



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Cedars (The)

**8 Clevedon Road
Weston Super Mare
North Somerset
BS23 1DG**

Lead Inspector
Juanita Glass

Unannounced Inspection
28th December 2007 10:30 am

Date of inspection Example. - 31/12/05 (Date inspection Started) 28/12/07

Time of inspection (Time started on first day: 24 Hour clock) 10:30

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

| Reader Information | |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

| | |
|---------------------------------------------------------------|--------------------------------------------------------------------|
| Name of service | Cedars (The) |
| Address | 8 Clevedon Road Weston Super Mare North Somerset BS23 1DG |
| Telephone number | 01934 629773 |
| Fax number | |
| Email address | ceda1@btinternet.com |
| Provider Web address | |
| Name of registered provider(s)/company (if applicable) | Mr Michael Munns |
| Name of registered manager (if applicable) | Mr Howard Neil Munns |
| Type of registration | Care Home |
| No. of places registered (if applicable) | 28 |
| Category(ies) of registration, with number of places | Old age, not falling within any other category (28) |

Visit Number

~#354634#~

V5.2

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 18th July 2006

Brief Description of the Service:

The Cedars is registered to provide personal care for 28 people aged 65 or over. Currently, the home has a condition of registration enabling one younger person to be accommodated. Accommodation is provided on two floors in single rooms, all of which have en-suite facilities. There is a passenger lift. The home is situated close to the sea front at Weston-Super-Mare and within an easy reach of amenities. There are attractive, sheltered gardens to the rear of the home.

Current fees are £355 - £395 per week

SUMMARY

This is an overview of what the inspector found during the inspection.

This unannounced inspection took place over one day in the presence of the Care Manager Mrs M Timmins. A total of 7 hours were spent in the home.

Evidence to support the findings of this inspection was obtained through written surveys from people living in the home and their relatives. Responses to our written survey were received from 14 people living in the home and 3 relatives.

An Annual Quality Assurance Assessment (AQAA) was completed by the homeowner and forwarded to the Commission for Social Care Inspection (CSCI).

We also carried out a review of documentation in the home. This included documentation in people's care plans, staff personnel records and records maintained for the day-to-day running of the home.

Whilst in the home we discussed the care provided with 6 people living there both on a one to one basis and in a group. We also spoke to 3 relatives, 4 staff members working on the day of the inspection, the care manager and the registered provider (the home owner).

What the service does well:

The Cedars continues to provide a very pleasant relaxed atmosphere. People living in the home said they were happy with the care provided. They said staff were more than willing to help them lead as normal a life as possible. One person living in the home said that staff went beyond their normal duties to help them maintain choice and control over their life. More than one person living in the home and a relative spoken to said that the food was always of a good standard with a choice of wholesome and nutritional meals. Staff spoken to say that it was a happy relaxed atmosphere to work in. They were observed to have a cheerful rapport with the people living in the home. Visitors were welcomed and requests for information or assistance were dealt with immediately and in a polite manner.

The environment continues to be very well maintained and provides a good range of comfortable, pleasant rooms. People living in the home had chosen the décor in one of the lounges, which was a very bright and pleasant room to sit in. There are attractive patio gardens on both sides of the home, each of which have seating and shady areas, and which provide colourful and interesting outlooks.

The home continues to use an effective quality assurance system, and a great deal of thought is put into ensuring each separate system ties in with all the other systems. This means that people's needs and preferences can be consistently taken into account through every aspect of the running of the home.

What has improved since the last inspection?

Two requirements were made at the last inspection. Both these requirements had been complied with. A separate medication fridge is now provided for medication that must be stored at low temperatures. People living in the home who wish to have their bedroom doors propped open are able to do so with the use of specialised door releases that will close the door when the fire alarm is sounded. Since the last inspection the provider has employed a care manager Mrs Timmins who manages the provision of care in the home. The care manager confirmed that following comments made by people living in the home new choices had been included in the menus. She also confirmed that following consultation with staff extra time was being allocated for key workers to spend more time with the people they are caring for.

What they could do better:

The care manager had already identified areas that she wished to improve that were discussed during this inspection. These included the care plans being made more person centred and policies and procedures being reviewed and updated.

We made no requirements as a result of this inspection; we recommend that a record be maintained of activities that people living in the home take part in.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3 and 5, 6 does not apply

Quality in this outcome area is **good**

This judgement has been made using available evidence including a visit to this service.

