Delam Care Limited

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place 28 January 2016, and was unannounced.

The Cedars provides support and accommodation for up to six people who may have a learning disability or a mental health diagnosis. At the time of this inspection six people used the service.

At our previous inspection in August 2013 we judged the service was meeting the required standards and regulations.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service was run.

People's safety risks were recognised, managed and reviewed and the staff understood how to keep people safe. There were sufficient numbers of suitable staff to meet people's needs and keep people safe. Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People's medicines were managed safely, which meant people received the medicines in the way they preferred and when they needed them.

The legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. People who used the service were supported to make certain specific decisions about their care.

People's dietary needs were met. Where concerns were identified support and guidance from health care professionals was sought. People were supported with external health care services when it was required to ensure their health and wellbeing needs were met.

Staff supported and encouraged people to access the community and maintain relationships with their families and friends.

People were aware of the complaints procedure and knew how and to whom they could raise their concerns.

The registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. However, when improvements were required they were not attended to in a timely way.

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 felt safe and staff knew how to recognise and report abuse. Risks were assessed and plans were in place to reduce any risks to people. There were sufficient staff to meet people's needs safely and in regard to their personal preferences and requirements. Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected. Staff had the knowledge and skills required to meet people's needs. People's healthcare and nutritional needs were met.

Is the service caring?

Good

The service was caring. Staff were knowledgeable about the people they cared for and spoke about them in a respectful manner. Staff were kind and caring in their approach to people, people's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People received personalised care that met their individual needs. People had comprehensive care plans that outlined people's needs in detail including people's likes and dislikes. People knew how they could make a complaint if they had any concerns.

Is the service well-led?

Requires Improvement

The service was not always well led. Systems were in place to continually monitor the quality of the service; however some issues were not attended to in a timely way. There was a registered manager. Staff told us they felt supported to fulfil their role and the registered manager was approachable.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 January 2016 and was unannounced. It was undertaken by one inspector.

Prior to the inspection we looked at the information we held about the service. This included notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We also gathered information about the service provided from other sources. We contacted the commissioners of the service; commissioners are people who fund placements and packages of care and have responsibility to monitor the quality of service provided. We contacted Healthwatch Stoke on Trent; Healthwatch helps adults, young people and children speak up about health and social care services in the Stoke on Trent area.

The provider had completed a Provider Information Return (PIR) prior to the 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 spoke with four people who used the service and observed people's care and support. We spoke with the registered manager, the locality manager and a team leader.

We looked at two people's care records, medication administration records, two staff recruitment files, training records and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

Good

Is the service safe?

Our findings

Where risks to people's safety had been recognised and planned for we saw that action had been taken to reduce the risk. For example, one person had a specific identified risk; we saw risk assessments and care plans had been completed. The action staff needed to take each day was clearly recorded in these plans. Staff told us about the regular support they provided to the person each day to ensure the risk was reduced. Staff completed daily monitoring records with the support offered to ensure continuity of care.

People told us they felt safe and comfortable at the service. One person who used the service said: "Oh yes I do feel safe, the staff are brilliant and when I go out I always tell staff where I am going and about what time I will be back. This is the safe thing for me to do". Staff told us how they supported people with their safety and explained the actions they would take if they had any concerns regarding a person's safety. They were aware of how to raise any safeguarding concerns with the managers or to the local authority.

People who used the service told us that staff were available should they require help or support. Staff told us there was always a minimum of one staff on the premises and confirmed these levels were sufficient to meet the needs of people. Some people had allocated one to one support from staff so that they could access the community and local events safely. The staffing rotas showed that additional staff were available to provide this one to one support. We saw that there was one sleeping in night staff and staff told us that at the moment this was working quite satisfactorily. The registered manager told us that the night staffing levels would be reviewed if there was a need to do so.

Staff told us and we saw that safety checks had been undertaken prior to a person being employed. References and Disclosure and Barring Service (DBS) checks were completed to ensure that the prospective staff were of good character. The DBS is a national agency that keeps records of criminal convictions. This meant the provider checked staff's suitability to deliver personal care before they started work. In addition the registered and locality managers told us that all staff annually completed a declaration to confirm their continued good character.

