Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Two Cedars Residential Care Home

81 Dunyeats Road, Broadstone, BH18 8AF

Tel: 01202694942

Date of Inspection: 13 December 2013

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard

Details about this location

Registered Provider	Mrs J Williams
Overview of the service	Two Cedars provides accommodation and support for up to 17 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

On the day of our visit we observed experienced and skilled staff giving good quality care. We saw people responding positively to staff who appeared to have a good relationship with the people they cared for.

We looked at records relating to people's care and saw that people's wishes had been taken into account in planning their care, with the help of relatives if necessary. Risks to people's health had been balanced with their wishes to lead as independent a life as possible. We saw that the food provided at the home was of a good quality and people told us they enjoyed it.

We spoke with five people and one relative. One person told us "they're very good, very caring" about the staff. Another person said their relationship with staff was "very good" and added that the staff knew their needs.

We spoke with three members of staff who all felt well supported with training for their role. One member of staff told us they "couldn't fault the training here".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our visit we saw a member of staff administering medication to people living in the home. The member of staff knocked on people's doors before entering their rooms and asked them if they minded us being there. They chatted with people as they prepared the medication. They explained what they were doing with comments such as "I've just come to give you your eye drops". We saw people giving implied consent such as leaning their heads back to receive the eye drops.

During the medication round we saw one person tell the member of staff that they didn't want to have a shower that day as they were too tired. The member of staff explained that they would let the relevant staff know. This meant that people had the opportunity to change their plan of care if they wished.

The manager explained that one person's mental and physical health was gradually deteriorating and they were being monitored by the GP. We were told that a Deprivation of Liberty Safeguard (DoLS) was being considered for this person but was not in place at the time of our visit. The manager explained that the family and staff wanted them to stay at the home for as long as possible as the home and staff were familiar to them.

We looked at the care plans of this person and saw that they had signed their original plan of care but that updates were signed by their next of kin as their mental health had deteriorated. Their records included details of ongoing sight problems. We saw that a planned operation had been cancelled as the person was too distressed at the time to have the operation. This person had a Do Not Resuscitate (DNR) form in place.

We looked at four further care plans and saw that they had been signed by people to agree the plan of care and treatment. Two people had consented to the use of bed rails at night as they were at high risk from falls, and one relative had consented on their mother's behalf as their Next Of Kin (NOK). We saw that one had a DNR form in place.

We spoke with four people about their consent to care and treatment. One person told us everything was explained by staff and one said treatment was never forced on them. One person told us "I'm looked after very well".

We spoke with one relative who told us they were involved and kept informed about their mother's treatment but that they would rather leave it to the health professionals. We spoke with two members of staff who gave satisfactory answers when we asked about people's consent to care and treatment. One member of staff was able to give a detailed explanation of DoLS and the Mental Capacity Act (MCA).

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.
We saw that several people had just finished breakfast when we arrived and we were told that most people preferred to have breakfast in their rooms in accordance with their wishes. We observed three members of staff assisting people from their rooms to the lounge for a mid-morning drink and/or snack and they treated people with dignity and respect. People's independence was promoted by the staff who allowed people to transfer from wheelchair to chair in their own time.

We looked at the care plans of five people and saw that care had been planned in conjunction with them and agreed by them. These included details of people's medical history, treatment, activities of daily living, risk assessments, a body map which showed any cuts or bruises, activities and daily care records. Care plans were stored in the office in a locked cupboard. We were told that the staff who cared for the person within each shift was responsible for completing the daily records. We found several scraps of paper with updates to care and contact details which the manager explained they were going to transfer to the relevant recording sheets.

The manager explained that the home employed an activities co-ordinator every afternoon but they were on holiday at the time of our visit. They showed us a book with details of activities and instructions for them to be carried out in the co-ordinator's absence. These included a range of age appropriate activities for people to take part in if they chose to. We spoke with three people who told us there was plenty of choice of activities they could join in with if they wanted to.

During our visit one person went out for coffee with a relative and came back in time for lunch. We were told that this person regularly went out and that several people had attended a Christmas carol concert the night before. Staff chatted at ease with people about the concert and people appeared to have a good relationship with the staff we saw. At lunch time people were asked where they would like to sit and whether they would like to eat in the dining area for lunch.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We observed people being safely helped to transfer from a wheelchair to chair. One person had recently suffered a fall and we saw staff ask them to feel for the chair behind their legs before sitting down.

In the five care plans we looked at we saw that risk assessments had been completed for falls and pressure areas. In addition people had an appropriate nutritional screening assessment in place and we saw that these had been updated on a regular basis and signed. We saw that one person's risk of developing a pressure wound had increased and appropriate action, which included obtaining a pressure relieving bed, had been taken. This person's low weight was also monitored and appropriate action was taken such as pureeing their food.

We spoke with three people about their safety in the home and two people told us they had suffered a fall. We saw that falls risk assessments were in place for these people. In addition we noted that three of the five care plans showed cuts and/or bruises on a body map of people. We saw incident reports for the two months prior to our visit and noted that two people had each fallen twice. We were told that one of these people liked to mobilise in their room without the use of their rollator walking frame and that the other person was very independent.

The manager explained that the community specialist was involved after one person's fall and that mobilising treatment was carried out by staff in accordance with their treatment plan. We were told that staff had undergone training by a specialist falls company. In addition we saw non slip flooring in people's ensuite toilets and wash rooms. The provider might wish to note that during our visit most people had their doors fully shut so that it was difficult for staff to see or hear their movements.

