

Review of compliance

Mr J A and Mrs D Lowe and L C Lowe and Mr J M
Lowe
Cedar House Care Home

Region:	East Midlands
Location address:	249 Station Road Rothley Leicester Leicestershire LE7 7LD
Type of service:	Care home service without nursing
Date of Publication:	May 2012
Overview of the service:	Cedar House Care Home is owned by a partnership. The service is situated in Rothley, Leicestershire. The service provides care and support for up to 32 older people who do not require nursing care. It is registered to care for people under the regulated activity: accommodation

	for people who require nursing or personal care.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Cedar House Care Home was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Cedar House Care Home had taken action in relation to:

Outcome 01 - Respecting and involving people who use services
Outcome 04 - Care and welfare of people who use services
Outcome 07 - Safeguarding people who use services from abuse
Outcome 13 - Staffing
Outcome 14 - Supporting staff
Outcome 16 - Assessing and monitoring the quality of service provision
Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 10 April 2012, checked the provider's records, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People who use the service told us they were involved and their views were taken into account when developing the care plan and the delivery of the care and support.

People told us they were asked about their views and experience of the service. They said "It's really lovely here, I can't fault the care, it's very good" and "it was only yesterday when I sat with my key worker and we went though the help I needed."

People told us staff responded to their requests promptly and assisted them when asked. They told us there were enough staff on duty and said, "Although I can look after myself, I only need to use the buzzer and a carer is here within seconds" and "I've always found there's a member of staff around day and night."

People who use the service told us staff were helpful and approachable. We saw people approach the staff and the acting manager throughout our inspection; seeking assurance about aspects of their daily lives and planned events.

What we found about the standards we reviewed and how well Cedar House Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this regulation. People's privacy, dignity and independence were respected. People expressed their views and were involved in making decisions about their care and treatment.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this regulation. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this regulation. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this regulation. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this regulation. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this regulation. The provider had effective systems in place to regularly assess and monitor the quality of service people received.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this regulation. People's personal records, staff records and other records relevant to the management of the service were accurate and fit for purpose.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with four people who use the service and asked about their understanding of the care and treatment choices available to them. They told us they maintained their independence and were satisfied with the care and support they received. They told us their needs were well met, staff respected their privacy and dignity and treated them with respect. One person said, "It's really lovely here, I can't fault the care, it's very good."

People expressed their views and were involved in making decisions about their care and support. They told us they were involved and made decisions about their plan of care and the care they received. One person told us "It was only yesterday when I sat with my key worker and we went through the help I needed."

People told us they were asked about their views about the quality of service they received. They said "we often have meetings and I think there's one planned for next week" and "I would be quite comfortable to tell my family if there was a problem. Alternatively, I know I could speak with my key worker." One person also told us they had completed a survey about the home last year.

Other evidence

Our inspection of 23 August 2011 found people were not involved in the development of their plan of care or had opportunities to contribute their views about the service. The provider wrote to us and told us they would conduct a satisfaction survey, which would be shared with the people who use the service and other interested parties such as stakeholders.

We read the care files for five people and found they all contained information about their individual care and support needs, and their choice of lifestyle. We found the decisions and choices made by people about the support they needed were recorded in the care plans. Care plans were all signed by the individual or their representative.

Staff we spoke with showed a clear understanding of their responsibilities as key workers and how to support the people who use the service. They told us they involved people at the monthly review meetings to make sure people were satisfied with the support they received and would check if they needed any other support. Our conversation with two people who use the service confirmed this.

We saw notices were displayed about the next residents meeting planned on 18 April 2012.

We read the summary findings of the satisfaction survey carried out in September 2011. The responses showed people were satisfied with the quality of care, menus, social activities, living arrangements, staffing and the management of the service. There were no issues identified or areas for improvement at the service.

Our judgement

The provider was meeting this regulation. People's privacy, dignity and independence were respected. People expressed their views and were involved in making decisions about their care and treatment.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with four people who use the service and asked them about their involvement in developing their plan of care. People told us their needs were assessed and the care and support was planned and delivered in line with their agreed care plan. One person said "Although I can look after myself, I only need to use the buzzer and a carer is here within seconds" and "it's nice to know that staff check on you at night, sometimes I'm still awake and they would spend a little longer with me."

We saw people chose how they spent the day. One person told us they liked to sit in the lounge and talk to their friends. We saw some people took part in the armchair exercise session in the lounge led by a member of staff. There were some people in hair salon who told us they liked to have their hair done regularly.

Other evidence

Our inspection of 23 August 2011 found there were inadequate systems for monitoring the care and support people with greater care needs that could place people at risk of receiving unsafe or inappropriate care. The provider wrote to us and told us they would appoint a new manager to manage the service and introduce new care plans that would involve the individuals in the way they were supported.

We looked at the new care plans and records for five people who resided at the service. We found assessments of needs and risk were carried out. Care plans were updated to reflect people's current care and support needs and personalised with their daily routines, health and medication, dietary requirements and social interests.

