Interhaze Limited

Cedarwood Care Centre

Inspection report

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Date of inspection visit:
24 October 2017
26 October 2017

Date of publication:
29 January 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and took place on 24 and 26 October 2017. The decision to initiate a responsive comprehensive inspection was made following a high number of safeguarding incidents at the location over recent months since the last inspection. At the last comprehensive inspection in February 2017, we found the provider required improvement under the question of 'Is the service', Safe, Effective, Caring, Responsive and Well Led. We found at this inspection improvements had been made although some further improvement was required.

Cedarwood Care Centre is registered to provide accommodation and support for up to 33 people with dementia and mental health needs. On the day of the inspection visit there were 33 people living at the home. There was an acting manager in place who was in the process of registering with us as a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection in February 2017, the provider was found to be 'requires improvement' under the key question of 'Is the service safe'. At this inspection we found improvements had been made to the way people were supported with how their medicines were managed, however other areas had been identified as requiring improvement. We identified that there were insufficient numbers of staff to respond to people's needs.

At the previous inspection, the provider was found to be 'requires improvement' under the key question of 'Is the service effective'. At this inspection we found improvements had been made to ensure that people's rights were protected to ensure they were not unlawfully restricted and that their dietary needs were now being assessed and monitored.

At the inspection in February 2017, the provider was found to be 'requires improvement' under the key question of 'Is the service caring'. At this inspection we found improvements had been made to the way people's confidentiality was protected and their independence was being encouraged..

During our previous inspection, the provider was found to be 'requires improvement' under the key question

of 'Is the service responsive'. At this inspection we identified that there had not been significant improvements in people having access to activities that were meaningful to them and people and their relatives were not always consulted on how care plans were developed.

At the last comprehensive inspection the provider was found to be 'requires improvement' under the key question of 'Is the service well led'. At this inspection we found that the provider was progressing in developing systems to monitor safety and quality of the service, although improvement was still required. We also identified that the views pf people and their relatives was not always sought regarding how the service was managed.

People were kept safe and secure, and relatives believed their family members were safe from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider.
People received their medicines safely and as prescribed.

Staff had been recruited appropriately and all pre-employment checks had been completed.

Staff sought people's consent before providing care and support. The provider ensured that the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People's rights to privacy and confidentiality were respected by the staff that supported them and their dignity was maintained.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there were positive interactions between staff and the people living at the location.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs and people received care from staff that knew them well.

Relatives and staff were confident about approaching the manager if they needed to raise an issue or discuss their family members care and support needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not cared for by sufficient numbers of staff.

People were supported by staff who were recruited safely.

People received their medicines as prescribed and medication management systems were effective and safe.

Risks to people had been assessed and were effectively managed to reduce the risk of harm.

Is the service effective?

Good

The service was effective.

The provider was taking the appropriate action to ensure people who used the service were not unlawfully restricted and had processes in place to protect people's rights.

A choice of foods was available at each meal time and people received sufficient amounts of food and drink to maintain their health.

People were supported by staff who had the skills and knowledge to meet their needs.

Is the service caring?

Good

The service was caring.

People received support that maintained their privacy and dignity.

People described staff as friendly and caring.

People were supported by staff who knew them well and were involved in day to day decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not have access to activities and interests that were meaningful to them.

People and their relatives were not always involved in the planning and review of their care and support plans.

People knew who to contact if they were unhappy about the support they had received and felt confident to complain.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance processes to monitor and assess the quality of the care of the service provided in the home was ineffective.

The provider had notified us of incidents and events as required by law.

People and staff were confident in approaching the manager if they needed to.

Cedarwood Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 24 and 26 October 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service and reviewed the Healthwatch website, which provides information on care homes. This information helped us to plan the inspection.

We spoke with nine people, three staff members, the acting manager, the deputy manager and the providers. We looked at records in relation to three people's care and medication records to see how their care and treatment was planned and delivered. Other records looked at included three staff recruitment files to check suitable staff were recruited. The provider's training records were looked at to check staff were appropriately trained and supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Some of the people living at the home had limited or fluctuating capacity and were unable to give in-depth answers to all of our questions. Therefore, we used an observational tool called Short Observational Framework for Inspection (SOFI), which we used to help us collect evidence about the experience of people who use services, especially where people were not able to tell us verbally.

Requires Improvement

Our findings

At the last inspection in February 2017, we rated the provider as 'requires improvement' under the key question of "Is the service safe?" We had found that people were not always receiving their medicines as prescribed and when required. At this inspection we found that although the provider had addressed these issues appropriately, other concerns had arisen over the number of staff available to support staff safely. This inspection had been instigated following a high number of safeguarding and whistle blowing notifications since the last inspection, relating to concerns of financial abuse, staffing levels, neglect, standards of care and medicine management. The provider had submitted notifications appropriately to both CQC and the local authority to inform us of these incidents however, the inspection was bought forward due to the increased number of notifications we had received.

