

Key 2 Care Limited

Cedar House

Inspection report

Leylands Estate
Broadway
Derby
Derbyshire
DE22 1AY

Tel: 01332275060
Website: www.derbyshirecare.co.uk

Date of inspection visit:
15 April 2019
16 April 2019

Date of publication:
16 May 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

About the service:

Cedar House is registered to provide personal care to older people, people living with dementia, people with physical disabilities, people with sensory impairment, and younger adults. People live in a supported living housing complex and have their own flats. At the time of inspection 38 people were living in the complex.

People's experience of using this service.

- People received safe care and they were protected against avoidable harm, abuse, neglect and discrimination.
- People's medicines were safely managed.
- Staff were recruited following necessary checks, though these needed to be strengthened.
- There were enough staff to provide care and support to people to meet their needs.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff had support, supervision and training to work effectively to provide personal care to people.
- Staff were compassionate, friendly and caring. They treated people with respect and dignity.
- Staff encouraged people to maintain their independence.
- People had personalised plans of care in place to enable staff to provide care and support in line with people's preferences.
- Information could be provided to people in an accessible ways to enable them to make decisions about their care and support.
- People knew how to raise a concern or make a complaint. The provider had systems to properly respond to complaints received.
- The service had a system in place to provide end of life care to people.
- The service had a positive ethos and an open culture. Management were supportive of people and staff and listened to them.
- There were effective systems in place to monitor the quality of the service and drive improvements.

Rating at last inspection.

Requires Improvement (report published 19 June 2018)

Why we inspected.

- This was a planned inspection based on the rating at the last inspection.
- At the last comprehensive inspection, the provider was rated as Requires Improvement due to systems and processes not effectively in place to assess, monitor and improve the quality and safety of the service. We checked they had taken action to improve these systems and found they had.

Follow up.

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

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

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 ●

Cedar House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team.

One inspector and an expert by experience conducted the inspection over one day. 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.

Cedar House is a domiciliary care service providing personal care in people's own homes in a supportive living housing complex. CQC regulates the care provided, and this was looked at during this inspection.

The service had a manager registered with the Care Quality Commission. They 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 announced. We gave the registered manager 48 hours notice of the inspection. This was because we wanted to make sure that the registered manager was present during the inspection to assist us.

What we did when preparing for and carrying out this inspection.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We contacted the local authority who commission services from the provider and they provided us with feedback. We used all this information to plan our inspection.

During the inspection, we spoke with 10 people receiving care and two relatives. We also spoke with the registered manager, the care manager and three care staff members.

We reviewed a range of records. This included accident and incident records, three people's care records and medicine records. We also looked at three staff recruitment files.

We asked the registered manager to email further information to us, so that we could see how the provider monitored the service to drive improvements. We reviewed this information as part of the inspection process.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

- At the last inspection in April 2018, we found people's needs were not adequately assessed to ensure they were provided with the personal care they needed.
- At this inspection we found improvements had been made. Staff had assessed risks to people. Information was in place of what action should be taken to reduce these risks, though some risk assessments were not detailed. The registered manager followed up this issue by sending us more detailed risk assessments.
- Checks to people's safety were recorded in their care notes.
- Fire checks were carried out, and people had individual personal evacuation plans for the quickest and safest way to leave their homes in the event of fire.
- Staff had been trained about what to do in the event of fire.
- Staff members had a good understanding of people's needs and preferences.

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

- People said they felt safe with staff from the service.
- Relatives also said their family members were safe. One person said, "I have never had to worry about my safety here." Another person told us, "I am safe, it's a good place."
- Safeguarding procedures were in place, which informed staff to report any suspected abuse to relevant agencies.
- Staff knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Staffing and recruitment.

- People were supported by staff who were suitable to work in the service. Prospective staff members suitability was checked before they started work. This included a Disclosure and Barring Service (DBS) which allows providers to check the criminal history of anyone applying for a job in a care setting. However, some references were character references from friends rather than from previous care employments.
- People and relatives said that there were enough staff to provide safe personal care.
- Staff also thought there were enough staff to provide safe personal care, though also said there were staff shortages at times. Agency staff were brought in to make sure people provided with care that safely met their needs. The registered manager had introduced another care run to make sure people received the personal care they needed and was recruiting for more care staff.

Using medicines safely.

- People and relatives confirmed that people received their medicine safely.