Risk assessments were in place for all identified needs. People's capacity to make choices was considered and included within care plans. The care and support was planned and delivered in a way that ensured people's safety and welfare. There were arrangements in place to deal with foreseeable emergencies. The electronic care plans we saw at our last inspection of the service were not longer used.

People's equality and diversity needs were also included within care plans. Where people had particular religious or cultural needs, staff showed awareness of these. Staff we spoke with were knowledgeable about how to meet people's individual needs. Staff knew how to monitor people's health and wellbeing. For example we found people's intake of food and drink was monitored and weights were measured regularly and assessed. Staff recognised the importance of acting on changes quickly and would seek medical advice. Records viewed showed people received timely support from health care professionals such as the doctor or the district nurse.

People who use the service had access to all required healthcare services. At the time of our inspection the doctor was visiting a number of people with regards to the health. Care files included record of visits and treatment administered by the health care professionals.

We saw people were occupied and engaged in activities that were meaningful to them such as the armchair exercise session that took place during the morning of our inspection. We found from reading the care records that people who use the service maintain relationships with their family and friends and took part in social activities.

Our judgement

The provider was meeting this regulation. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke with people who used the service about their safety and wellbeing. They told us they felt safe and protected by the staff that looked after them. One person told us that staff were responsive and said "Although I can look after myself, I only need to use the buzzer and a carer is here within seconds."

Other evidence

Our inspection of 23 August 2011 we found people's wellbeing and safety was not monitored by staff. The provider wrote to us and told us they had introduced robust risk assessments, monitoring systems and improved communication with staff through the use of staff handover meetings to ensure they received accurate information about people who were poorly and needed monitoring.

We read five care plans and found risk assessments were in place. These included risk assessments for moving and handling, falls and nutrition. These were reviewed and monitored regularly. People who were at risk of poor hydration and nutrition or at risk of developing pressure sores were monitored regularly. Monitoring charts were in place and checks were carried out at the regular intervals. We found the senior staff checked the charts for people's intake of food and drink at least twice a day. They would seek medical support if they had any concerns about the person's health.

We looked at staff training records, which showed staff had received training in safeguarding vulnerable adults. Staff we spoke with were knowledgeable about types of abuse and what action to take in the event of suspected abuse. The provider

had undertaken train the trainer courses in safeguarding to ensure staff maintained their knowledge and skills on this subject.

Staff told us communication between the staff had improved. We looked at the handover meeting records and the communication book and found staff were kept informed about people's wellbeing and those who were poorly. Staff signed to confirm they had read the information.

The staff training records also showed staff had received moving and handling training. A senior staff was a qualified trainer in moving and handling and provided refresher training as and when required. Staff were aware of the people who required assistance with transfers and the hoist used.

We found records of accidents and incidents were maintained. The acting manager reviewed and assessed these regularly. These were also checked by the provider when they carried out their monthly visits to the service to ensure the service maintained the quality and safety standards.

Our judgement

The provider was meeting this regulation. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People who used the service told us there was enough staff on duty. They said "Carer's came quickly whenever I've pressed the buzzer" and "it's nice to know that staff check on you at night, sometimes I'm still awake and they would spend a little linger with me." One person said, "I've always found there's a member of staff around day and night."

We saw staff respond to people's requests and assisted them when asked.

Other evidence

Our inspection of 23 August 2011 found the staff rota was prepared by the provider to support the registered manager at that time and staff had no clear areas of work or responsibilities. The provider wrote to us and told us they were in the process of recruiting new staff and manager, and would review staff deployment.

We looked at the staff rota, which showed there were five care staff on duty, who were allocated specific areas of work and responsibilities. The manager, senior carer and domestic staff such as house keeping and cook were surplus to the staff rota. Staff we spoke with told us they were aware of the staff rota in advance. They told us staffing levels were good, consistent and they had clear areas of work and responsibilities, such as activities and assisting people with their meals. This supported the staff rota viewed and showed there were enough qualified, skilled and experienced staff to meet people's needs.

We spoke with staff about the staffing levels and responsibilities. They said "Yes, things

were not good when I started last year, I did tell the provider and they assured me thing would improve and they did" and "staffing is much improved and we know what areas we're working in when we come on shift."

The acting manager prepared the staff rota in advance and took account of staff qualification, skills and experience. They told us any gaps in staffing levels were covered by the permanent staff in the first instance. Alternatively they would use preferred agency staff that had worked at the service previously and had completed the agency staff induction.

Our judgement

The provider was meeting this regulation. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People who use the service told us staff were helpful and supportive with their daily personal care and support needs. One person said "My key worker always comes and checks whether I've got everything I need." Another person said "I thought they wouldn't understand me but they say they can" and "nothing's too much for the carer, you only need to ask."

Other evidence

Our inspection of 23 August 2011 found staff training and skills were not up to date, staff were not supported or supervised regularly. The provider wrote to us and told us they had appointed an interim manager until a permanent manager could be appointed, started staff supervision and scheduled staff training.

