

RBS Care Limited

The Cedars

Inspection report

6 Russell Road
Clacton On Sea
Essex
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Date of inspection visit:
26 June 2019

Date of publication:
12 August 2019

Ratings

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

Summary of findings

Overall summary

The Cedars is a small residential care home providing personal and nursing care to 12 people. The building had 11 single bedrooms and one double bedroom. The care home accommodates 12 people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. 11 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

People were positive about the service. One person told us, "I am very happy here it took me a while to get used to the other people and sometimes they annoy me but you can't get on with everyone. The staff are all great."

We recommend the registered provider reviewed how they explore and record people's preferences and choices in relation to end of life care.

People were supported to have their medicines correctly and staff had been trained. Medication audits were carried out. Systems and processes were in place to safeguard people from the risk of abuse. Staff knew how to prevent the spread of infection.

Assessments were in place which detailed people's needs and choices. Staff had been trained and were given regular supervision. People were supported to eat and drink in line with their assessed needs. 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 supported this practice.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact

with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety of the service provided. Regular surveys were carried out with a range of people, relatives, staff and professionals. Information was used to make improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was Good (21 October 2016)

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information may inspect sooner.

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 well-led.

Details are in our well-Led findings below.

Good ●

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

This inspection was carried out by one inspector.

Service and service type

The Cedars 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

The inspection was unannounced.

What we did before the inspection

Before the inspection, we looked at information we had received about the service. This included any notifications from the provider. Statutory notifications included information about important events which the provider is required to send us by law. 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 inspection. We used all this information to plan our inspection.

During the inspection

We spoke with three People who used the service about their experience of care provided. We spoke with six

staff including the provider, registered manager, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visit the service.

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 Good. At this inspection this key question has remained the same; Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I sometimes feel very worried and anxious the staff help me and know how to calm me down."
- The provider had processes in place to protect people from abuse. Staff told us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused.
- We saw examples where concerns had been raised, and investigations took place in line with the providers safeguarding policy and procedure. The registered manager took appropriate action and investigated the concern keeping all parties updated.
- Systems continued to be in place to safeguard people. For example, an easy read version of the safeguarding policy was available which gave people information about how to identify unacceptable behaviour and who to talk to if they needed to report any concerns.

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and were managed safely. Staff told us how they supported people to minimise the risk, for example, falls or pressure sores.
- The environment and equipment was safe and well maintained. People were involved in practice fire drills to check any risk to people from an emergency evacuation. Personalised plans were in place to guide staff and emergency services on the support people required in these circumstances.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of people using the service. All staff spoken with said they felt there were sufficient staff on duty to keep people safe.
- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references and checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely

- People continued to receive their medicines safely. Staff had received training on how to manage and administer medicines.
- The provider had systems in place to ensure medicines were managed appropriately. Daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.
- An external audit had been carried out in June 2019 and this had highlighted some minor action points. We saw the registered manager had actioned these.

Preventing and controlling infection

- Staff completed training in infection control. The service was clean and free from any odours. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.
- We saw staff washing their hands after providing personal care and administering medicines.

Learning lessons when things go wrong

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.

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 the same; 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

- Assessments were in place, which considered people's physical, mental, and social needs.
- Care plans were detailed and offered staff practical advice. Where staff needed to support people in more complex tasks, such as with specialist equipment there was detailed step by step guidance. Care plans were regularly reviewed and updated to ensure people's changing needs were met.

Staff support: induction, training, skills and experience

- We observed staff were skilled and feedback from external professionals confirmed they could meet people's complex needs.
- Staff received a full induction and shadowed existing staff until they were deemed confident in their job role to work with people on their own.
- Staff told us they had regular supervision meetings with the manager to support their development. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed. Being a small service, the manager was available every day and often worked as part of the shift, this enabled them to supervise staff and keep up to date with the changing needs of the people they supported.

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

- The service supported a range of people with complex needs. They worked closely with support agencies including district nurses, occupational therapists and dieticians.
- One healthcare professional told us, "The staff all listen to advice we give them they want the best for the people they care for. Communication is very good between ourselves and the home."

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

- We observed the lunchtime meal. Staff encouraged people to eat independently when possible. People with more complex needs were supported by staff.
- One person told us, "I am having fruit now for breakfast as it is better for me. I can choose what I want to eat."
- Some people chose to eat at a different time or to eat something different from what had been cooked and this choice was respected.

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

- Although the service was an old building it had been adapted to accommodate the people that lived

there. It had a lift to enable people to access their bedrooms independently. The garden area was safe and secure and easily assessable.

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

- Staff promoted people's health and wellbeing. Health action plans were in place and had been signed by people when appropriate to say they agreed to the contents.
- One person proudly told us, "The staff have been helping me to lose weight because I was feeling unwell and could hardly walk. Now I am able to go out on my own I feel much better."
- Staff were knowledgeable about people health needs and were committed to support people to live healthier lives.
- People had access to services such as the chiropodist, optician and dentist and regular medication reviews.

