

Cotswold Care Services Ltd

The Cedars

Inspection report

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

We inspected The Cedars on 23 and 25 May 2018. The Cedars provides accommodation and personal care to nine people who had a learning disability or were on the autistic spectrum. At the time of our inspection six people were living at The Cedars.

The Cedars is located near the centre of Gloucester, close to a range of amenities, parks and the local hospital. The home has a large enclosed communal garden and an outdoor building known as the "lodge". There were plans in place to refurbish and create an annexe at the back of the home to cater for people who required their own personal space. People were assisted by support workers who assisted them with their day to day needs, one to one time and a range of activities.

We last inspected the home on 12 and 13 October 2016 and rated the service as "Requires Improvement". We identified that further improvements were still required in relation to people's care and risk assessments and the service's quality assurance systems needed to be embedded further and show sustainability. During our May 2018 inspection we found these improvements had been sustained and we rated the service as "good".

There was a registered manager in post. 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 care service reflected the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were happy, safe and benefitted from an active and full life. People's ability to be as independent as possible was developed at The Cedars. Where possible, people were supported to take positive risks and to be in control of their care. There were enough social support workers deployed to ensure people had their one to one needs met and enable them to undertake the activities they wished.

People where possible were involved in reviewing their care needs, to ensure they were tailored to their individual life. People were at the centre of their care. Support workers knew people well and knew how to support them with their needs and goals. The registered manager and staff looked for opportunities to offer to people that would help them grow, gain confidence and live a fulfilled life.

Support workers were well supported and had the benefit of a training programme which enabled them to ensure they could provide people with the best possible care and support. Support workers understood and worked to the values of the registered manager to put people at the heart of everything they did. All support workers felt the registered manager focused on their personal development and needs, which enabled them

to provide better quality support to people.

The service had a strong leadership presence. They were committed and passionate about the people they supported and were constantly looking for ways to improve. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were safe living at The Cedars. Support workers understood their responsibilities to protect people from the risk of harm and abuse. All staff ensured lessons were learnt from any incidents or accidents.

People were protected from the risks associated with their care and support. People were supported to take positive risks, including partaking in a range of social activities.

People's medicines were managed well through robust systems. Where necessary, people were protected from the risk of infection.

Is the service effective?

Good ●

The service was effective. Where possible, people were supported to make decisions in relation to their care. Where people required support to make decisions, or if they didn't have capacity to make a specific decision, the service ensured their legal rights were protected.

People's healthcare needs were met by trained and confident support workers. The service worked with and followed the guidance of healthcare professionals to ensure people's needs were maintained.

People were supported with their dietary needs.

Is the service caring?

Good ●

The service was caring. People were supported to spend their days as they choose and enjoyed positive caring relationships with staff.

Support workers knew people well and used this knowledge to support them in achieving their individual goals. People were at the centre of their care and where possible were involved in planning and reviewing their own care.

Staff were considerate of people's feeling at all times and always treated people with respect and dignity. Where people received

one to one support this was carried out in a way which respected the person's wellbeing.

Is the service responsive?

The service was responsive. People received care and support which was personalised to their individual needs and preferences.

People were supported with activities and events which were appropriate for their needs, abilities and preferences.

People knew how to raise a concern and their relatives knew how to make a complaint. The registered manager ensured all concerns were dealt with immediately and effectively.

Good ●

Is the service well-led?

The service was well led. The provider, registered manager and deputy manager had effective management systems in place to monitor and improve the quality of service people received.

People's views on the service were sought and acted on.

Staff felt supported and spoke confidently about the registered manager.

Good ●

The Cedars

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive and routine inspection which took place on 23 and 25 May 2018 at The Cedars. This inspection was carried out by one inspector. At the time of the inspection there were six people living at The Cedars.

We requested and reviewed a Provider Information Return (PIR) for The Cedars prior to this inspection. 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 we held about the service which included notifications about important events which the service is required to send us by law.

We spoke with one person and briefly spoke with two people who were using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with three support workers; the deputy manager and the registered manager. We reviewed four people's care records and associated files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

People were safe living at The Cedars. Three people when asked responded positively. One person said, "I feel safe."

People were protected from the risk of abuse. Support workers had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Support workers told us they would document concerns and report them to a team leader or the manager. One support worker said, "I would go to (registered manager) or (deputy manager) straight away." Another support worker added that, if they were unhappy with the manager's or provider's response, they would speak to the local authority safeguarding team or CQC. They said, "I would whistle blow or go to higher authorities if I needed to. There are details on what to do." If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action to ensure people were kept safe, including calling the emergency services if required.

