information as to whether someone is suitable to work at this type of service. References had also been obtained. We did note

that one of the files only included one character reference. We saw that registered manager had attempted to get a reference from their previous employer but had been unsuccessful. We were satisfied with the checks that they had completed.

People using the service told us that they felt there were enough staff on duty to meet their care and support needs. One person told us, "I think there are usually enough staff, but sometimes they are busy down the other end of the building and it's a long walk." Another explained, "I have pressed my bell, and they usually don't take very long at all to come." The majority of staff members we spoke with also told us that there were enough care workers on duty to meet the current support needs of the people using the service. One told us, "I think the staffing levels are good, there is always someone to help." Another commented, "No, in the morning we could definitely do with an extra carer." They went on to say that people were not missing out on care; just that it was rushed in the morning. Another stated, "I think it is fine [staffing levels]."

We discussed staffing levels with the registered manager. They explained that staffing levels were based on people's dependencies. They calculated how many staff members were required to meet the needs of the people using the service and this was being monitored on a regular basis.

We observed the staff team throughout the day. They went about their work in an unhurried manner. We observed them supporting people at a pace that suited them and staff gave them the time they needed.

We asked the people using the service if they were supported appropriately with their medicines and if they received their medicine when they should. One person told us, "My medicine comes like clockwork." Another explained, "They remind me what my medication is for when I get them and they usually watch me take them."

We looked at the way people's medicines had been managed to see if people had received these as prescribed. We saw that they had. Medicines were stored securely. Stocks we checked were correct and medicine administration records (MAR's) were accurately completed. Protocols were in place for people who had medicines 'as and when' required, such as paracetamol for pain relief. These protocols informed the reader what these medicines were for and how often they should be offered.

We noted that creams, oral solutions and eye drops had not always been dated when opened. This is important because there is a risk that these types of medicines could be used for longer than the manufacturers recommended guide lines. The deputy manager explained that these types of medicines were replenished monthly therefore the risk of using them past the recommended guidelines was low. Peoples medicines were being audited on a weekly basis and the deputy manager explained that they would add the checking of these medicines to the audit. This would make sure that in future; these omissions would be identified and addressed.

For people who required assistance with applying creams, charts were kept. When we checked the cream chart for two of the people using the service, it was evident that these were not being routinely signed with a number of gaps within the recording noted. We shared this with the registered manager for their attention and action. This included reminding all the staff members the importance of accurate recording.

Good

Is the service effective?

Our findings

People using the service told us the staff team knew them well and had the skills and knowledge they needed to look after them properly. One person told us, "The girls (staff) here are lovely, they look after me really well, and so I don't have to worry about anything." Another explained, "The staff are very nice and they know what help I need." A relative told us, "I think the staff here are very well trained."

The staff members we spoke with told us that the registered manager and the management team were supportive and always available if they needed any help or advice. One staff member told us, "If we are ever behind, they (registered manager and deputy manager) come and help. If you are unsure you can ask questions. I can't fault them, they are very good." Another explained, "I do feel supported, I can talk to [provider] or [registered manager]."

The registered manager explained that staff members had been provided with an induction into the service when they had first started working there and training suitable to their roles had been completed. Staff members we spoke with and the training records we looked at confirmed this. One staff member told us, "Induction? They showed me around, showed me the fire points and discussed health and safety. I have a staff handbook which contains the whistleblowing policy. I have completed manual handling training and I am booked to do more training." Another explained, "I received an Induction book with information about how the place is run. I completed shadow shifts and felt prepared for the role."

The registered manager was in the process of arranging supervision sessions for the staff team. Members of the senior team had all received an appraisal and they were arranging supervisions for the rest of the staff team. This would provide further support to the staff members working at the service.

Training records showed us that staff members had been provided with a number of training sessions. These included moving and handling, health and safety, falls prevention and fire awareness. Whilst it was noted that all staff members had received moving and handling training, not everyone had received training in the other areas. We discussed the training opportunities with the provider and registered manager and were told that they were looking to source more effective training for the future. The registered manager and deputy manager were also attending training on 'The Care Certificate' on the Friday following our visit. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector. They explained that this would then be rolled out to the rest of the staff team to make sure that they had the skills and knowledge they needed to meet people's needs.

The staff team were in the process of completing training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and those we spoke with during our visit understood the principles of the MCA and DoLS. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

We checked whether the service was working within the principles of the MCA, We saw that they were. The registered manager and deputy manager understood the MCA and applications for DoLS authorisations had started to be made in respect of people who lacked mental capacity to make their own decisions about their care and support. At the time of our visit there was one authorised DoLS in place. The person was being supported in line with that authorisation.

The registered manager explained that if a person lacked the ability to make a decision about their care and support, for example, when deciding whether to accept help with personal care, a capacity assessment would be completed and a best interest decision would be made with someone who knew them well. This ensured that any decisions were made in people's best interest.