People were not supported by sufficient numbers of staff working at the home. A person told us, that people residing on the first floor of the building hardly ever saw a member of staff. Another person we spoke with said, "Sometimes they [staff] are too busy to bring refreshments upstairs to our room". A relative we spoke with told us, "I feel they need more staff". Another relative we spoke with told us, "There's been a high turnover of staff, but it seems to have settled down now". A member of staff we spoke with said, "I don't think there's enough staff, it would be better if there were more. I'd like to sit down and talk [with people using the service] but can't always". We observed staffing levels throughout the day and found that although people sitting in the main lounge area were supported by sufficient numbers of staff, however those on the first floor of the building weren't. We observed long periods of time when staff did not enter parts of the first floor.

People and relatives we spoke with told us they felt safe living at the home. One person told us, "I feel safe because of the way they [staff] look after me, it's good". Another person we spoke with said, "I feel safe when I have a shower, they [staff] assist me". A relative we spoke with told us, "Staff know what they're doing to keep my husband safe". Staff we spoke with told us that they had received training on keeping people safe from abuse and avoidable harm, and were able to give us examples of the different types of abuse. A staff member we spoke with was able to explain the different types of abuse that they would look out for and the signs that would alert them that someone might be at risk. Staff we spoke with were aware of what action to take if they suspected that someone was at risk of harm or abuse, one staff member told us that if they suspected a person was at risk of harm or abuse they would inform the manager. The provider had a good understanding of their responsibilities in relation to protecting people from harm. There were safeguarding procedures in place and the provider had notified us of any significant incidents or events as required by law.

Staff we spoke with were aware of how to assess if people were at risk of harm. A member of staff we spoke with told us, "The biggest risk here is falls, so I ensure there's no trip hazards". Another member of staff told us how they were aware of risks such as, people spilling hot drinks, or potential trip hazards around the home, They told us that they would move furniture if required to allow better access for people to walk around the home. We saw that processes were in place for staff to assess and document any concerns regarding risk and were mindful to report any concerns to the manager.

We looked at three staff records to check their suitability to work with people living at the home and found there had been improvements made to the way staff were recruited. We found staff had completed the appropriate pre-employment checks that included an up to date Disclosure and Barring Service (DBS) check prior to their employment. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People we spoke with told us they were happy with the support they received to take their medicine. We observed staff administer medicines to people in a safe way. A person we spoke with told us, "I have medication, it is on time and I don't ever remember them forgetting to give it to me". During our visit we saw medicines were stored in a secure facility with access only by authorised members of staff. There were processes in place for ordering and the supply of medicines and we found that people's medicines were available. We saw that medication administration records (MAR) were completed correctly and audits conducted showed the amounts of medicine in stock balanced. Where people received their medicine on an 'as and when required' basis guidance for staff about when and how to administer these was available in people's care plans.

Good

Our findings

At the last inspection in February 2017 we rated the provider as 'requires improvement' under the key question of "Is the service effective?" We identified that People's rights were not protected because key processes had not always been followed to ensure that people were not unlawfully restricted. People were not always supported by staff who were trained and well supported to carry out their role. People's dietary needs were assessed and monitored to identify any risks associated with their diet, however some people did not think the food was served in a way that they liked. At this inspection we found these concerns had been resolved.

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.We saw that the provider supported people to be involved in making decisions on how their care was delivered on a daily basis. A person we spoke with told us, "I choose what time I get up and what time I go to bed". We saw that people were moving around the home freely, deciding where they went and what time they did things. For example, we observed one person who left the table at lunch time, between courses, as they had decided to go out in to the garden for a cigarette. Staff were able to meet peoples care and support needs consistently because they knew people's needs well. A member of staff we spoke with told us, "It's important to ask people how they want us to do things for them, it's respectful".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. 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 were being met. We saw that the provider had submitted the relevant DoLS applications to the Supervisory Body, for their consideration, to ensure the person's rights were not unlawfully restricted. Members of staff we spoke with had an understanding of DoLS and what this meant to the way they provided care. We saw an example of a person who required one to one care through out the day, and the staff were aware of why this was necessary.

