

QH The Cedars Limited

The Cedars Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

The Cedars Care Home provides accommodation and personal care for up to 63 people. The service is split into two units, both of which support people who may have dementia related needs. At the time of the inspection 40 people were living in the service.

People's experience of using this service:

The service had made improvements since our last inspection. However, further improvements were required following this inspection.

Risk assessments did not consistently reflect people's current needs. Further work was required to ensure the consistency of recording in care plans.

There were not always enough staff to ensure people received care and support tailored to meet their individual needs.

Staff did not have access to regular supervision sessions or annual appraisals.

The provider and registered manager did not have systems in place to ensure they had oversight of the service.

Staff understood their responsibilities to safeguard people from the risk of harm. There were systems in place to ensure the safe management of medicines.

People were supported by caring and compassionate staff who supported people with patience. People's right to privacy was upheld and their independence was promoted.

Relatives knew how to raise concerns or make a complaint and were confident they would be responded to appropriately.

From our discussions with the provider and the registered manager, we were assured they were committed to making the required improvements to ensure people experienced consistently good outcomes.

Rating at last inspection: At the last comprehensive inspection the service was rated as Requires Improvement (published 30 January 2018).

This is the second time the service has been rated as Requires Improvement.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care

people received. At the last inspection on, 28 November 2017 we found some staff were task focussed and did not have the time to offer or support and encourage people to do a meaningful activity. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the quality of the service. At this inspection, we looked to see whether the provider had implemented the action plan.

Enforcement:

During the inspection we found two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to staffing and governance. When we returned to the service for the second day of the inspection we found some progress had been made to address the concerns highlighted but continued improvements were required.

Details of action we have asked the provider to take can be found at the end of this report.

Follow up:

We have asked the provider to send us a report outlining what they are planning to do and by when to improve the quality of the service. We will check the action plan has been put into place and will continue to monitor all information we receive about this service. We will continue to monitor intelligence we receive about the service 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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The Cedars Care Home

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:

The first day of the inspection was carried out by one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this incidence they had experience of caring for an older person and dementia care. Two inspectors returned to the service on the second day to complete the inspection process.

Service and service type:

The Cedars Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Both days of this inspection were unannounced.

What we did:

Before the inspection we looked at information, we held about the service. Including; previous inspection reports, details about incidents the provider must notify us about, such as serious injury, events that stop the service running and safeguarding alerts. We reviewed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with six people living in the service and six relatives to ask about their experience of the care provided. Some people living in the service could not easily give their views and opinions about care. To help us gain a better understanding of people's experiences we observed interactions between people and staff in communal areas. We spoke with 12 members of staff including the registered manager, care workers and activities and domestic staff. We also spent some time with the provider.

To gather information, we looked at a variety of records, including care records relating to five people living in the service. To ensure the provider and registered manager had oversight of the service we also looked at other information relating to the management of the service.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Although people told us they felt safe living at the service, improvements were needed to ensure people's risks were consistently managed.
- Records showed risks associated with people's care needs had been assessed but assessments were not consistently updated to reflect people's current needs. For example, one person had been placed on a fluid restriction. Records showed staff were not adhering to the advice documented in their care plan and their fluid intake regularly exceeded the documented limit. We discussed our findings with the registered manager and the provider who informed us the person was no longer on this fluid restriction however, their care plan had not been updated to reflect this.
- There were inconsistencies across the units as to how effectively staff were monitoring and recording people's charts. Staff were using different forms to record the same information. This meant information was not easy to find and there were gaps in the recording on some charts. For example, some people required assistance from staff to change their position in the bed or chair to prevent skin damage. Turn charts were in place but night staff recorded information on a different form to the day staff and on some occasions, there were large gaps in the recording, with only one turn documented on the form.
- When we returned to the service on the second day of the inspection the registered manager had met with staff and taken measures to address how staff recorded information in people's care records.
- We found despite the inconsistencies in people's care plans, staff could tell us about people's current needs. When we spoke with the provider about our concerns they committed to addressing the existing gaps and to ensure that risk assessments and care plans reflected people's needs in the future.
- People who had been identified as being at risk of developing pressure areas had been provided with pressure relieving equipment such as air flow mattresses. Care plans did not include information about the recommended flow rate for the mattress to ensure people were getting adequate pressure relief.
- We observed staff supporting people with manual handling to move from one place to another. Staff were calm and patient with people and gave them verbal prompts and encouragement throughout the procedure.
- Staff were aware of the procedure to follow in an emergency. On the first day of the inspection a person became unwell. Staff responded appropriately and calmly to the situation.
- Personal emergency evacuation plans (PEEPS) were in place to aid safe evacuation in the event of a fire.