We asked people what they thought about the meals served at Cedar House. One person told us, "The food here is quite good. You do get a choice." Another person explained, "I am very happy with the food." During meal times people were offered a choice of where to sit. We saw the tables were set with serviettes and condiments were available. Drinks of water or orange squash were offered and served in small wine glasses. Music was playing quietly in the background and people were supported appropriately.

There were four weekly menus in place and these provided a variety of meals and choices. For people who did not want what was on the day's menu, other alternatives were offered. The chef had information about people's dietary needs. They knew about the requirements for people who needed a soft diet and for people who lived with diabetes. One of the people using the service required a specific diet and they were supported by the chef. They met on a weekly basis to discuss the week's menu and if there was something they could not eat, an alternative was decided on. Their menu was specifically designed for them.

People using the service had access to the relevant health professionals such as doctors, chiropodists and community nurses. One person told us, "Oh the chiropodist comes regularly, so does the optician." Another explained, "I can see my GP if there is something wrong, but the district nurse is often here seeing to someone or other and I can speak to her. I know they tell my son if anything changes because he asks me about it when he comes." One of the people using the service did explain to us that they had been seen by their GP and a blood test was to be repeated after three months. When we checked their records this had not been chased up. This was dealt with immediately by the management team and the GP surgery was contacted.

A community nurse visiting at the time of our inspection told us, "It's lovely; there are lots of activities, lots of things going on. The staff are brilliant. It is easy to come in; they provide the information I need." They also told us, "They [staff team] are very caring, very friendly; they follow guidelines and will ring me if they are not sure."

Good

Is the service caring?

Our findings

People we spoke with told us the staff team at Cedar House were kind and caring and they looked after them well. One person told us, "Everyone here is really nice to me. So calm and peaceful. No raised voices." When asked if care workers showed them kindness and respected their dignity when performing personal care, another person explained, "On the whole they do, yes, though some are better than others at communicating while they work." Another stated, "The staff are very kind, very nice indeed, I am happy here."

A relative we spoke with told us, "They are certainly kind and caring and just get on with the job. I am happy that mum is well looked after here."

Throughout our visit we observed the staff team treating people in a thoughtful and caring way. They were very kind to people, they spoke gently and compassionately to them, showed respect at all times and appeared open and friendly.

During the inspection, we witnessed various staff entering people's rooms. They knocked before they entered. They were courteous, respectful, kind and compassionate at all times and clearly knew the people well. The staff team had a good rapport with people and the atmosphere throughout our visit was calm and pleasant.

We saw the staff team respecting people's privacy and they gave us examples of how they did this. One care worker explained, "During personal care I use personal protective equipment [gloves and aprons] and I keep the doors shut." Another explained, "I knock on doors before I go in [people's bedrooms] I talk to them about what we are going to do and what works best for them."

We looked at people's plans of care to see if they included details about their personal preferences and their likes and dislikes. We saw that they did, though some were more comprehensive than others. The staff team had the information they needed to provide individualised care and support.

We observed the staff team involving people in making choices about their care and support. People were given choices about how they wanted to spend their time, where they wanted to sit, what they wanted to eat and drink and whether they wanted to see the activities leader who was carrying out manicures. The staff team respected the choices that people made.

The registered manager explained that for people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services would be made available to them. This meant that people had access to someone who could support them and speak up on their behalf if they needed it.

Relatives and friends were encouraged to visit and they told us they could visit at any time. One person told us, "My family can visit anytime. My daughter came today and had lunch with me which is nice as it is so

hard for me to get in her car at the moment." A relative told us, "[Person using the service] hasn't been here that long, but they [staff team] are always welcoming when I visit and when I came with the grandchildren over half-term, we were able to visit with her for a good while which was nice."

Good

Is the service responsive?

Our findings

People using the service had been involved in the planning of their care with the support of their relatives, though not all of the people we spoke with could remember this. One person told us, "They asked me lots of questions about the help I needed."

The registered manager explained that people were visited prior to them moving into the service so that their care and support needs could be assessed. This provided them with the opportunity to determine whether the person's needs could be properly met by the staff team. Records we checked confirmed this. From the original assessment, a plan of care had been developed.

We looked at five people's plans of care. This was to determine whether they accurately reflected the care and support that people were receiving. The plans of care checked during our visit varied in content. Some were more comprehensive than others. Some included people's personal preferences and were person centred whilst others were not so. The information was at times basic in content and didn't always explain to the reader the actions to be taken to meet people's needs. For example sections in some of the plans of care seen stated 'one carer to assist', but did not include what that 'one carer' should be 'assisting' them with to meet their identified need. Although we found the information in some of the plans of care to be scant, it was evident that the staff team knew the needs of the people they were supporting well. We discussed our findings with the registered manager and deputy manager who acknowledged this shortfall and we were informed that work would be carried out to improve the detail within the plans of care.