Support workers were supported to learn from incidents and accidents to ensure people were protected from risk. For example, the registered and deputy manager talked about how they had implemented plans for one person around their family contact. For example, staff said one person was often agitated if they could not visit their family as planned due to unforeseen circumstances. Arrangements had been made to support the person to visit a family member when plans changed. This reduced their episodes of agitation and maintained their wellbeing. Support workers understood where changes had been made and knew how to support and reassure the person.

People were protected from the risk of financial abuse. The provider, registered manager and support workers operated robust systems to ensure people's personal finances were managed effectively and people were protected from the risk of financial abuse. One support worker explained how they ensured people's expenditures were recorded to ensure they were not being financially abused, this included recording all receipts.

People's care plans contained risk assessments which were personalised to their individual support and development needs. Where a risk had been identified, there was a clear plan in place to support the person. For example, the registered manager and support workers had identified that one person's mobility had decreased and they had suffered a number of falls as well as seizures. The service sought the advice of healthcare professionals to identify the reason for these incidents and plans which could be implemented to help manage the risks and promote the person's wellbeing and independence. These plans had been clearly documented and were followed by support workers. Additionally the person had weekly one to one support from a visiting professional to carry out agreed activities to improve their mobility. We observed this healthcare professional and staff supporting the person. The healthcare professional told us they were happy with the progress the person was making with their mobility.

People were supported to manage their anxieties and frustrations. For example, some people could exhibit behaviours that challenged staff when they became frustrated or anxious. Support workers understood the

triggers of people's frustrations and how to assist people when they became agitated and knew how to protect the person and others from any harm. For example, one person had a routine regarding their drinks. The home had a special clock which support workers and the person could refer to when they could have their next drink, as the person would be at risk of drinking too many fluids. We observed support workers assisting this person with their drinks and managing their anxieties around drinks. They assisted the person with patience and in a calm manner and used the clock as a point of reference.

People understood the reasons for some restrictions within the home. The registered manager and support workers discussed restrictions with each person where appropriate. For example, people were unable to access certain storage cupboards and the home's cellar as they contained items or areas of risk. However people had free access to the home's gardens, their own bedrooms and the kitchen with support from support workers. We observed people enjoying the home's garden independently. For one person this access to the garden greatly improved their wellbeing.

People could be assured their homely environment was safe and secure. The home was secure, so people who were not invited would be unable to gain entry. Maintenance checks were in place to ensure fire safety systems were effective. The registered manager and deputy manager informed us of renovation work which was due to be carried out to an area of the home, which would create a new separate annexe. This would enable the service to accommodate someone who required care in their own space.

People were protected from the risk of infection. Support workers told us how they kept the home clean and ensured people's health and wellbeing was protected. Support workers had all the equipment they required such as personal protective equipment, including gloves and aprons to assist people with their personal care and protect them from the risk of infection.

There were enough support workers deployed to ensure people were safe and their well-being needs were met. People were supported to access the community daily to enjoy activities and events. People were also supported to enjoy activities within the home, such as arts and crafts or using the swings in the garden. Two people living within The Cedars required a number of hours of one to one support from a support worker. People enjoyed spending time with social support workers within the home and in the community.

Support workers felt there were enough staff deployed to meet people's day to day needs and enable them to access the local community. Comments included: "Oh we have enough staff, we haven't used agency in a long time" and "I think we have enough staff, we get people out and about". When necessary, such as when dealing with unplanned absences the service worked alongside staff at the sister home, also managed by the registered manager. Staff spoke positively about this arrangement and how it had improved information sharing and staff skills.

People were supported by care staff who were deemed to be suitable to carry out their roles and of good character. New applicants were required to apply for employment via the provider's new on-line recruitment system. The registered manager reviewed all applications and associated recruitment documents on-line. Background and criminal checks were completed via the Disclose and Barring Service before new staff worked with people.

People received their medicines as prescribed. Support workers kept an accurate record of when they had assisted people with their prescribed medicines. For example, support workers signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's medicines. Support workers ensured a clear and constant record of the support they provided people with their medicines were maintained. Where support workers had identified any gaps

in the recording of people's prescribed medicines, these were acted upon and the registered manager and deputy manager ensured all support workers had their competency to administer medicines assessed.

People's prescribed medicines were kept secure. Where people had medicines which were prescribed 'as required' there were clear protocols in place for support workers to assist people. For example, one person was prescribed recovery medicines in the event of a seizure. Support workers had clear guidance to follow on when medicines should be administered and the dose of the medicine required.