The provider had taken responsibility to oversee the management of staff training and was supported by an independent consultant for the service. They told us they had sourced training and undertaken train the trainer courses in safeguarding to ensure staff maintained their knowledge and skills on this subject. A new acting manager was appointed who was in the process of applying to become the registered manager for the service.

Staff we spoke with told us they had received supervision. We looked at the supervision schedule for January 2012 and March 2012, which showed staff had received supervision and appraisals. Records showed staff training needs were assessed, training identified and the supervisor's and staff member's comments and areas for improvement were noted.

We looked at the staff training records and matrix for staff on duty. Records showed staff had undertaken a range of training in topics linked to the care and welfare of people which included a national vocational qualification in care (NVQ), safe handling of medicines, moving and handling, infection control, safeguarding vulnerable adults, food hygiene and first aid. Some staff had undertaken training in dementia care and a senior carer was a qualified trainer in moving and handling and provided refresher training as and when required.

We spoke with two staff and they were aware of people's individual needs and could explain the different levels of support required and what they would do if a person's needs changed. Staff told us they were kept up to date with issues affecting the care and support they provided to people through the use of staff handover meetings, communication diary and staff meetings. We read the minutes of the last staff meeting, which took place on 3 April 2012 and the topics discussed included the daily handovers, monitoring people's weights, staff supervision and care plan updates.

Our judgement

The provider was meeting this regulation. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People who use the service were asked for their views about their care and treatment they received. People told us they had a key worker and were involved in the review of their care needs. One person said "It was only yesterday when I sat with my key worker and we went through the help I needed."

People who use the service had the opportunity to attend the 'residents meeting'. One person said "We often have meetings and I think there's one planned for next week" and "I think I'll ask about the variety of meals at the next meeting." We saw notices displayed in the communal areas about the resident's meeting planned on 18 April 2012.

People told us they had completed a survey questionnaire about the service last year. They were asked a series of questions about the quality of care received, staff conduct, meals, standard of décor and cleanliness and complaints. People told us they were confident to complain if there was a problem or issue. One person said "I would be quite comfortable to tell my family if there was a problem. Alternatively I know I could speak with my key worker."

Other evidence

Our inspection of 23 August 2011 found there was a lack of effective quality assurance systems in place to assess the quality of service people received. The provider wrote to us and told us they would review all the quality monitoring systems including care planning and management of risk, management of staff training and conduct a survey.

We found a new care planning systems was in place, reviewed monthly or sooner when people's needs changed and risks were assessed and managed. We found people's care were monitored and checked frequently.

A quality assurance survey was carried out in September 2011. The results were positive and showed people were satisfied with the quality of care they received. There were positive responses in relation to the quality of care, menus, social activities, living arrangements and cleanliness, conduct of staff and the management of the service and how to complain. The provider told us the results were shared at the resident's meeting and displayed on the notice board at the entrance to the service. There were no areas for improvement identified from the survey.

We found the provider conducts monthly visits to the service and had carried out audits on the environment including equipment and décor, care records, management of medicating and accident and incidents. We read the audit for the visit carried out on 2 April 2012, which was thorough and identified areas of improvement and timescales to address the issues. We also looked at the medication audit conducted on 29 March 2012. The audit was thorough and the medicines were checked against the medicine records. The audit showed two discrepancies were found and the actions included reminder to all staff and to monitor practice. A further audit was carried out on 2 April 2012 and found no repeated discrepancies or any new issues.

The service received no new complaints. The service received a number of cards and letters of thanks from the relatives of people who used the service. We read a card from a relative which stated "Thank you for the exemplary care provided toat Cedar House Care Home."

Our judgement

The provider was meeting this regulation. The provider had effective systems in place to regularly assess and monitor the quality of service people received.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We spoke with people who use the service but their feedback did not relate to this outcome.

Other evidence

Our inspection of 23 August 2011 found management of risk and monitoring of care were not effective and the incident and accident records needed monitoring and better organisation. The provider wrote to us and told us they had introduced systems to ensure accurate recording, monitoring and review of care records, management of risk and improved communication system with staff. The introduction of a system whereby staff were required to read and sign new policies and procedures. All incident and accident records would be stored securely and monitored.

We found people's care files: care plans, risk assessment and other related records were kept up to date and accurate. Staff received communication through handover meeting and use of the communication diary which they signed to confirm they read the latest update. We found incident and accident records were kept in individual files. A log of all incidents and accidents were monitored by the acting manager for trends and potential areas of improvement to the service. These were also checked by the provider as part of their formal monthly visits. All the records relating to people who use the service, staff and the management of the service were kept up to date and stored securely

Staff we spoke with were aware of their responsibilities to maintain confidentiality and ensured care records were accurate and kept up to date.

Our judgement

The provider was meeting this regulation. People's personal records, staff records and other records relevant to the management of the service were accurate and fit for purpose.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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