The Cedars understands the need for adequate information when people are choosing a home. Admissions are not made to the home until a full needs assessment is carried out.

EVIDENCE:

Care records reviewed show that a full preadmission assessment is carried out prior to any new person moving into the home. The care records for the last two people to move into the home contained very clear assessments, which formed the basis of the working care plans. The care manager confirmed that an admission would only be made if the home could meet the needs of the person wanting to move in. People spoken to living in the home did not express an opinion about the admission process. One relative survey stated that there had been 'no surprises and plenty of information.' Care records also

contained enhanced care plans from the placing authority or a hospital discharge care plan.

The documentation used by staff from initial enquiry to day of admission contain prompts that ensures they give people experiencing the admission process all the support and information required.

People are offered the chance to visit the home prior to admission this is usually carried out by a relative or representative on their behalf.

The care manager stated that they are developing a 'Residents Welcome Pack', which will be provided in different formats to ease the transition from home/hospital to The Cedars.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10

Quality in this outcome area is **excellent**

This judgement has been made using available evidence including a visit to this service.

People living in the home receive effective personal and health care support using a person-centred approach. This enables staff to provide care, which is person lead. Personal support is flexible, consistent and able to meet the changing needs of people living in the home.

EVIDENCE:

Care records reviewed showed that staff in the home has a clear understanding of the importance of Person Centred Care. This could be seen in the inclusion of dietary preferences due to religious following or medical needs and preferred times of rising or going to bed. One person living in the home with an identified allergy is also provided with their own cutlery to enable them to maintain a healthy life.

Staff spoken to had a clear understanding of the individual needs of the people they were looking after. This reflects good practice and is commendable. Following discussion with the care manager we agreed that care plans need to reflect the Person Centred Care that is provided, for example rather than

saying 'needs help washing and dressing,' they need to include the preferred way in which the person would like to receive this help. Staff spoken to were well aware of the preferred ways in which people liked their care to be provided and people spoken to confirmed that the staff knew their needs and were flexible in the way they carried out their duties.

People spoken to were consistent in their praise and comments about staff in the home. They all said staff were respectful, considerate and kind. Comments received included 'staff go beyond the call of duty to provide the care I need.' A relative stated that the stay in the home was only respite but they would be returning, as the care had been excellent.

Relatives also commented on the friendly relaxed manner in which their loved ones were looked after and the friendly way in, which they were helped to understand the needs, they had.

Care plans included clear guidance and risk management for staff to follow. The home is in the process of providing all people living there the chance to complete an advance directive so that the care they would prefer to receive is provided if they are unable to make decisions in the future. All records seen were regularly reviewed and changes documented.

Daily records are maintained which not only cover the physical care provided but emotional and psychological support given or needed. The care manager confirmed that key workers were being enabled to spend more one to one time with the person in their care through changes made in the staffing rota. The daily records also identified healthcare needs being accessed by people living in the home, these included input from the district nursing service if needed and attendance at hospital outpatient's appointments. People also received support from the chiropodist, dentist, optician and diabetes nurse adviser.

The homes policies and procedure for the receipt storage and administration of medication are robust. All staff handling medication have received appropriate training. The systems in place are well thought out and designed to reduce the room for error. Since the last inspection a fridge for medication has been purchased. People who are able to administer their own medication are encouraged to continue to do so with the support and guidance of staff.

Daily Life and Social Activities

The intended outcomes for Standards 12 – 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

The home treats people as individuals, and routines are built around needs and preferences rather than staff convenience. A meaningful programme of activities is provided. Menus and meals are good, and alternatives and extras are readily made available.

EVIDENCE:

People spoken to and photographic evidence in the home showed that a varied and meaningful programme of activities is provided, however it was difficult to evidence this, as a record of daily activities is not maintained. This was discussed with the care manager who agreed that a section would be added to care plans to enable a daily record to be kept. Although there was no written evidence people confirmed that they could attend an activity on a daily basis and during the summer had been out on trips to Blagdon Lakes, Bristol Zoo and on a mystery tour, which included a pub lunch. On the day of the inspection people in the home were attending Holy Communion.