Is the service effective?

Our findings

People were happy with support workers. One person said, "They're good." Another person responded positively when asked if they liked the staff.

Support workers told us they had access to the training they required to meet people's needs. Comments included: "There is a lot of physical (face to face) training. I have the training I need"; "Training is better. I have what I need" and "We get all the training we need."

Support workers were supported to progress and develop by the registered manager and provider. Where possible, staff were able to undertake qualifications in health and social care or carry out training courses which enabled them to develop their personal and professional skills. One member of staff told us how they had been actively supported by the registered manager to develop and undertake a new role at The Cedars. They said, "I have had plenty of support, (Registered manager) is really a supportive manager. You know you can get all the support they need." Another member of staff spoke positively about the support they had received as a new support worker. They told us, "I feel I'm able to develop."

Support workers received frequent and effective supervision from their line manager (one to one meetings). These meetings discussed their development needs, concerns and weaknesses. Meetings were used to set targets to enable the support worker to improve, for example one support worker felt they needed to improve their knowledge in relation to the Mental Capacity Act. Support had been provided and the support worker's confidence and knowledge had increased. One support worker told us, "When we get supervisions, they ask do I feel I need anything. They care about me as well. I feel better with every supervision."

Support workers had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice when supporting people. 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Support workers understood and respected people's rights to make a decision. Staff explained how they embedded the principles of the MCA into their practice. Comments included: "Everyone can make little choices. We all want choice in life" and "We support people to make choices, give them time and the information they need. I always ask (person) what they want to do and make sure they enjoy their day." People were supported to have as much choice and control as possible regarding their daily life. For example, one support worker told us how they supported one person, who could not communicate verbally, with day to day choices. They said, "We use objects of reference, by using these we can help the person make a choice and communicate it."

People's mental capacity assessments to make specific decisions regarding their care, needs and day to day decisions had been clearly documented. For example, the registered manager and support workers had

supported two people to move to different bedrooms. They involved both people in all the decisions, including if they wished to move and whether they understood the positives and negatives. One person had the capacity to make this decision and they told us how they enjoyed their new room and picked their favourite colour to decorate their room. The other person, was involved in all aspects of their room move, however they did not have the capacity to understand some of the risks to their health and wellbeing moving to a room on a higher floor. The person's representatives were involved in the decision, and it was agreed for the person to move to the room they chose. The person was supported to decorate the room as they pleased.

The registered manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body. Where people were living with an authorised DoLS in place this was reflected in their care plans. 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 registered manager had made applications in relation to DoLS for all six people living at The Cedars, however they were still waiting for feedback on the authorisations.

People's care plans detailed the restrictions on people's liberty, such as accessing the community independently and accessing certain areas of the service. One person had monitors in place to enable staff to protect their health and wellbeing; assessments clearly stated the reason for the monitors. People's care plans clearly reflected how support workers were to assist people in the least restrictive ways. For example, people could access the home's garden and all communal areas of the home when they chose.

People's needs were assessed before moving to the service and reviewed when their needs had changed. Pre-assessments were detailed and showed that people's physical and mental health needs had been assessed. Assessments included information in relation to people's health and wellbeing needs. People's care and support plans provided clear guidance in line with guidance from healthcare professionals. For example one person was living with epilepsy which could cause them to have seizures which could lead them to injure themselves. The person had additional healthcare needs. The service had sought the support of healthcare professionals and specific guidance was in place regarding the person regarding their mobility and wellbeing needs. The person was supported with exercises which were known as "games." Every week a healthcare professional came to assist the person with these "games." The healthcare professional and support workers discussed the benefit this had on the person's wellbeing. One support worker told us, "They (person) are out and about a lot more now."

People had access to health and social care professionals. Records confirmed people had been referred to a GP, continuing healthcare professionals, occupational therapists and physiotherapists. On the first day of our inspection, one person was supported to attend a dental appointment. Support workers kept a clear record of people's medical appointments and any actions or concerns which had been identified. For example, one person's dentist requested the use of special toothpaste. This had been prescribed and the support the person required was clearly recorded on their care assessments.

People received meals which met their dietary needs. Support workers told us how they supported people to have a varied diet and understood the individual needs and risks of each person. For example, one person required a soft diet and thickened fluids. Support workers told us how they met this person's needs and that they had clear guidance to follow regarding this person's needs. We observed this person was supported in accordance with their dietary guidelines set by Speech and Language Therapists.