- The provider had a detailed policy and procedure for the receipt, storage and administration of medicines, so that medicines could be supplied safely to people.
- Staff had received training in the administration of medicines. A medicine audit was in place to check that medicine had been supplied to people.
- Medicine records showed that people were supplied with their medicines, .

Preventing and controlling infection.

- People and relatives confirmed that staff wore protective equipment when providing personal care.
- Staff had been supplied with training on infection control. This helped prevent people from getting infections.
- Staff members were aware of the need to use relevant equipment when supplying personal care, and to wash their hands after completing a task.

Learning lessons when things go wrong.

- The registered manager said that they were aware of the need to learn if situations went wrong.
- There was evidence that lessons had been learnt in ensuring people always received their prescribed medicines, and taking preventative action in dealing with any falls people had.

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

Good: 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; staff providing consistent, effective, timely care within and across organisations.

- At the last inspection in April 2018, we found people's needs were not adequately assessed to At this inspection we found improvements had been made. People's needs had been assessed to ensure they received the right support.
- Care and support plans were personalised and had been reviewed to ensure staff provided care that met their needs.
- Staff received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience.

- People and relatives said staff were trained to provide effective personal care. One person said, "I have no complaints with how they help me." Another person told us, "They know what they are doing."
- People were supported by staff who had received ongoing relevant training. One staff member said that they had requested more detailed training on diabetes so that symptoms of concern could be more readily identified. The registered manager said this issue would be followed up.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people.
- New staff were shadowed by experienced staff so that they had the support they needed to learn how to provide quality personal care to people.
- Staff had completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

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

- People told us staff provided meals or assisted them with food preparation. They had no concerns about staff doing this properly.
- Where staff prepared food and drinks, they had information to ensure that the food they supplied was safe for people to eat and drink.
- Staff were aware of people's dietary requirements.
- People had food that respected their choice and their cultural background.

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

- People said they received healthcare support when they needed it. Relatives also confirmed this. One relative said, "Staff alert me to any health issues."

- Records showed people's health and wellbeing was supported. Incidents and accidents records showed this happened in practice.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in MCA and DoLS.

- Mental capacity assessments had been completed to determine people's capacity to independently make important decisions.
- We checked whether the service was working within the principles of the MCA. Most staff members had awareness of this legislation. One staff member was unsure what the legislation meant in practice. The registered manager said the person had been trained and would be reminded about the requirements of the act.
- We saw information in care plans to direct staff to communicate with people and gain their consent about the care they were providing. Staff members told us that they asked people for their permission before they supplied care. This was confirmed by the people we spoke with.

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.

Good: 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 and relatives were happy with the care provided. No one had any issues about the attitude of care staff.
- People said that staff listened to what they said, and that their wishes were respected. One person said, "I am perfectly happy. They [staff] are very caring." Another person said, "We [person and staff] have a chat and a laugh and get on exceptionally well."
- Information in care plans included respect for cultural practices.
- People were provided with a service user handbook, which stated that staff should treat people equally whatever their backgrounds or sexuality.
- Staff said they had been trained in respecting equality and diversity and there was no discrimination against anyone receiving a service, as everyone was treated equally.

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

- Some people told us that they could not remember if they had been involved in planning their own care.
- There was evidence in some sections of people's care plans that people and their representatives had been consulted about how they wanted their care to be provided as these sections had been signed by them. The registered manager said that it was current practice to always involve people in setting up the care they wanted. She said care plans would be reviewed with people and their representatives to ensure they agreed to all aspects of the care they were provided with.

Respecting and promoting people's privacy, dignity and independence.