People's medicines were stored and administered safely. Medicines were kept in a locked medicine cabinet and were administered by trained staff. We observed a member of staff administer the medicines and saw they did it in a safe way. Some people were supported to self-administer their medication. One person said they had a locked space in their bedroom where they kept their medicines. They told us they could speak with staff if they had concerns regarding their medicines but at the moment they were 'fine' with these arrangements.

Good

Is the service effective?

Our findings

Staff told us that the training they received was suitable and appropriate to be able to effectively deliver care and support to people. Staff were knowledgeable about the physical and mental health conditions people who used the service experienced. They explained how they provided support to each person in line with people's individual needs.

Staff confirmed they received an induction to the service at the beginning of their employment. They had the opportunity to shadow and work with more experienced staff prior to them working alone. Staff had regular supervision and appraisals with their line managers. This gave them the opportunity to discuss work related issues and their training and development needs.

Two people told us they were able to come and go as they pleased and had freedom and choice over their daily lives. We saw staff offered options and choices to some people who then decided their course of action. Staff told us and we saw that some people would be unable to make specific important decisions that affected their lives. The Mental Capacity Act 2005 (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. Some people who used the service required some support to make decisions and in these cases a Lasting Power of Attorney (LPA) had been appointed who had the authority to act in their best interests. An LPA has the legal authority to make decisions on a person's behalf if they lack mental capacity at some time in the future or no longer wish to make decisions for themselves.

Some people had the capacity to make their own decisions about their health and wellbeing but would need some degree of support and help. We saw that when important decisions were needed, people had been fully supported with making these decisions by their doctor, staff, family members and representatives.
The registered manager told us that some people who used the service had a Deprivation of Liberty Safeguards (DoLS) referral or authorisation in place. The Deprivation of Liberty Safeguards is part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The referrals were based on people's individual needs and the risk that their safety would be compromised if they went out into the community alone. We saw that the restrictions of movement for people were minimised and in the least restrictive way. People could access all areas within the home and staff were available to support people with going out of the home should they wish to do so. This meant the provider was following the principles of the MCA and ensuring that people were not being unlawfully restricted of their liberty.

People told us they had enough to eat and drink each day. One person told us they particularly liked a certain take away food and had this regularly. Staff told us that some people would help with preparing and cooking meals but generally staff cooked the main meal of the day. People considered to be nutritionally at risk were provided with fortified diets and food supplements to support them with adequate daily nutrition. Staff showed a good understanding of people's nutritional needs and we saw that a healthy and balanced

diet was promoted.

Staff supported people to access health care services should they become unwell or require specialist interventions. Referrals for advice and support were made and guidance from health professionals was followed. People had access to regular consultations with their doctor if this was requested and required. Some people required regular blood tests as a precautionary measure due to the use of certain medication. Systems were in place to ensure that people had these blood tests at the required times and that the results were available to ensure people remained well.

Good

Is the service caring?

Our findings

People told us they were satisfied with the service and they liked and 'got on well' with the other people and the staff. We saw people were very comfortable and at ease. We observed positive relationships had been developed and people were relaxed in each other's presence. We observed and heard lots of discussion and conversations between people. People who had limited verbal communication were singing, smiling and obviously happy. Staff were aware of the individual needs of people and we saw staff supported people with their daily lives in a meaningful way and with dignity and respect.

People told us they all had their own room and that they were able to come and go freely in the home. We saw that people had a key to their own room and to the front door, this enabled them to keep their personal possessions safe and have ease of access to the service. Two people invited us to see their bedrooms, they were very different. We saw they had their own belongings and personal possessions and the rooms were as individual as they were. One person told us: "This is my room and I love it. I have everything that I need, I am very comfortable here".

People were all fully involved with planning, agreeing and reviewing their care and support plans. The plans were in various formats to meet the needs of the individual, for example large print and pictorial prompts. People were able to make their needs known by selecting the pictures that related to the topic being discussed.