People told us they were happy with the food and drinks provided by the home. A person we spoke with told us, "The food is good, they give us a choice". Another person said, "They offer drinks and tea, they do a tea

round". We saw that people were offered a choice of food at lunch time. There was a good atmosphere with interactions between staff and people living at the home. Throughout the day people had access to drinks and snacks. A member of staff we spoke with told us that some people like to go to the local café for a bacon sandwich, or if they wanted, staff would bring in take-away food for them. Staff we spoke with were aware of people's dietary needs and preferences and we saw people were offered food that staff knew they would enjoy. Staff told us how they completed food logs to show what people have eaten throughout the day, to ensure that their nutritional needs are being met. We saw that where special diets were required, the provider had consulted dieticians and meals were prepared according to people's needs.

People told us they felt that staff had the skills and knowledge required to support them. One person said, "I think the staff know what they're doing". A relative we spoke with said, "I think that the staff are very capable and know what they are doing". A member of staff we spoke with told us, "I'm happy with the training". Another member of staff told us that they could request specific training with the manager, they said, "We [staff] asked for mental health and epilepsy training and they said they would arrange it". Staff told us they received an induction when they first started working at the service, which helped them to understand their role. Staff we spoke with told us that they receive regular supervision and they felt supported by the acting manager and the deputy manager and would speak with them if they were concerned about anything.

Everyone we spoke with told us that their people's health needs were being met. A person we spoke with told us, "The doctor comes in if needed and the optician and chiropodist visit regularly". A relative we spoke with said, "My [family member] had sores before they came here, and they [staff] manage them very well". Another relative told us how their family member received regular visits from the district nurse to support their health needs. A visiting healthcare professional we spoke with told us how recent changes in staff personnel had resulted in improved health care support for people living at the home, They said, "One lady always used to be quite wet with urine, but now they're [staff] on top of things more. She was dry today, her pads are changed regularly. They seem to be doing a good job". We saw from care plans that people were supported to access a variety of health and social care professionals. For example, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

Good

Our findings

At the previous inspection in February 2017 we rated the provider as 'requires improvement' under the key question of "Is the service caring?" People's confidentiality was not always promoted and opportunity to promote people's independence was limited. During this inspection we saw that there had been improvements in these areas.

We found people's privacy was respected and staff understood the importance of treating people in a dignified way. A person we spoke with said, "The staff are kind and considerate, my dignity is upheld and they respect me. The close the door and curtains before performing any [personal] care duties". A member of staff we spoke with said, "[I] acknowledge them [person using the service] and ask what level of personal care they want. I close the doors and keep them covered as much as possible". Another member of staff explained how they respected people's right to confidentiality. They told us, "If they tell you something in private, don't tell staff unless there's a safety concern". A relative told us, "There's enough privacy when I visit. I can close the door and be more private if I want to". We observed the deputy manager discussing a hospital appointment letter with one of the people living at the home. But before they read it with them, they asked if the person would like to go somewhere more private to read it. This demonstrated to us that people received private and dignified care.

Staff told us how they supported people to be as independent as possible. A member of staff we spoke with told us, "Some people will tell you that they want to wash themselves and we [staff] respect that". Another member of staff we spoke with gave us an example of a person they support with personal care, who occasionally likes to do this for them self, they told us that the preson would let them know how independent they were feeling on a daily basis. Throughout the day we saw staff supporting people to make decisions for themselves, where practicable, regarding what they wanted to do, thus promoting their independence.

The people living at the home were able to verbally express how they preferred to receive their care and support. A member of staff we spoke with told us that if a person was having difficulty understanding them, they would speak slower and repeat themselves if needed. Another member of staff we spoke with told us, "If I can't understand them [person using the service] I ask them to repeat, but not if it annoys them". Staff also told us that if they needed to, they would use pictures and gestures to help them to communicate with people more effectively. Throughout our time at the home we saw good interactions between people and staff.

We found people living at the home were supported to maintain contact with family and friends close to them. A relative we spoke with said, "We can visit anytime apart from early morning, they [provider] like you to come after 10:00am". We saw relatives and friends visiting throughout the day and had the choice to sit with their family member in the communal areas or the person's private room.

Requires Improvement

Our findings

At the last inspection in February 2017, we rated the provider as 'requires improvement' under the key question of "Is the service responsive?" At this inspection we found the service had remained 'requires improvement.'

At our last inspection we identified that not all people were actively encouraged and supported to engage in activities that were meaningful and accessible to them. At this inspection we found that this had not improved. A person we spoke with told us, "I sit around watching TV, nothing to do, I get bored". Another person also said, "There are no activities, we sit and watch television all day". A member of staff we spoke with gave us examples of activities which took place at the home, for example; colouring books, playing with balloons and reading, but none were developed specifically to meet the individual needs or interests of the people living at the home. We discussed this with the acting manager who told us that activities for people had, "Fallen by the wayside over the past year", due to changes in staff personnel resulting in a lack of attention being paid to them. They assured us that they were in the process of developing 'About me' books that would identify people's individual personalised likes and dislike, including hobbies, interests and activities. We saw that one person's care plan we looked at had the 'About me' book within it. The provider also explained that there was a resident meeting planned to discuss events and day trips that people might like to go on in the future.

