

# Springcare (Albrighton) 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

### About the service

The Cedar's is a nursing home providing personal and nursing care to 42 older adults. There is a unit to care for people who are living with dementia. The service can support up to 51 people.

### People's experience of using this service and what we found

Some of the audits in place were not always effective in identifying areas of improvement. Where areas of improvement had been identified this had not always been completed. Feedback was sought from people and relatives who used the service, this was used to make changes. There was a registered manager in place who understood their responsibility around registration with us. Staff felt supported and listened to.

The care people received was safe. Individual risks to people were considered and regularly updated. There were safeguarding procedures in place and these were followed. Medicines were managed in a safe way. There were enough staff available for people and they did not have to wait for support. Infection control procedures were implemented. Lessons were learnt when things went wrong in the home.

The care that people received was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice. Staff received training and an induction that helped them support people. People had access to health professionals when needed. People enjoyed the food available and were offered a choice. The environment was adapted to meet people's needs.

People were supported in a kind and caring way by staff they were happy with. People were encouraged to remain independent, offered choices and their privacy and dignity was maintained.

People received care that was responsive to their needs. Staff knew people well and they received care based on their assessed needs. Peoples preferences were taken in to account. People had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place and complaints were responded to in line with this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good. (7 September 2016)

### Why we inspected

This was a planned inspection based on the previous rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

# The Cedars

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Cedar's is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. During our inspection we spoke with six people who used the service, three relatives, four members of care staff, two registered nurses and the deputy manager. We also spoke with the activity's coordinator, and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met. Both the operations manager and operations director were available for feedback.

We looked at care records for seven people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and staff recruitment.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- At our last inspection we found improvements were needed as staffing levels were not always sufficient to meet people's needs safely.
- At this inspection we found improvements had been made. Both people and relatives were happy with the staffing levels within the home. One person said, "There is always someone you can call". A relative told us, "Yes there are staff around and enough staff".
- We saw there were enough staff available for people and they did not have to wait for support. When people were in their rooms and pressed their buzzers for assistance these were promptly answered by staff.
- The provider had a system in place to ensure the correct amount of staff were working in the home. This was regularly reviewed, and the registered manager confirmed that staffing levels could be increased or decreased when needed.
- We looked at four staff files and saw pre-employment checks were completed before the staff could start working in the home. There was also a system in place to ensure the nurses working in the home held an appropriate qualification.

### Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately in line with these procedures.
- Staff knew how to recognise and report potential abuse. One member of staff told us, "Safeguarding is protecting vulnerable people from any form of abuse." Another staff member told us, "I would inform the manager who I know would take action. I can go higher if I wasn't happy with what action they took."

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were considered, assessed and regularly reviewed.
- We saw when incidents and accidents had occurred in the home action had been taken. For example, when one person was at risk of falls. With consent, a sensor mat had been introduced to alert staff when they were mobilising.
- Other people were sat on pressure relieving cushions when they were at risk of developing sore skin. When other people needed equipment to transfer, such as hoists we saw this was used in line with people's risk assessments. Records we looked at confirmed this equipment was maintained and tested to ensure it was safe to use.
- People felt safe living at The Cedar's. A relative told us, "Yes my relation is safe here. I know the carers know their needs. I have no worries about how they treat them."

### Using medicines safely

- There were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.
- People were happy with how they received their medicines. One person said, "The nurses are very good, they are very knowledgeable. They can talk me through my tablets and know all about them."

### Preventing and controlling infection

- There were infection control procedures in place and these were followed. The provider completed an audit in relation to infection control to ensure the home was clean and maintained.
- We saw staff used personal protective equipment such as gloves and aprons when needed.

### Learning lessons when things go wrong

- The provider ensured lessons were learnt when things went wrong. For example, when medicines errors had occurred in the home. The registered manager had ensured a reflective supervision had been carried out with the staff member to ensure future learning.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed. Care plans contained detailed information to support specific conditions and care was delivered in line with national guidance and best practice.
- People's gender, culture and religion were considered as part of the assessment process and was recorded within their care plans.

Staff support: induction, training, skills and experience

- Staff received an induction and training that helped them support people.
- Staff continued to receive training. One staff member said, "The training is good, we are having dementia training soon which I think will really help us." When staff needed specialist training, this was provided for them.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food and were offered a choice. One person said, "I have two choices of main course. I can choose desserts. I get enough drinks."
- At breakfast and lunchtime, we saw people had a variety of meals. People were offered a choice of drinks with their meals and throughout the day.
- People's dietary needs had been assessed. When people required specialist diets we saw this was provided for them in line with recommendations that had been made from health professionals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to ensure people received care which met their changing needs. For example, during our inspection the GP visited the home.

Adapting service, design, decoration to meet people's needs

- The home was decorated in accordance with people's choices and needs. People had their own belongings in their bedrooms.
- The home had a large garden area that people could access and a vegetable patch that people told us they enjoyed.
- People could access bathrooms with assistive equipment such as bath hoists.
- The dementia unit had friendly signage to help people to orientate themselves around the home. It was also decorated with local amenities, such as the post office and people had memory boxes next to their



rooms.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals and their health was monitored within the home. Records we looked at included an assessment of people's health risks.
- We saw recorded in people's files when they had been seen by health professionals. During our inspection we saw one person was supported to attend a health appointment.
- When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed.