People were comfortable in their environment and had the spaces which met their individual needs. People

were supported to make decisions regarding their living spaces, such as the colour of their bedrooms. People enjoyed the large secure communal gardens which they could access independently and with support from staff.

Is the service caring?

Our findings

People valued their relationships with the support workers and felt really cared for and that they mattered. One person told us, "They're great." Another person responded positively when asked if the support workers looked after them. On both days of our inspection we observed people enjoying activities and meals in the home. There was a lively atmosphere with people and staff laughing together. Healthcare professionals spoke positively about the caring nature of the service.

People were supported to maintain relationships with the family and those important to them. For example, the registered manager explained how one person enjoyed time with family, however recent family changes had led to trips home being delayed, which caused the person to become anxious. The registered manager and staff worked with the person's family to enable the person to enjoy family time. If plans needed to be cancelled for the person to go home, they were supported to visit a relative at their home. This enabled the person to keep contact with family as well as promote their wellbeing.

People were in control of their environment. For example, one person was funded with one to one support. The person was supported with activities, accessing the community and spending their time where they chose. The person had recently been supported to move into a bigger bedroom which enabled them to have a couch as well as a bed. This enabled the person to spend more of their one to one time in their room, away from communal areas. People enjoyed accessing the home's garden, using the swings and going to their bedrooms when they chose.

Staff demonstrated their knowledge of people through their interactions and were aware of what was important to each person. For example, support workers told us how they assisted people with the things which were important to them. For example one member of staff told us how they supported one person with their interests and ensuring they felt comfortable and safe. The person was supported to go shopping for items they wanted, and enjoy activities they enjoyed. Support workers understood and explained what was important for each person and what made them happy, including accessing the garden, assisting with cleaning in the home and doing arts and crafts.

People were calm, happy and active during both days of our inspection. Support workers and the registered manager reassured people when they were upset or anxious. For example one person returned from an external activity and had experienced something which made them upset. The registered manager took time to sit with the person in privacy and discuss their thoughts and feelings. The person told us afterwards: "They talk to me."

People were treated with dignity and respect. All support workers we spoke with emphasised that this was the person's home and it was a privilege to work in their home. They took the time to engage with people in ways which ensured people felt valued and respected. The registered manager had made changes to how people's medicines were being administered as they felt this was not always carried out in a respectful manner. The registered manager ensured a medicine cabinet was in each person's room and this enabled people to receive their medicine in the privacy of their room. Support workers felt this enabled people to

receive consistent and dignified support.

People's care and support plans reflected their diversity and protected characteristics under the Equality Act. For example, one person identified as following a specific cultural belief. Their care and support plan documented what was important to them as part of their belief and which parts of the belief system they did not always follow. Special occasions were recorded for each person. Earlier in 2018, one person living at The Cedars sadly passed away. Support workers supported people with this loss and asked them what they would like to do to remember the person.

Is the service responsive?

Our findings

We last inspected the home on 12 and 13 October 2016 and rated the "Is the service responsive?" question as "Requires Improvement". We identified that further improvements were still required in relation to people's care and risk assessments as they did not always detail the support people required. During our May 2018 inspection we found these improvements had been sustained.

People's care and support documents provided support workers information on people's needs and preferences and how to support them live a full and meaningful life. People's care assessments detailed why they needed care and support and how this could be provided in a person centred manner. People's preferences regarding the management of medicines and dietary needs were clearly recorded and reviewed to ensure they were current.

People received care which was flexible and responsive to their individual needs and preferences. Staff had a good understanding of the needs and aspirations of the people living at The Cedars and worked with people to enhance their wellbeing. All staff spoke positively about supporting people at The Cedars. For example, one person was supported to enjoy a busy life where they enjoyed drama courses and discos. Another person was supported to attend sensory activities, including using a hydro bath which they enjoyed. Support workers understood which activities people enjoyed by seeing how the person enjoyed the activity. This enabled them to ensure activities were structured on people's preferences and needs. Support workers had identified a number of people living at The Cedars enjoyed accessing the community, going for walks, going to local parks or going shopping at local towns.

People's skills, confidence and personal development were supported by the registered manager and support workers. Where possible; people were at the centre of discussing and reviewing all aspects of their care. Each person had a key worker and access to monthly key worker meetings. These meetings were used to identify people's views and goals. For example, one person was being supported to develop their skills and confidence within the community, such as road safety. These goals were reviewed at key worker meetings and enabled the support worker to put the person and their views at the centre of their care and support.