People also confirmed that their relatives and friends are made welcome in the home. During the inspection relatives were seen to come and go throughout the day. They commented on the friendly and welcoming approach of staff who would assist them to find the person they were visiting and make the visit a pleasant one. One relative said a cup of tea or coffee is always available.

The main ethos in the home is that people living there are given the chance to take control of their daily routine wherever this is practicable; people are given a degree of choice in most aspects of their lives. People spoken to said that they could exercise choice and control over their own lives and felt that the home was run for their benefit. Staff spoken to were very conscious of enabling people living in the home to continue to make personal choices.

People living in the home are asked on a daily basis about their meal preference. This is then conveyed to the cook. If a person does not want either choice another option can be offered. There is a good range of hot and cold options offered at each meal. The menus continue to contain a variety of well-balanced meals that reflect the preferences of the people living in the home. The care manager stated that some changes had been made to the menus following a food survey.

Complaints and Protection

The intended outcomes for Standards 16 – 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18
Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People who use the service are supplied with a clear complaints procedure that they can understand. The procedure is clearly displayed throughout the service and is given to other agencies involved with the home. The manager and staff have received training in safeguarding adults and how to respond in the event of an alert.

EVIDENCE:

The home's complaints policy and procedure shows a clear timeline and action to be taken in event of a complaint. A copy is clearly displayed in the home and subsequent copies are available on request. The policy and procedure also directs the complainant to the CSCI. The manager maintains a full record of complaints. Five minor issues had been recorded all were dealt with appropriately and within the guidelines of the homes policy and procedure. A copy of the North Somerset policy and procedure for Safeguarding Adults under No Secrets has been made available for all staff. Staff spoken to showed an awareness of the policies and procedures in place to safeguard vulnerable adults. Staff records showed that staff had received appropriate training. The home also has a very clear whistle blowing policy, which all staff spoken to were aware of. People spoken to said they knew how to make a complaint if they needed to, they all felt they could approach the owners at anytime with any concern and that it would be considered seriously.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19 and 26

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The home has a well-maintained environment, which provides aids and equipment to meet the care needs of the residents. It is a very pleasant safe place to live with rooms that meet the national minimum standards. A high standard of cleanliness is maintained within the home.

EVIDENCE:

We carried out a tour of the premises. The Cedars is homely with a variety of communal areas, which are furnished so that people living in the home can sit in small groups. The furnishings and lighting are domestic in style whilst providing adequate light to read by. The furniture and fittings are of good standard and communal areas are pleasantly decorated. People living in the home had decided on the décor for one of the lounges that had recently been redecorated. A programme of re-decoration is being followed as and when rooms become available. People spoken to said that they liked their rooms and

had bought in their own furniture which made them feel more at home. People living in the home also have access to outside areas that are pleasantly laid out with flowerbeds and patio areas.

The home shows a good standard of housekeeping and no offensive odours were apparent. The manager and staff showed a clear awareness of infection control policy and guidelines. Protective clothing was being used; staff have personal bottles of hand sanitizer which they keep on their person. All staff change out of their uniform before leaving the premises this is good practice. The manager can obtain guidance from outside agencies if required.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

There are consistently enough staff available to meet the needs of the people using the service, with more staff being available at peak times of activity. The service ensures all staff receive relevant training focused on delivering improved outcomes for people within their service. The service has a good recruitment procedure that clearly defines the process to be followed.

EVIDENCE:

Staffing rotas showed that the home is adequately staffed for the diverse needs of the people living in the home. Extra staff can be used at peak times or for activities.

The manager and care manager are both on duty during the day. There are four care staff on duty in the morning. This reduces to 3 care staff in the afternoon. At night there are two care staff. Care staff are supported by adequate numbers of ancillary staff freeing them up to provide care and activities.

Staff were observed during the day. All observed interactions with service users were heard to be kind and helpful. The care staff at the home are encouraged to undertake National Vocational Qualification (NVQ) training and the home currently has 53% of the care staff holding an NVQ qualification of

level 2 or 3. With other staff either attending the training or planning to start. All new staff receive Induction training following the Common Induction.

Training records showed that all mandatory training had been attended through the year. Staff had also attended training in Safeguarding Adults medication administration, dementia and challenging behaviour.

