



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Cedar Court Care Centre

**Portland Avenue
Seaham
Co Durham
SR7 8BT**

Lead Inspector
Belinda Parker

Unannounced Inspection
12th July 2006 10:45

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

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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	Cedar Court Care Centre
Address	Portland Avenue Seaham Co Durham SR7 8BT
Telephone number	0191 581 8080
Fax number	0191 581 7647
Email address	
Provider Web address	www.cedarcourtcarecentre.co.uk
Name of registered provider(s)/company (if applicable)	Stonelea Developments Ltd
Name of registered manager (if applicable)	Mrs Veronica Turner
Type of registration	Care Home
No. of places registered (if applicable)	49
Category(ies) of registration, with number of places	Dementia (25), Dementia - over 65 years of age (25), Learning disability (12), Old age, not falling within any other category (25), Physical disability (13)

SERVICE INFORMATION

Conditions of registration:

1. Persons in the category of DE must be aged over 55 years.
2. Persons in the category of PD must be aged over 55 years.

Date of last inspection 9th September 2005

Brief Description of the Service:

Cedar Court Care Centre is a purpose built home that opened in April 2005. The home provides forty-nine residential places within four separate living units.

The units are called Dalton Place, Byron Lodge, Tempest House and Seaton View. The home is registered to provide accommodation to people in need of personal care across a range of different categories including old age, dementia, physical disabilities and learning disabilities. People who fall into the category of dementia and physical disabilities must be over the age of fifty five years, people who fall into the category of old age must be over sixty five years and people who fall into the category of learning disabilities must be over eighteen years of age. The Care Centre also has a separate day centre.

The home is built over two levels and provides single room en-suite accommodation with shared living areas. A large passenger lift is available to provide access to the first floor units. Outside the home has well kept gardens and car parking spaces for visitors and staff. The home is situated in a housing estate in Seaham. Local shops and amenities are close by.

Fees charged by the home vary for Local Authority funded residents and residents who pay private. Residential £364:50, EMI Residential £417:00, Learning Disability £378:50, Residential (Self funded) £404:00, EMI Residential (Self Funded) £417:00.

SUMMARY

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

This unannounced inspection took place on the 12/07/06 completing on 17/7/06 over a combined period of 7:5 hours. During the visit time was spent talking to service users, staff and management. We conducted a tour of the building and a number of records were examined.

What the service does well:

On entering the home the atmosphere was friendly and relaxed. The manager and staff were welcoming.

Since the last inspection the manager and staff have continued to work to improve the service offered. Service users and staff spoken to were satisfied with the way the manager run the home. A comment card and 4 surveys forms received by the Commission for Social Care Inspection prior to the visit were generally positive towards the service provided by the home.

These are some of the general comments made by the people who live in and work in the home.

" I liked my home, but I was lonely".

" No complaints about the staff".

" I don't need help, but the staff help others".

" Food fine, not hard to please".

" Staff are nice and friendly".

" Manager and assistant managers good, door always open".

" If I had to find a home for my parents. It would be Cedar Court".

Records viewed were up to date with some evidence that care plan recording procedures had been improved. Health and safety records are maintained. A Quality assurance and monitoring system is in place. This ensures the home is being run in the best interests of the people who live there.

What has improved since the last inspection?

The manager is currently reviewing all care plans. This ensures that all information has been dated correctly and service users or their representatives sign as to their agreement with the care to be provided for the individual.

What they could do better:

Staff responsible for the safe handling of medication must ensure handwritten entries on medication recording sheets are signed by the person responsible for receipt of the medication into the home. This ensures service users are protected from potential harm.

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.

DETAILS OF INSPECTOR FINDINGS

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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 at least once during a 12 month period.

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

3, standard 6 is not applicable (The home does not provide intermediate care)

Quality in this area is **“good”**. This judgement has been made using available evidence including a visit to the service.

Service users are assessed before moving into the home so that their needs are understood by the home. And the home is able to decide whether or not they are able to meet the service user’s needs.

EVIDENCE:

The manager provided evidence to show that the system for recording pre-admission dates had been improved. Different assessment forms are used for different service user groups. Three care plans examined included the necessary information for staff to meet service users needs. The manager said the prospective service user and their representative is involved in the process.

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 at least once during a 12 month period.

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

7, 8, 9 and 10

Quality in this area is **"good"**. This judgement has been made using available evidence including a visit to the service.

The care planning system is clear. And provides staff with the necessary information to adequately meet the health and care needs of the people who live in the home.

The medication in this home is well managed promoting good health.

Service users are treated with respect.

EVIDENCE:

Three care plans were looked at covering a sample of both younger and older people living at the centre. Care plans included the necessary information to enable staff to adequately meet the needs of service users.

Care plans included information to show that other health professionals are involved in the care and health needs of service users. Two service user's care plans examined included evidence to show that the service user or their

representative had signed as to their agreement with the care provided. Care plans included regular updates. The manager audits the care plans as part of the quality assurance process.

An audit of medication was carried out. A staff member spoken to was able to demonstrate the procedure for the safe handling of medication promoting the health for service users. Medication Recording sheets examined were up to date but hand written entries did not include the signature of the staff member responsible for receipt of the medication into the home. Which could put service users potentially at risk.

Service users spoken to during the visit said staff treat them with respect and help them if asked to do so. One service user commented, "Staff are nice and friendly", " I don't need help but the staff help others".

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 at least once during a 12 month period.

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

12, 13, 14 and 15

Quality in this area is **“good”**. This judgement has been made using available evidence including a visit to the service.

The home provides a range of different activities to meet the varied interests of the people who live in the home. The home is continuing to develop this area to ensure the service users have a fulfilling social life of their choice.