At the previous inspection In February 2017 we identifies that people and their relatives were not being consulted on how peoples care plans were developed. At this inspection we saw that no significant improvement had been made. A person we spoke with told us, "I've not been involved with my care plan". Another person we spoke with told us, "I might have a care plan, I don't know". A relative we spoke with said, "We never had an induction or remember being involved in a care plan". We looked at four people's care plans and found that there were a variety of inconsistencies, including; minimal personal information in the 'Getting to know me' files and random information recorded about people's daily routines. For example one person's care plan identified their preferred method of communicating as, 'friendly' and their preferences relating to touch as, 'I used to do a lot of things when I was younger but now I don't know". This showed us that care plans were not being developed, implemented and reviewed effectively to support people's care needs.

People we spoke with told us they knew how to raise concerns if they were unhappy with their support. One person told us, "I've never had to complain or have any concerns". Another person we spoke with told us, "I have made complaints in the past, they were acted upon and I've been happy with the results". Staff we

spoke with told us that they would refer any complaints made by people at the home directly to the manager. The provider confirmed that there were no complaints currently being dealt with. We found there were systems in place to ensure any complaints received were investigated and responses provided to the complainants.

We asked people, relatives and staff how cultural and spiritual needs were being met. A person we spoke with told us that they were offered food specific to their cultural identity. A staff member we spoke with told us how they support a person to access and uphold their religious beliefs by attending services or having members of their faith group visit them. Staff we spoke with confirmed they had received training on respecting people's equality and diversity needs.

Requires Improvement

Our findings

At the last focused inspection in February 2017, we rated the provider as 'requires improvement' for the key question, "Is the service well-led?" At this inspection we found the service still required improvement.

In February 2017 we identified that although the provider had systems in place to monitor the safety and quality of the service, these had not always been effective when identifying areas in need of improvement. There had also been some leadership changes. Staff did not always feel supported and guided in their role.

At the time of this inspection we were informed that the former area manager was in the process of applying to be the new registered manager, whilst also supporting a new deputy manager until they were ready to take over the registered manager role in the future. This followed a period in between the February inspection and this, when the previous manager had left the organisation before their registration was complete. This, along with information from the previous inspection showed us that there were issues within the service when recruiting and retaining suitable management staff. A person we spoke with told us, "We don't get a good manager that stays". A relative we spoke with told us that there had been a high turnover of managers over the past five months. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law. The most recent CQC reports and ratings were displayed at the home.

The provider had quality assurance processes in place to monitor and assess the quality of the care of the service provided in the home. However these were still not being used effectively to identify areas where improvement was required. This included seeking feedback from people living at the home, their relatives and health care professionals. A person we spoke with told us, "I have never been to a residents meeting". Another person told us, "I have complained because of not being told what's happening here". A relative we spoke with said, "I remember a meeting with the manager and relatives, but that was quite a while ago". The provider had also failed to completed regular audits, for example of risk assessments, care records and staff training records. This meant that the provider was not effectively monitoring the service to ensure the safety and wellbeing of people living at the home. We discussed this with the acting manager and the provider who informed us that they had developed an action plan in conjunction with the Local Authority Commissioning team to address quality assurance shortfalls. There was a meeting planned on 10 November 2017 when managers from all of the providers locations were meeting to discuss auditing processes. The acting manager told us that the previous manager had failed to carry out audits correctly. They also informed us

that the provider was implementing new IT software systems to ensure that processes were more effective and efficient.

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been one whistle blowing notification raised at the home, relating to poor record keeping, care plans not being accurate, a high turnover of staff, problems with the food and problems with the fire alarm system not working. During our inspection we corroborated the concerns regarding care records and staff turnover. We had discussed the fire alarm with the acting manager prior to our inspection and noted that it did malfunction but was repaired immediately. During our inspection we noted that the food was good. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself.

People and staff we spoke with were confident about approaching the manager if they needed to. A person we spoke with said, "I know who the manager is, very nice lady. I don't know her name but she's approachable". Another person we spoke with told us, "The management seem to have improved, there have been problems with staffing, but it seems to be calmer and more relaxed recently". A member of staff we spoke with told us, "[Deputy manager's name]is a good manager, very hands on and approachable, and she genuinely seems to care. She doesn't just hide in her office". Another member of staff we spoke with said, "The manager's supportive, if anything needs changing, they respond, we only have to ask".

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. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.