There were arrangements in place to deal with foreseeable emergencies. We saw that fire exits and corridors were kept clear. We spoke with one member of staff who was able to explain what they would do if they found someone had had a fall. We saw that staff were up to date with mandatory training which included fire safety.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. We saw staff offering a choice of morning hot drinks and they ensured that these were placed where people could reach them where appropriate. One member of staff added a thickening agent to one person's drink to enable them to drink it. Fresh water was provided in people's rooms and in the lounge for people to help themselves and we saw staff encouraging one person, whose fluids and food were being monitored, to drink.

The manager explained that the chef was off sick on the day of our visit but that they, or the deputy manager, often prepared food in the home. Fish was on the menu that day and we saw that this was offered in a variety of ways such as poached or battered. We asked if there was an alternative to fish and we were told that food choices could usually be accommodated with something else if there was nothing on the menu people liked.

We spoke with two people who told us that the food was plentiful and very good. One person said there was always something on the menu they liked. Both people told us they had a choice of where to eat and we saw staff asking people where they would like to sit for lunch.

At lunch time most people chose to sit in the dining room. Staff wore clean aprons to serve their food which was attractively presented. People were offered a choice of drinks to have with their meal.

We observed two members of staff giving a pureed lunch and drink to two people who needed assistance with eating and drinking in their rooms. Both staff gave encouragement to the people, treated them with dignity and allowed them time to finish each mouthful before giving the next. People's clothing was protected where appropriate. The provider might wish to note that there was a commode in one person's room at the time they were eating.

In the care plans we saw that nutritional screening tools had been used to identify people at risk from low nutrition and/or fluids. One person's weight was being monitored closely and the manager explained that they had asked the GP for high protein drinks to be included in their diet and this was under review. We saw staff report to the manager what food people had left so that this could be monitored. One member of staff gave a detailed

account of how to assess people if they were unable to weigh them.

We spoke with two members of staff who were able to tell us about specific aids and equipment for eating and drinking. One member of staff explained that one person was diabetic but didn't follow their diet very well. They added that although staff tried to encourage them it was their choice to eat what they wanted. This meant that people's cultural values and wishes were taken into account.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

When we arrived at the home a senior member of staff was in the process of administering morning medication. They came to the door to greet us and we saw that they had locked the medicines trolley. In addition we saw ointments and creams stored in a locked cupboard upstairs and a separate room with a locked cupboard for the storage of controlled medicines, although nobody had been prescribed them at the time of our visit. Medicines that needed to be stored in the fridge were kept in a locked cupboard at the correct temperature. This meant that medicines were stored safely.

Medicines were prescribed and given to people appropriately. We saw a senior member of staff administer medication to five people who gave their consent for us to observe the procedure. These included oral medication, eye drops, eye ointment and an inhaler. The member of staff explained what each medicine was for and ensured that people were in the correct position to receive it such as tilting their head back for the eye ointment and sitting upright to take oral medicine. They attached a spacer device to the inhaler so that the person could take it more effectively.

We asked people if they were happy to take their medication and if they knew what it was for and the people we spoke with told us they did. This meant that people made informed choices about their medication.

The member of staff explained that they had received medication training and done their NVQ level three. They correctly explained the procedure for giving as required (PRN) medicines. The manager told us that staff were put forward for training once they had sufficient experience of working at the home and if they felt it was appropriate. This meant that staff were appropriately qualified to administer medicines.

The member of staff we observed washed their hands after administering eye medication and used a no touch technique to dispense tablets to ensure that the correct hygiene practices were followed. They explained that gloves were used and disposed of when they administered topical creams and that each person had their own cream.

Appropriate arrangements were in place in relation to the recording of medicine. Once

each person had taken their medicine the member of staff signed in the correct space on the Medication Administration Record Sheets (MARS). We saw that these were up to date and contained photographs and room numbers of people. The procedure for documenting PRN medicines was documented in the MARS sheets and in the care plans we looked at. Codes had been correctly applied to indicate when medication had not been given.

The home used the pharmacist's Monitored Dose System (MDS) for ordering medicines and we saw that unused medicines had been returned to the pharmacy. This meant that the home used the correct procedure for ordering and disposing of medicines.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We saw the procedures and checks carried out on staff before they started work at the home and these were satisfactory. The manager explained that this was now done online. Two members of staff told us they were not allowed to start work until the correct checks had been done. They said that they had to shadow existing members of staff when they first started work at the home. The manager explained that new staff were supernumerary during their induction.

There were effective recruitment and selection processes in place. The two staff we spoke with about recruitment told us they had telephoned the home to see if they had any vacancies and were invited for interview. We asked one member of staff about references and they said they had been taken up before they started work. Both staff told us they were very well supported in their role and that access to training was very good and they were given time off work for it. One member of staff said they "couldn't fault the training here".

We noted that staff did not wear name badges. One member of staff told us this was because the manager preferred a "homely" feel to the home. The manager told us they were considering introducing badges. We asked four people if the staff knew what their care needs were. One person told us "they all know what they're doing". Another person said "they know what I need" and another told us one particular member of staff was "lovely".

We spoke with one relative who told us that staff were "very professional and caring". They said that staff turnover was minimal.

At the entrance to the home we saw that several staff certificates for NVQ and certificate/diplomas in health and social care at levels two, three and four were displayed. We saw the training matrix for staff on a wall in the office and noted that mandatory training was mostly up to date. In addition we saw that several members of staff had completed non mandatory training and we were told that this was accommodated where possible. This meant that staff were supported with training to do their job effectively.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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