Staffing and recruitment

- Staffing levels across the two units varied. This meant, whilst people were kept safe there were not always enough staff available to provide people with support in a timely manner and at times the care provided was task-focused. For example, on the first day of the inspection two relatives who had family members on Meadows raised concerns with us about the lack of staff the impact this had upon them. They told us,

"Today they were late getting [person] up. Normally [they are] up at 9:30am today it was 11:00am and still not up and [they] had no breakfast. Staff really do care but are chasing their tails." And, "Not enough staff, the staff they have got I do appreciate."

- Comments from staff included, "Sometimes we need more staff. It's hard if the phone is calling, call bells going and people need help."
- We discussed our concerns with the registered manager and when we returned to the service on the second day of the inspection an additional member of staff had been rostered onto the unit.
- People were supported by a stable and consistent staff group who knew them well.
- The service had a recruitment process in place to ensure staff were safe to work with people living at the service.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise potential signs of abuse and were confident about how to report any worries or concerns both within the service and, if necessary, to external organisations. A staff member said, "Any concerns about the residents I can tell the seniors or [head of housekeeping] and is acted on, the seniors and [head of housekeeping] are good at their job."
- There was a whistle blowing policy in place. Information was available to guide staff about how to raise concerns and staff told us they would be confident reporting any concerns about the safety of people or the behaviour of other staff members.

Using medicines safely

- Staff supported people to take their medicines safely.
- Staff received medicine training and had their competency assessed to ensure they had the skills and knowledge to support people safely with their medicines.
- A deputy manager completed monthly medication audits. The outcomes of which were shared with staff to manage risk.
- Due to a change in how the pharmacy provided medication the service had introduced a new system for administering medication. This included a daily stock take of boxed medication.

Preventing and controlling infection

- People told us the service was always clean, which confirmed what we observed. One member of the domestic team told us, "I had two days shadowing [head of housekeeping]. I started on cedars, then onto main house. Everyone shadows [staff member] when they start, she is very thorough, she goes around every day checking for dust, checking the floors and the tables, she is very observant, I have been trained really well."
- Kitchen and housekeeping audits were regularly completed to ensure the service was clean and well maintained. Any maintenance issues were raised via a log book and addressed promptly. Staff told us, "It's really a very good system. We identify any problems and they are always sorted out quickly. If any parts are needed they access them, and things get sorted."
- One relative told us, "It's improving all the time. There's a nice buzz about it now, substantive improvements. Less turnover of staff, atmosphere more settled, much cleaner."
- Staff followed the provider's infection control procedures which ensured people were protected from the risk of cross infection.

Learning lessons when things go wrong

- The registered manager had a system in place to record and respond to accidents and incidents.
- The outcomes of investigations and actions implemented to mitigate the risk of reoccurrence were shared with staff.

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff completed a variety of training modules which provided them with the skills and knowledge to support people. The provider supported staff to advance their knowledge through the completion of additional qualifications such as the National Vocational Qualifications (NVQ's). However, there were no systems in place to monitor or review staff competencies following completion of training modules.
- The deputy manager's worked alongside care staff to support people. This provided the opportunity for informal observations of staff performance. However, records showed staff did not consistently have access to annual appraisals or regular formal supervision sessions to support them with their personal and professional development. The registered manager told us they did not consistently complete staff supervision sessions. Where they had been completed the focus was on issues around poor performance.

These failings are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New members of staff were introduced to the service through an induction programme and were required to complete a probation period to ensure they had acquired the necessary skills to care for people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff supported people to use equipment such as walking aids and hoists to promote independence and safety.

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

- People and relatives gave positive feedback about the food and the choices people had at meal time. A well-stocked snack trolley was brought around during the day to encourage people to eat and drink. People told us, "We have different fresh fruit sliced every day, some days a selection fruit platter." And, "Brilliant food, I love eating." A relative said, "Food is very good, enough choice, drinks lots of them all the time."
- People were able to choose off the daily menu and the service went out of their way to provide food to meet people's specific tastes. For example, one person wanted stuffed pigs' intestines and knew where to get the ingredients. The kitchen staff had gone above and beyond to accommodate this. The registered manager told us, "Our electrician picked it up for [person] and [they] spoke to the chef about how to cook it." A member of the kitchen staff said, "I try and enthuse them to eat and I come and see people when I can."
- Before their meal staff asked people what they would like to eat from the menu of the day. There was no evidence of picture menus or sample plates of food being used to support people who may have had

difficulty processing verbal information.