Ensuring consent to care and treatment in line with law and guidance

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- We found not all capacity assessments were in place. For example, when people had bed rails or bed sensors. The provider had recognised they were restricting people and had applied for a DoLS. We discussed this with the registered manager who took immediate action to rectify this.
- When needed other capacity assessment were in place for people and decisions had been made in people's best interests.
- Staff demonstrated an understanding in this area. One staff member told us, "Its knowing and deciding what people want when they haven't got capacity to tell us."
- The provider had considered when people were being unlawfully restricted and DoLS application to the local authority had been made. When people were being restricted the provider had considered how people could be supported in the least restrictive way.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated in a kind and caring way. One person told us, "I am happy with the care." Another person told us, "I feel confident in the staff and the support they give me."
- Staff spent time with people offering them reassurance and finding out what they wanted. One person was looking for a specific newspaper and staff spent time helping them look. The person commented, "I would have been all day if it wasn't for them, just wonderful."
- Staff knew about people's preferences and backgrounds and were able to give detailed accounts of people.

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices and made decisions about how they would like to spend their day. One person told us, "I can choose when to get up. I get up at 6.00am and go to bed at 10.30pm."
- Staff gave us examples of the choices they offered people, such as which lounge they would like to sit in, what they would like to do and if they wished to participate in the activities that were taking place. Throughout our inspection we saw staff offering these choices to people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One person said, "They respect my privacy. My sister comes, and we go to my room or the dining room." Another person told us, "They respect my privacy. They cover my top half when washing my bottom half. I have fantastic care." Relatives confirmed staff were respectful towards people.
- Staff told us they spoke with people discreetly and knocked on people's bedroom doors before entering, we observed this during our inspection.
- People were encouraged to be independent. One person said, "They encourage me to walk by myself. That's why they got me this frame. I don't need to wait for them to come and help. It's better for me that little bit of independence goes far in here."
- We observed people were encouraged to be independent and do things for themselves. Records we reviewed reflected the levels of support people needed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well. People and relatives confirmed this. One person said, "They know I will only have female staff carry out my personal care."
- People had care plans which were personalised, detailed and regularly reviewed. Staff told us they found care plans had the necessary information in they needed to offer support to people.
- Staff had the opportunity to attend handover at each shift where they could share information and changes about people. Staff told us they found this good and the information shared was accurate and up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the Accessible Information Standard.
- People had care plans in place to ensure staff had information available how they communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in activities they enjoyed. One person said, "I like to watch television, word search and exercise. I like to walk around the home." There were activities coordinators in post.
- During our inspection we saw various activities were taking place, including a game of indoor cricket. People told us they enjoyed this and were joking and laughing with each other throughout.
- Displayed around the home were photographs and pictures of activities people had participated in and also up and coming events.

Improving care quality in response to complaints or concerns

- People felt able to complain. One person said, "Yes I would know how to make a complaint or raise any concerns. I have no complaints."
- The provider had a complaints policy which was displayed in the home.
- When complaints or concerns had been raised. These had been investigated and responded to in line with the providers policy.

## End of life care and support

- Where people had chosen to, they had end of life plans in place that had considered their preferences and wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires Improvement. This meant the service management was inconsistent.

### Continuous learning and improving care

- Quality checks were completed within the home. These included monitoring of medicines, health and safety and care files.
- These checks were not always effective. For example, we identified there had been a concern with the temperature of the fridge. Despite documentation showing this had been out of range for several months an external medicines audit had identified this. When this error was identified immediate action was taken to ensure the medicines stored in the fridge was safe to use.
- However, after this had been actioned documentation showed the fridge temperature had remained out of range and this had not been identified. The registered manager introduced a system during our inspection to prevent this reoccurring.
- Furthermore, we identified that some capacity assessments were not in place for people. We saw an audit had been completed in April 2019 which had identified the same concern. The necessary action had not been taken to ensure this was completed.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff spoke positively about the management team and the support they received. One person said, "Yes its well organised and managed." A staff member told us, "The managers and all the nurses are all very approachable, nothing is too much trouble."
- The management team promoted a positive culture across the service which was reflected by staff.

### How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood by the registered manager.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the registered manager. They had the opportunity to raise concerns by attending team meetings and individual supervisions. One staff member said, "We have regular supervisions and if we need one we can request it."
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- The rating from the previous inspection was displayed in the home and on the providers website in line

with our requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought the opinions of people who lived in the home. This was through meetings and surveys. People were given the opportunity to attend meetings to discuss and share any concerns. We saw the feedback received was positive.
- When areas of improvement had been suggested, a you said we did approach was adopted and this was displayed for people to see. For example, people had requested a vegetable patch in the garden and this was now up and running.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.