Service users are encouraged and enabled to take control of their chosen lifestyle.

The dietary needs of the people living in the home are met.

EVIDENCE:

The home employs an activities co-ordinator. A weekly activity programme is displayed in each unit for service user information. The activities co-ordinator maintains a file with an individual record of activities that service users enjoy and a life profile completed by the service user or their relative on their behalf. Responses from four surveys returned to CSCI prior to the visit were generally satisfied with the range of activities. One respondent commented, “ This is a

major problem that the home is trying hard to resolve. But there is still room for improvement". During discussion the activities co-ordinator demonstrated that he is positive towards involving service users in community activities and has many ideas to develop this area for the benefit of the people who live in the home.

Visiting in the home is flexible. Service users spoken to said they could go to bed when they want. Staff interviewed showed that they encourage service users to take control within their life. A staff member said, " When assisting with bathing, I encourage the resident to do as much as possible for themselves".

On touring the home service users were observed having lunch. Dining areas were comfortable. Tables were set appropriately. Service users spoken to said the meal was good and the staff ask them what they would like everyday. A meal sampled was hot, tasty and well presented. The chef showed me a list of individual service users choices. He said, " I make sure everyone gets the meal they have chosen". A staff member was observed assisting a service user with feeding. This was done in an appropriate manner ensuring that the service user's dignity was maintained.

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 inspected at least once during a 12 month period.

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

16 and 18

Quality in this area is **“good”**. This judgement has been made using available evidence including a visit to the service.

The complaints process in this home is clear. With evidence that service users views are acted upon.

Clear processes are in place to ensure service users living in the home are protected from abuse.

EVIDENCE:

The home has a clear complaints system in place to enable service users and other visitors to make their views known. All complaints are logged and the outcome recorded. Responses from the pre-inspection survey stated that generally people knew how to make a complaint. The manager said she operates an open door policy and encourages service users and their relatives to drop in and speak to her if they are not happy with any aspect of the service. Staff interviewed confirmed that they were aware of the complaints process and procedure.

The home follows a thorough recruitment process and staff have attended POVA (Protection of Vulnerable Adults) training. These processes ensure that the people living in the home are protected from harm or abuse.

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 at least once during a 12 month period.

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

19 and 26

Quality in this area is **“excellent”**. This judgement has been made using available evidence including a visit to the service.

The home is maintained to a high standard providing the people who live there with a clean and comfortable environment.

EVIDENCE:

We conducted a tour of the home and found it to be comfortable, safe, accessible and maintained to a high standard. One service user invited us to view her room. This service user has a particular interest in needlepoint and had many framed samplers of her work displayed on the walls in her room.

The home was clean with no offensive odours present.

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 at least once during a 12 month period.

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

Quality in this area is **"good"**. This judgement has been made using available evidence including a visit to the service.

Staff are employed in adequate numbers to meet the needs of service users. Development of staff member's skills and abilities are promoted. This ensures the people living in the home receive a good standard of care service.

EVIDENCE:

On the day of the visit staff were available in adequate numbers to meet the collective needs of the people who lived there. The manager said she regularly reviews the changes in the individual dependency levels of service users who live in the home and adjusts staffing levels accordingly.

Staff training records examined showed that staff receive training relevant to their role of responsibility on a regular basis. The majority of care staff have achieved National Vocational Qualification Level 2 in care with many having achieved NVQ Level 3 in care. Certificates for training courses attended are available in individual staff files. The manager is positive towards staff developing their skills and abilities. This ensures that the people living in the home are cared for by staff that are trained and competent in their role. The manager maintains a record of all training arranged and attended by individual staff throughout the year. Staff spoken to confirmed that they receive training on a regular basis. That builds on their skills and abilities to provide a good

service to the people who live in and visit the home. One staff member said, " The manager is good, very positive, lots of training going on".

Six staff personnel files examined showed that the home follows a thorough recruitment process. This process ensures service users are protected from abuse.

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 at least once during a 12 month period.

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

31, 33, 35 and 38

Quality in this area is **"good"**. This judgement has been made using available evidence including a visit to the service.

The manager runs the home in the best interests of the service users.

The financial rights of service users are protected.

Health and safety is promoted and monitored in the home ensuring a safe environment for the people who live there, work in and visit the home.

EVIDENCE:

The manager is qualified and experienced in working with older people and people with a Learning Disability. The manager said she seeks advice and support from other health care professionals to ensure service users receive a

good standard of care and that their needs are appropriately met. Staff, service users and responses from surveys received were positive towards the manager and how she runs the home. A staff member said, " The manager is good at consulting everyone on what is happening in the home".

The home has a clear system in place for review and self-audit. Evidence available showed that service users and their representatives are given the opportunity to be involved in the decision making process in the home and are able to make their views known. The manager had evidence to show that a full audit is carried out on a monthly basis covering all aspects of care, the environment and maintenance of health and safety in the home. The provider conducts a monthly audit. This was viewed to be a tick box system and lacked detail in some areas.

The system for safekeeping of money held on behalf of service users in the home is satisfactory. All monies are stored individually in an appropriate locked facility. All financial transactions are recorded and a signature evidenced.

Health and safety is promoted in the home. Certificates are available to show that major systems and disability equipment are serviced and maintained on a regular basis to ensure the protection of the people, who live in, work in and visit the home.

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	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	X
9	2
10	3
11	X

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

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

ENVIRONMENT	
Standard No	Score
19	4
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	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? NO

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

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.	OP9	The registered provider should ensure that all hand written entries on medication recording sheets are signed by the staff member responsible for receiving medication into the home.

Commission for Social Care Inspection

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