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)s.

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.

- The registered manager and staff had a clear understanding of the MCA and put this into practice with the people they supported. They had been trained in the MCA and DoLS.
- Staff obtained people's consent before providing and support and respected their rights to make their own decisions.

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 remained the same add rating; 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

- We observed staff interacting with people. Staff showed kindness and empathy.
- There was lots of banter and interactions with staff. Most of the staff had worked at the service for a long time and knew people well.
- Staff took time to interact with people and to look for facial expressions or hand gestures as a means of communicating and listening to the people they supported. People felt safe and comfortable in the presence of staff.
- We found staff responded to people's individual communication needs and adhered to the Accessible Information Standard (a requirement to ensure anyone with a communication need is assessed so they receive all the information they need). People's communication needs were clearly documented in their care plans. Staff were patient allowing people the time they needed to talk about topics of interest and communicate their views.

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

- We observed people were given choices throughout the day of what they would like to eat or drink or if they would like to take part in an activity.
- People were supported and encouraged to maintain relationships with their friends and family. Staff told us that some people regularly received visits from their family members. On the day of inspection, we observed people having visitors.
- The registered manager told us they had regular service user meetings. We looked at the minutes of the last meeting and saw that a range of topics were discussed. This included meals people would like, places they would like to visit and other activities they would like to do.

Respecting and promoting people's privacy, dignity and independence

- one person told us, "I go out on my own and have a mobile phone so if I need help I can ring the staff who will come and help me."
- Staff were respectful when they spoke about people. When supporting people with their food staff were respectful and retained people's dignity.
- Staff knew people well including their preferences for care and their personal histories. Staff told us that they worked as keyworkers to people to ensure they had everything they needed and supported them with their day to day activities. Staff treated people with dignity and respect and supported them in spending their time in the way they chose. People were supported as individuals to enhance their quality of life, this included respecting their age, sexual orientation, cultural and religious needs.

- We observed staff knocking on doors and closing doors behind them when they entered a person's room.
- People's records were kept securely and computers were password protected. Staff knew how to keep people's information confidential.

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 now remained the same; 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

- People and their relatives were involved with planning, and reviewing their care plan. Care plans were regularly updated to ensure staff had relevant information about people's needs.
- Care plans were person centred, considering people's personal choice and preferences.
- People's needs were constantly reviewed, and support was adapted as required. At handover meetings, staff described people's mood and any health issues as well as if they had eaten and drank sufficient amounts of fluids.

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.

- People had access to information in alternative formats. This included easy read versions or large print.

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

- The service employed an activity co-ordinator who worked full time and spent time doing 1:1 activities with people as well as taking people out into the community.
- Activities included, church services, shopping, out for coffee, ball games, word searches and quizzes.
- We observed people having 1:1 chats with staff and having their nails painted. Another person went clothes shopping.

Improving care quality in response to complaints or concerns

- Staff involved relatives as appropriate in ongoing discussions, which gave them the opportunity to speak on behalf of people and voice any concerns. Due to the open communication at the service there were no formal written complaints.

End of life care and support

- At the time of our inspection the registered manager told us people using the service because of their needs, found it difficult to talk about end of life care during their initial assessment.
- The registered manager told us people's families were involved in their care and would make the necessary arrangements. However, this was not clearly documented in people's care plans.

We recommend the registered provider reviewed how they explore and record people's preferences and choices in relation to end of life care.

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 remained the same; Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People had confidence in the staff and the management team. The atmosphere was open and inclusive. Staff told us, "I feel fully supported by the manager they are really approachable nothing is too much trouble." Another person said, "I never feel I shouldn't ask something if I don't know I ask, there is always someone to help out."

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 is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was working in accordance with this regulation within their practice.

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

- A registered manager was in post and there was a clear structure of staff roles, and accountabilities which enabled the effective running of the service.
- The provider was involved in the day to day running of the service and fully supported the registered manager.
- Regular quality audits were carried out with timescales for any actions highlighted.

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

- Staff meetings and family meetings were held regularly and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues.
- Satisfaction surveys were undertaken annually for people who used the service and their relatives.

Continuous learning and improving care: Working in partnership with others

- The registered manager told us they kept up to date with current legislation by using the internet and attending care conferences and using the local authority. They also attended management meetings along with the registered manager from another service owned by the provider, these meeting were to discuss any issues and to share good practice ideas.
- The service worked in partnership with other organisations to ensure staff followed current best practice.

These included healthcare professionals such as dieticians, speech and language therapists, GP's. This ensured a multi-disciplinary approach to ensure people received the appropriate level of care and support.