- One of the main dining rooms only had seating for 12 people but there were 21 people living on the unit. We observed people who were independent with their meals seated at tables in the dining room and people requiring assistance remained in their seats in the lounge area or in their rooms.
- Staff supported people to eat and encouraged those who were finding it difficult or were slow when eating.

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

- The service had worked with the local authority to improve the service.
- Staff supported people to attend hospital appointments and liaised with health and social care professionals to ensure people had access to the support they needed.

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

- Improvements had been made to the décor of the service and the garden area since the last inspection.
- There was an ongoing programme of refurbishment underway to continue to develop and improve the service.

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

- Staff supported people to maintain good health and access appropriate social and healthcare services.
- Staff made referrals for advice and support to specialist healthcare professionals including occupational therapists, dieticians, optician and speech and language therapist. The outcome and advice received from appointments or assessments were recorded in people's care plans.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service was working within the principles of the MCA. The registered manager understood their responsibilities under the MCA. They were aware of the process to follow should an application to deprive people of their liberty be required and where appropriate, applications had been made to the local authority.
- Care plans showed that MCA's were personalised and decision specific. Staff had completed training in respect of the MCA and understood their responsibilities to ensure people were given choices about how they wished to live their lives.

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

- When supporting people, staff were kind and caring and treated people with dignity and respect. Interactions between staff and people were warm and relaxed. Staff knew about people's life histories and their likes and dislikes, this meant they could engage in conversations on topics of interest to them.
- People told us they were happy living at the service and both they and their relatives spoke positively about the care staff. Comments included, "I am quite happy, I find the helpers helpful and pleasant," "Lovely staff, really care about her, staff seem to be staying now." And "Excellent here, staff are magnificent, we have a good chat." And, "This is my home, I am happy here."
- In the main house we observed some meaningful one-to-one interaction between staff and people. For example, one of the activities team sat next to a person looking at and talking about old coins. Another staff member told us how they were supporting people to pot plants. They brought soil into the lounge area and were encouraging people smell the soil and giving them a choice of which pot to use. They explained, "Residents are helping me pot plants on, I come in and see them every couple of weeks."
- Care plans contained information about people's life histories, likes and dislikes and how they wished to receive their care. For example, one person had limited verbal communication, their care plan detailed what clothes they liked to wear, and we saw them wearing these.
- Several relatives had written to the registered manager complimenting them on the care provided. Comments included, "I wish to commend you and your staff about the level of care and understanding afforded to my [relative]. Dealing with a [relative] suffering with Alzheimer's is incredibly challenging for us, but we are cared for as is he, with compassion and professionalism." And, "I cannot tell you what a massive weight off my mind it is to know that my [relative] is being cared for so well. We can turn up unannounced and [they] will always be clean, tidy, haircut and nails trimmed."

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

- Staff supported people to make choices in their day-to-day care, which promoted their independence.
- One person told us, "Very good here, just finished eating my breakfast, feel lazy so still in bed, felt I needed to stay in bed." Comments from staff included, "We try not to take choice away from people, you let them go to the loo if they can, if they need help we assist. We try to let them do as much as they can." And, "The first thing that made me really happy is the atmosphere, it's a happy welcoming atmosphere here now." And, "We all make a team. There is no. you me and them, all three of us make a team, me, staff and the residents and families."
- Staff knew people's communication preferences. They described different ways they could communicate with people non-verbally to determine what their needs were including, ensuring eye contact and observing body language.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we saw doors were closed during personal care and staff knocked and waited to be invited in before they entered people's room.
- We observed staff respecting people's dignity by discreetly adjusting their clothing to cover their underwear when they stood up.
- People's daily records were stored on an open shelving unit in the communal lounge area. This does not comply with current General Data Protection Regulations (GDPR). We discussed this with the registered manager who assured us they would review the storage of these records.
- We made a recommendation for the service to follow current legislation to maintain people's information confidentially in relation to the GDPR.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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

- Before moving into the service people were assessed to ensure the service was able to meet their needs.
- Following admission to the service staff had supported people with complex social and behavioural needs to make significant improvements to their lives. People who had been unsettled and displayed behaviours relating to anxiety were now calm and settled.
- Care plans were person centred and contained detailed information for staff about how to support a person to live as they chose. For example, one person displayed behaviours relating to anxiety and tended to 'hoard' items in their room. A behaviour support plan was in place which outlined for staff how to support them with this behaviour whilst keeping them and other people safe.
- Care plans had been signed by staff to indicate a monthly review had been completed. However, at some of the reviews staff had written 'no changes' and signed to confirm this, but the information recorded in the person's daily records indicated changes to their care delivery had been made. For example, one person's care plan stated at meal times staff needed to serve them first to help them settle. At meal times we observed this was not happening. When we discussed this with staff they told us this was no longer happening.
- Relatives told us, "They get in touch, even to warn us [relative] is having a haircut the next day, optician seen the other day. We are kept fully informed, if [relative] had a bad night or not wanting to eat." And, "Very happy with the home, staff all know me and the family."
- Staff encouraged people to remain as independent as possible. We observed people mobilising around the service throughout the day and staff supporting them to use equipment such as walking aids and hoists to promote independence and safety.
- People's access to activities varied across the service. Some people were supported to engage in activities which were meaningful and stimulated them however, other people were left for periods of time with little meaningful stimulation. The registered manager told us this was in the progress of being reviewed and a new staff member had recently been employed to join the activities team.