The Cedars has a good recruitment procedure that clearly defines the process to be followed. Three staff files were examined for new starters in the last twelve months, all had a CRB and relevant information on file.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 36 and 38

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The manager has the required qualifications and experience to run the home and is supported in this role by the Care manager. They encourage an open and inclusive ethos. Staff are adequately supervised with consideration being placed on key worker development and training relevant to their role in the home. Efficient systems are in place to monitor the quality of the service provided. The home works to a clear Health and Safety policy, which all staff are fully aware of.

EVIDENCE:

The Registered Manager, Mr Howard Munns, has worked in the home for a number of years, as it is a family business started by his father Mr Michael Munns. He has attained the Registered Managers Award and encourages an

open door ethos in the home. Staff, visitors and people living in the home commented upon this. They all felt they could approach the owners and managers at any time. Mrs M Timmins the Care manager who provides clinical support assists Mr Howard Munns in the day-to-day running of the home. She has previous experience in the community managing a Domiciliary Care Agency and has also completed the Registered Managers Award.

The Cedars has developed a very comprehensive understanding of the need to demonstrate that they take seriously comments made by people living in the home and their relatives. The homes quality assurance questionnaire had been forwarded to relatives and people living in the home. The care manager said they were waiting to receive all the replies before collating the evidence and producing a business plan based on the comments made. Comments seen were very complimentary with both relatives and people living in the home very pleased with the standard of care they received. The Annual Quality Assurance Assessment (AQAA) returned to the CSCI was clear about the homes commitment to maintaining an environment that recognises the diverse needs of the people in their care and developing a service that will meet those needs on an individual basis.

All staff receive 6 weekly supervision which follows an agreed format. The Care manager stated that these sessions were also going to include key worker assessments in future. Staff can also express their ideas or concerns at regular staff meetings.

The implementation of health and safety within the home was satisfactory. All residents have personal risk assessments. Generic risk assessments are in place and reviewed regularly. A review of the firelog showed all tests, training and drills were being carried out to the Avon and Somerset Fire Brigade guidelines. Since the last inspection all bedroom doors that remain open, on request of the person living in that room, have automatic doorstops that enable the door to close when the fire alarm sounds. All service records were available for inspection and up-to-date.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

| CHOICE OF HOME | |
|----------------|-------|
| Standard No | Score |
| 1 | X |
| 2 | X |
| 3 | 3 |
| 4 | X |
| 5 | 3 |
| 6 | N/A |

| HEALTH AND PERSONAL CARE | |
|--------------------------|-------|
| Standard No | Score |
| 7 | 4 |
| 8 | 4 |
| 9 | 3 |
| 10 | 3 |
| 11 | X |

| DAILY LIFE AND SOCIAL ACTIVITIES | |
|----------------------------------|-------|
| Standard No | Score |
| 12 | 3 |
| 13 | 3 |
| 14 | 4 |
| 15 | 4 |

| COMPLAINTS AND PROTECTION | |
|---------------------------|-------|
| Standard No | Score |
| 16 | 3 |
| 17 | X |
| 18 | 3 |

| ENVIRONMENT | |
|-------------|-------|
| Standard No | Score |
| 19 | 3 |
| 20 | X |
| 21 | X |
| 22 | X |
| 23 | X |
| 24 | X |
| 25 | X |
| 26 | 4 |

| STAFFING | |
|-------------|-------|
| Standard No | Score |
| 27 | 3 |
| 28 | 3 |
| 29 | 3 |
| 30 | 3 |

| MANAGEMENT AND ADMINISTRATION | |
|-------------------------------|-------|
| Standard No | Score |
| 31 | 3 |
| 32 | X |
| 33 | 3 |
| 34 | X |
| 35 | X |
| 36 | 3 |
| 37 | X |
| 38 | 3 |

Are there any outstanding requirements from the last inspection? NO

!#ZTREQT!# Use Section 1 button to insert Standards in the Standard column

| STATUTORY REQUIREMENTS | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------|-------------|----------------------|
| This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales. | | | | |
| No. | Standard | Regulation | Requirement | Timescale for action |
| | | | | |
| | | | | |
| | | | | |

!#ZTRECO!# Use Section 2 button to insert Standards in the Refer to Standard column

| RECOMMENDATIONS | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------|
| These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out. | | |
| No. | Refer to Standard | Good Practice Recommendations |
| 1 | OP12OP12 | a record needs to be maintained of activities that people living in the home take part in. |
| | | |

Commission for Social Care Inspection

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