For people identified to be at risk of weight loss or dehydration, food and fluid charts were used to record how much food and fluids people consumed on a daily basis. We did note that these did not always evidence additional prompts of snacks or drinks and some did not show that drinks were offered after 6pm. People we spoke with did confirm that they were offered drinks after this time. We discussed this with the registered manager who assured us that people would have been provided with drinks and snacks and would ensure that the records would reflect this in the future.

People's plans of care had been reviewed every month or sooner if changes to their health and welfare had been identified. When changes in the person's health and welfare had been identified, input had been sought from relevant healthcare professionals such as GP's and dieticians and their plans of care had been reviewed and updated to reflect this. This showed that information about people's needs was up to date and reflected their current needs.

People were supported to follow their interests and take part in social activities. There was an activities leader in post who worked five days a week. The days they didn't work, activities were left for the care workers to provide. Both group activities and one to one sessions were offered. One person told us, "A resident went to the Rothley station café with her daughter and came back full of how good it was. They did organise a trip for some residents and we really enjoyed it, but we haven't done it since." Another told us, "They will come and see you in your room if you ask, but I rarely do." A third stated, "[Activities leader] visits a lot she is good and enthusiastic."

The activities leader explained that she visited everyone on a daily basis during the days that she worked and this was confirmed through looking at the records she kept. People were provided with an activity programme each week so that they knew what activities were going to be held. Activities offered included art classes, pet therapy, film afternoons, exercise classes and pamper days. Monthly church services were also arranged and a murder mystery coffee morning had been organised for March 2017. People were encouraged and supported to join in activities held at the service.

The provider's complaints process was displayed for people's information and people we spoke with were aware of who to talk with if they had any concerns or issues of any kind. One person told us, "I would speak to the administrator person in the office." A relative told us, "I would feel happy talking with them [staff team] if I had a complaint." The registered manager told us that they had received no formal complaints in the last 12 months.

Good

Is the service well-led?

Our findings

People we spoke with told us that they felt the service was properly managed and the registered manager and the staff team were friendly and approachable. One person told us, "I can't remember her name [registered manager], but she seems nice and is always friendly to me." Another explained, "You can talk to them [management team] it is a really good place to live." A relative explained, "Everyone seems very approachable and there is a lovely atmosphere in the home."

Visiting professionals shared their thoughts of the service with us. They told us that the service was properly led and the staff team worked well with them to ensure the people using the service were properly supported. One told us, "The staff are very helpful, they are very good, they offer a good service. Compared to some of the places I go to, this is very good." Another explained, "I raised a concern with the registered manager in the past and action was taken straight away to resolve it. I feel confident that I could raise further concerns and they would be dealt with."

Staff members we spoke with told us they felt supported by the registered manager and the management team and they felt that the service was well led. One staff member told us, "I feel very much supported, there is always someone there to talk to if we need it." Another explained, "I have just had my appraisal done. It felt really good. Sometimes it's nice for someone to say, you are doing a good job."

We saw that staff meetings had taken place. A meeting for the housekeeping staff had been held on 22 January 2017 and a meeting had been held for the senior team on 24 January 2017. The last care staff meeting had been held in November 2016. One staff member told us, "We used to have them [staff meetings] monthly but don't have them so much anymore. I think we need more staff meetings." Another explained, "We have meetings and we can discuss any issues we have."

People using the service and their relatives and friends were encouraged to share their thoughts of the service provided. This was through daily dialogue and monthly meetings. At the last meeting held on 22 February 2017 we saw that issues discussed included the activities provided and the daily food menus. We also noted in the meeting minutes that someone had requested having music in the lounge areas during meal times which had been implemented. This showed us that people were able to share their thoughts and suggestions on the service provided and these were taken on board.

The registered manager explained that they had also used surveys to gather people's views of the service provided. These had been given to the people using the service, their relatives and healthcare professionals. People we spoke with, including visiting healthcare professionals confirmed that they had received a survey. Information within the most recent surveys returned was being collated at the time of our visit.

There were systems in place to regularly check the quality and safety of the service being provided. Audits and checks had been carried out on the paperwork held. This included the checking of people's plans of care, incidents and accident records, falls and medicine records. We did note that these audits had not always picked up the omissions identified in some food and fluid charts kept. The registered manager

acknowledged this and assured us that staff would be reminded of the importance of completing this documentation thoroughly. Audits on the environment had taken place. These checks made sure that people were receiving the safe care and support they required. Following the issues we identified within the medicine records, the deputy manager made alterations to the audit paperwork so that it included the checking of cream sheets and that eye drops had been dated when opened. This further strengthened the auditing process for medicines.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.