- People said staff respected their privacy and dignity. Staff knocked on doors before entering people's flats.
- People and relatives told us that staff encouraged people's independence. We saw a person ironing. A person said, "I can do what I want to, and be left alone if I choose as well."
- People said staff chatted with them, while carrying out care tasks.
- People told us that staff ensured that they had choices, such as what they wanted to eat and what they wanted to wear.
- People said staff supported them to be independent. Staff said if people were able to do things for themselves, such as preparing food or washing themselves, they were encouraged to do this.
- Staff were trained to do respect people's confidentiality. This was emphasised in the staff induction programme when they started work and reinforced by the registered manager through memos to staff.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- A number of people told us that they were provided with personal care on time or approximately on times that had been agreed with them. They said if staff were going to be late, they were usually informed of this so that they did not worry when staff were going to turn up.
- A small number of calls were not timely. The registered manager said this issue would be followed up.
- People received care that was personalised to their needs and preferences.
- Care plans contained personalised information to support staff to provide people with individualised support. For example, information regarding how people liked their personal care to be provided and religious needs.
- Some of people's likes and dislikes were recorded in their care plans, and staff had good knowledge of these. For example, each person's care plan contained information about activities they liked and situations that caused them anxiety.
- One person wanted their personal effects in their flat to be placed in specific positions as it made them anxious when things were out of place. Staff were aware of this need and said they were able to follow the person's preferences.
- The registered manager said information about people's past history and preferences was requested at the start of the service, but some people did not want to provide this. This issue would be reviewed again to see whether additional information about people's likes and dislikes and preferences could be obtained.
- Regular reviews of people's needs were recorded to ensure the service was able to respond to people's changing needs.
- A staff communication book was in use which recorded people's changing needs and was used to hand over information from one staff shift to another.
- People had access to the information they needed in a way they could understand it. This meant the service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People's care plans contained information about their communication needs and the support they required.
- We observed a staff member using sign language to communicate with a person with hearing loss. This was carried out in a confident and friendly way.
- The person's flat had a flashing door bell, to alert the person if they had a visitor. Staff told us that they were learning basic sign language to be able to communicate with the person more effectively.
- People said there were lots of activities they could take part in. Posters were displayed on notice boards in the communal areas of the housing complex informing people of forthcoming activities, which included a fashion show, a country and western evening, bingo and reading groups. There were monthly religious worship groups,.

Improving care quality in response to complaints or concerns

- People and relatives said that they had no complaints about the service. One person said that they could say anything to staff and there was always a good response.
- People said if they ever had a complaint, they were confident it would be sorted out by staff. No one said that they had ever made a complaint. One person said that they said when something was not right for them, staff would "do their best to help."
- No written complaints from people or their representatives had been received since the last inspection.
- There was a complaint policy and procedure in the information pack for people place if the need arose. This did not link with information to state that people could contact the local authority or local government ombudsman if they were not satisfied with how complaints were investigated. The registered manager said this issue would be reviewed and put into place.

End of life care and support

- There was a system in place to record people's wishes and preferences when they wished to discuss this issue. We saw care plans that had this information.
- Staff had been trained in end-of-life care to be able to provide appropriate care and support at this time.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The previous rating indication was displayed in line with the legal requirement to do this.
- People's care was regularly reviewed to ensure it met their individual needs and preferences.
- Staff were clear on who they would report any concerns they had to management and felt confident in being able to do this.
- The service had a relevant statement of purpose. This clearly set out the aims, objectives and ethos of the service to provide person centred care.
- Duty of candour requirements were understood by the registered manager if anything went wrong in providing personal care, to provide a written apology and explanation of events to the 'relevant person.'

Continuous learning and improving care.

- At the inspection in April 2018, we found there was an ineffective system to measure whether a quality service had been provided. At this inspection, we found this issue had been improved. Audits had been regularly carried out on important issues such as medicine systems, actions to take when falls occurred and whether care planning had been effective to meet people's needs.
- Management carried out spot checks on staff to assess whether they were providing a good quality service. Action had been taken when issues of performance had been identified.
- Staff members felt supported in their role and told us their line managers promoted a high standard of care.

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

- Staff were supported and able to develop in their role. Staff members confirmed they received regular supervisions and support from their line manager.
- Staff members spoke positively about the culture of the service and described how all staff cared that people they supported were kept safe and provided with respectful and dignified care.
- Staff members understood their roles and responsibilities. There were clear lines of delegation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- The views of people and their representatives were sought. Everyone said that they had been asked if they were satisfied with the care they were provided with. They said they felt confident about speaking to management, if they had a concern or issue. There had been opportunities to attend residents meetings to

make suggestions to improve the service, although no one was interested in doing this.

- People and relatives said they would recommend the service to family and friends.
- Staff had received training about equality and diversity to ensure staff were able to support people's needs, whatever their background or preferences.
- Staff had regular team meetings. Staff members told us they felt comfortable expressing their views and they felt involved in the development of the service. They said their line managers listen to them and had changed systems to make their working conditions easier.

Working in partnership with others.

- Management worked with other relevant agencies such as the GP and district nurses and an equipment service.
- Good relationships had been developed with local commissioners. The registered manager had worked with them to make improvements needed in the service.