People were supported to maintain links with their family and friends. One person told us they had a special friend whom they had known for over 40 years, they went to school together. They told us they regularly spent time together, visited each other often and looked forward to seeing one another. Another person had very regular contact with their parents and often went on visits to the family home.

Good

Is the service responsive?

Our findings

Staff told us that all the people who used the service received care that was personalised and responsive for their individual needs. We saw everyone had a plan of care which informed staff of their history, likes, dislikes and preferences. A one page profile had been completed to offer an overview of the person's individual support needs. We saw that information was recorded to ensure effective communication with people when they had problems with hearing. We saw people's care was regularly reviewed and plans reflected people's current support needs.

Systems were in place to seek people's views and experiences of the home. Residents meetings were arranged at regular intervals and recently people had been involved with the newly formed residents' forum. People had the opportunity to discuss and comment on a variety of issues, for example on the food, activities, holidays and the staff. The registered manager told us that the resident forum was being trialled throughout the West Midlands and for the provider's other services. Two people from this service had attended the first meeting and told us they enjoyed it.

We saw that people regularly accessed the community and were supported to maintain their own level of independence. Individual arrangements were clearly set out to reduce people's levels of anxiety when in the community and to ensure the activity was enjoyable. Staff told us that people were 'always out and about' and regularly attended leisure and recreational activities within the community. One person told us they liked to go to the local shopping centre and did so often.

People told us they would speak with their relatives, the registered manager or other staff if they had any concerns or complaints. One person who used the service said: "I would speak with [name of the registered manager] if I was unhappy with anything, but it's all good I like it here". Staff told us they would act on behalf of people if anyone passed any complaints directly to them. They would pass concerns to the registered manager who would then deal with the issue. The registered manager told us no complaints had been raised with the service during the past 12 months.

Requires Improvement

Is the service well-led?

Our findings

Systems were in place to report any concerns, repairs or improvements needed to the environment. We saw a problem with some windows and the replacement of some carpets and flooring was reported to maintenance in 2014. The registered manager told us that arrangements had been made to replace the flooring in two bedrooms 'shortly'. In regard to the windows, one person told us they had reported a problem of the windows in their bedroom but as yet no action had been taken. We saw other windows around the premises that were draughty, and seals broken. The locality manager contacted the provider to discuss the windows during this inspection. The registered and locality managers explained that the premises were in a conservation area and as such were subject to strict controls. Nevertheless, windows should be in sufficiently good order to support the comfort of people.

The registered manager told us and we saw that checks and audits were completed each month throughout the year to assess the quality and safety of care the service provided. For example, accidents and incidents, infection control, medication, care plans and reviews. The registered manager told us that this system speedily identified any shortfalls in the quality and safety of the service and they were able to respond quickly. We also saw that there were gaps in some of the dietary monitoring records that were needed to support people with ensuring they received their daily intake and nutritional requirements. This meant that the auditing system was not as effective as it should be to ensure a safe and quality service was provided.

Satisfaction surveys were distributed to people who used the service, their families and representatives during 2015. Those completed and returned had been analysed and a report produced. People were asked to make additional comments, one person had added: 'The Cedars is homely and friendly, the staff are excellent, caring people', they made additional comments regarding the environment and lack of individual bathing and toileting facilities. The locality manager explained that this report had recently been produced and the management team had not yet had the opportunity to discuss and further analyse the contents. A meeting was planned to discuss the findings.

People told us the staff were 'great' and they got on well with them. Good relationships had been developed and maintained between staff and people who used the service. People visited the registered manager in the office and had discussion about what they were doing during the day. Staff were busy supporting people in a friendly and professional way; they told us they enjoyed working at the service and commented: "It's a good place to work".

There had been a change to the registered manager since the last inspection in 2013. The new manager has been in post for six months and has successfully registered with us. They understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents and accidents that had occurred at the service, in accordance with the requirements of their registration. Staff and people who used the service told us the registered manager and people within the management team were supportive and helpful.

The registered manager completed the provider information return (PIR) and logged the plans to improve the service. This included information in regard to the resident's forum, the recording of people's care and support needs including their preferences for end of life care, and more training on Human Resource policies and procedures to improve staff management and retention.