People enjoyed a busy and active life, which included activities, events and tasks which were personalised to their needs, wishes and goals. During our inspection, people enjoyed a range of activities and excursions. People enjoyed going to an aquarium in Birmingham with a social support worker. Two people were supported to go for a walk to the local park which they enjoyed. Another person enjoyed arts and crafts sessions and was happy making daisy chains and other items. One person when asked responded positively about going out on activities and enjoying an active life. They said, "I do lots of things I enjoy."

The registered manager and activity coordinator were working to engage with the local community and people's families. They had already established strong links with another home managed by the registered manager. People from each home spent time at the other home, which enabled them to build relationships with people and the staff. The registered manager told us that people from both homes went on holiday

together and a "girls" holiday had been booked for 2018. The home hosted garden parties and barbeques which family members and people from the manager's other home were invited to. The registered manager was focused on improving communication with people's relatives, including discussing how people's individual development goals were being achieved.

We looked at the home's compliments and complaints records which were held by the registered manager. The service hadn't received a complaint in 2018. The registered manager had dealt with the last complaint received in September 2017 and ensured effective action had been taken to ensure lessons were learnt and people were protected from risk.

Is the service well-led?

Our findings

We last inspected the home on 12 and 13 October 2016 and rated the "Is the service well-led?" question as "Requires Improvement". We identified that while quality assurance systems had been recently implemented, more time was needed before we could judge their effectiveness in identifying shortfalls and driving improvement. During our May 2018 inspection we found these quality assurance systems were effective and supported the registered manager to monitor the quality of the service.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. The service had a detailed monitoring visit from representatives of the provider. These visits scored the service and identified any shortfalls or concerns. Where shortfalls had been identified, these informed and action plan which the registered manager acted upon. For example, ensuring all incidents had been recorded on the provider's electronic monitoring system.

The registered manager and their management team audited many of the processes and records relating to the care and support of people within the home. This included infection control, medicine management; people's care plans safety checks and staff supervisions and appraisals. Where necessary, action plans had been developed from the audits and these results had been used to drive improvements. For example clear actions were recorded around the recording of people's prescribed medicines.

Since our last inspection, a new registered manager had started working at the service was in post. They managed The Cedars and a sister service. 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.

There was an effective management team in The Cedars. The registered manager was supported by a deputy manager. Social support workers told us they were well supported and felt The Cedars was well-led. Comments included: "I wouldn't have come here permanently (to work) if it wasn't well run" and "I feel very confident here, (registered manager) is really supportive". Support workers spoke positively about the cross working between both of the registered manager's homes. One support worker told us, "We learn and share different skills. It helps challenge us and keeps us improving."

Healthcare professionals felt the service was well-led and people living at The Cedars benefitted from a dedicated and strong registered manager. One healthcare professional told us, "I think the service is run well, I have no concerns."

People's views and choices were an integral part in developing and shaping the service. The registered manager held monthly house meetings. Meetings enabled people to discuss their views and any changes they would like to happen. Meetings carried out in 2018 discussed changes in the home, such as people moving bedrooms and the activities which people would like to enjoy, including indoor exercises and outdoor activities. Things which were important to people were clearly recorded and any suggestions were

followed up.

People had a number of easy read policies within the home that helped them understand why certain processes and protocols were in place. For example there was a complaints policy and procedure which had been displayed in an easy read format for people to better understand. Information was also available for people and support workers on safeguarding, mental capacity act and advocacy services.

Quality assurance audits ensured that people's care plans were always an accurate reflection of where they were in their goals, achievements and all other aspects of their care. It was noticeable on inspection that people's prescribed medicines were being audited regularly. Where concerns or gaps in recording had been identified, the registered manager was taking effective action by discussing these concerns with the relevant staff and ensuring that staffs competency to administer medicines were reassessed.

Staff at The Cedars worked with healthcare professionals to develop strategies to support people during periods of difficulty in a variety of settings. The provider and registered manager had trained social support workers to develop ways of supporting individuals proactively, actively and reactively inside and outside of The Cedars looking for early warning signs of behaviours. This had reduced the number of anxieties people had experienced.

We looked at the result of the support worker quality assurance survey of The Cedars carried out in early 2018. The provider had summarised the survey to enable them to communicate any improvements which could be made or where a service was doing well. For example the results showed a significant improvement on the views of the staff in relation to The Cedars. The results of this survey were discussed at staff meeting minutes to ensure support workers received all the information they needed, such as benefits of working for the provider.