Improving care quality in response to complaints or concerns

- Systems were in place to manage any complaints and records showed complaints were responded to appropriately and in a timely manner.
- Feedback from people and relatives included, "Complaints, I can speak to any of the staff, they are absolutely lovely, we usually have a laugh, they listen to me." And, "Got no problems, would talk to the boss if I had one."

End of life care and support

- At the time of the inspection nobody was being supported with end of life care.
- The registered manager told us the service worked with other health care professionals to make sure people received the right care at the end of their lives. However, they acknowledged this was not reflected in

people's care records.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- The provider did not have quality assurance systems in place to effectively manage and monitor the service. The lack of oversight meant they had failed to identify and respond to many of the issues raised during the inspection.
- The provider and registered manager had recognised improvements were needed to the quality assurance systems in place and acted quickly to address the concerns we identified during the first day of the inspection. From our discussions we were assured they were committed to making the required improvements however, improvements were needed to ensure the systems were imbedded and sustained.
- Some of the concerns identified during the inspection were also identified at the previous inspection. We discussed with the registered manager and the provider our concerns about how they would be able to implement the plans for the development of the service under the current management support system.

This combined with the lack of quality assurance systems was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and deputy managers met on a weekly basis to plan and discuss any changes happening in the service.

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

- Since the last inspection two deputy managers had been appointed to support the registered manager. They took responsibility for the day to day management of the unit on which they were based as well as completing clinical duties.
- However, the deputy managers were only allocated two supernumerary days a week to complete their non-clinical responsibilities and the rest of the time were rostered onto the care rota. Staff told us if they were short staffed on the deputy managers non-clinical day they would assist with care provision. This meant there was little time for them to support the registered manager develop the service, leading to a reactive rather than proactive management style. The registered manager advised us they were continuing to develop the role of the deputy managers.

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

- A new registered manager had been appointed since the last inspection. They had been in post for

approximately six months and had a clear vision for the continued development of the service. They told us, "The staff I have are excellent, nobody likes change but staff have adapted well and appreciate why the changes have been made. It's a great achievement from them." The provider said, "We have seen a real improvement in staff retention since [registered manager] has been in post. People and families seem much more content and this has been reflected in a reduction in complaints and concerns."

- The service had clearly been through an unsettled period, but staff and relatives were positive and had confidence in the new registered manager and the provider. Comments from relatives included, "Staff seem more clear of structure and given roles. The manager is super, and I get on well with him." And, "Manager is a lovely guy, I have a great relationship with him and he really cares, seems to be authoritative and staff listens." And, "New manager came last June he has made a difference. [Relative] had a broken bed, been reported, nothing done but the manager persuaded them to get a new bed, he is really pulling the place up."
- Staff were positive about the support provided by the register manager and deputy managers. Comments from staff included, "I would say it works well. They are very visible and hands on, that makes a real difference." And, "I am, learning a lot from [the registered manager] he is very supportive. "Really helpful, he's always about, he's not in his office all day he comes out and chats with residents. He asks us if we need help with anything or if there's any concerns to come to him." And, "[Registered manager] is a very good man, he has good ideas and we are trying to work alongside him to continue to improve the home."

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

- People and relatives provided feedback about the service to the provider through annual surveys, the results of which were collated and made available. We saw, overall the feedback about the care received was positive. There was no scheduled resident or relative meetings. The provider informed us meetings were organised when there was important information to share, such as when the new registered manager was appointed.
- Monthly staff meetings were scheduled, and the service produced a bi-monthly newsletter to keep people and relatives informed.

Working in partnership with others

- To ensure that people using the service were supported in the most effective way the service worked in partnership with other health and social care organisations.
- The registered manager understood their responsibility to send notifications to the commission, so that we could be made aware of how any incidents had been responded to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have quality assurance systems in place to effectively manage and monitor the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not consistently have access to annual appraisals or regular formal supervision sessions to support them with their personal and professional development.