

Cedar House Company Limited

Cedar House

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 and 20 December 2018 and was unannounced. Cedar House was inspected twice in 2017. In June 2017, the service was rated overall requires improvement with breaches in Regulations 15, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to issues with staffing levels, infection control and good governance.

At the last inspection in September 2017, which in part was prompted by a notification informing us of a person who was using the service to have alleged abuse, we again found the service to be in breach of Regulations 9, 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The issues we identified included lack of appropriate detail of people's risk management plans, lack of appropriate protocols relating to medicines which were to be administered on a 'as and when required' basis, people's rights were not always met in line with the requirements of the Mental Capacity Act 2005 (MCA), care planning processes did not always ensure that people received care and support that met their needs, lack of sufficient person centred activities and inefficient management oversight processes meant that people's needs were not always effectively met.

Following both inspections in 2017, the service submitted actions plans to us advising us of the improvements that they planned to implement to address these breaches. Whilst some improvements had been made over the last 12 months, we continued to find areas of concerns where the required improvements had not been made or sustained.

Cedar House is a privately-owned care home for older people in Enfield. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate 17 older people, most of them living with dementia. The home was fully occupied at the time of this inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Management oversight processes in place continued to be ineffective. Checks and audits were seen to be tick box exercises and did not identify any of the issues that we identified as part of this inspection.

Although care plans were detailed and person centred, and despite the service confirming they had been reviewed monthly, care plans were not always reflective of people's current care needs.

Care plans detailed the support a person required in relation to their dementia, however, information was generic and had not been personalised to the person and how their dementia affected them.

People were not receiving the appropriate care and support in relation to their oral hygiene. Where people presented with certain habits that compromised infection control, the service did not ensure that steps were in place to support people with this whilst maintaining infection control.

People did not have access to meaningful or person-centred activities. Activity boards detailing scheduled activities were not current and activities that had been scheduled to take place in the garden or outside were inappropriate for the time of year.

People and their relatives commented that there were occasions where staff were not visible around the home especially in communal areas. We also observed this to be the case during the inspection.

People and their relatives told us they felt safe living at Cedar House. Staff demonstrated a sound awareness of the actions to take to report any concerns or signs of alleged abuse.

People received their medicines safely and as prescribed. Policies and procedures in place supported safe medicines management and administration.

Accidents and incidents were recorded with details of the action taken. However, systems were not in place to review and analyse these so that trends and patterns could be identified to support further learning and required improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff understood the systems in place to protect people who could not make decisions and were aware of the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The service had systems in place to ensure that only care staff assessed as safe to work with vulnerable adults were employed. Care staff were regularly supported through training, supervisions and annual appraisals to ensure they carried out their role effectively.

People were appropriately supported with their nutrition and hydration needs. However, we received mixed feedback about the quality of food people received.

People had access to a variety of healthcare professionals to support them with their health and care needs. Where the service identified specific needs or concerns referrals to the appropriate services had been made for people to receive the required support.

We observed people had established caring relationships with staff who were seen to respect their privacy and dignity.

People and their relatives knew who to speak with if they had a complaint or concern. However, some relatives did feedback that although they could raise concerns, these were not always addressed satisfactorily.

At this inspection we found continued breaches of Regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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. Risk assessments in place identified and assessed risks associated with people's health and social care needs and gave guidance to staff on how to minimise those known risks. However, some people's risk assessment had not been updated where people's risks had changed.

People were not receiving any support in maintaining their oral hygiene.

Medicines management and administration was safe.

Safe recruitment practices ensured only those staff assessed as safe to work with vulnerable adults were employed.

Staffing levels did not always ensure people's safety as there were times during the inspection where people were left unattended. Feedback from relatives also suggested that there were insufficient numbers of staff available.

Processes to maintain effective infection control were not always followed especially when dealing with bodily fluids.

Requires Improvement ●

Is the service effective?

The service not always was effective. People were supported with their nutrition and hydration needs appropriately. However, feedback from relatives and noted observations were that people may not have always had access to a nutritional and balanced diet.

Care staff were supported through an induction, regular training, supervision and annual appraisals to enable them to carry out their role effectively. However, the service did not always assess staff competencies on completion of training especially where staff had completed multiple online courses in one day.

The service assessed people's health and social care needs prior to admission to Cedar House to confirm that the service would be able to meet their needs effectively.

The service followed the key principles of the MCA. People were

Requires Improvement ●

supported to make their own decision and where this was not possible best interest decisions were made with the involvement of relatives and involved health care professionals.

People had access to a variety of health and social care professional to support them to live healthier lives.

Is the service caring?

Good ●

The service was caring. People and their relatives told us that care staff were kind and caring.

People were involved in making day to day decisions about the care and support that they received. Relatives also confirmed that they were involved in the planning and delivery of their relative's care.

People's privacy and dignity were always respected and care staff could give us examples of how they achieved this.

People were supported to maintain their independence where possible.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. Care plans were person centred and detailed. However, where care plans recorded regular reviews, we found that care plans were not current and had not been updated to reflect people's changing needs.

Although care plans contained general information about people who were living with dementia, the information was not always person-centred and specific to the person and how their dementia affected them.

The provision of stimulation and meaningful activities for people had not improved. People were seen to left without any encouragement or support to participate in meaningful activity or stimulation.

People and their relatives knew who to speak with if they had any concerns or complaints to raise. However, relatives feedback was that complaints were not always adequately addressed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. Although some improvements had been implemented since the last inspection, we found that at this inspection the service had failed to

implement and sustain other improvements required.

Management oversight processes in place were ineffective and did not identify any of the issues that we found as part of this inspection.

People and their relatives knew the registered manager and found them to be approachable. Care staff were also positive about the registered manager and the ways in which they were supported.

People and their relatives were supported to engage in various processes to give their feedback about the quality of service that they and their relative received. However, some feedback received suggested that change and improvements were not always implemented following the feedback given.

The service had established positive links and relationships with a variety of health and social care professionals to ensure people received the appropriate care and support.

Cedar House

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 19 and 20 December 2018 and was unannounced.

The inspection team consisted of one inspector, a CQC specialist advisor nurse and two experts-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.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we observed how staff interacted and supported people who used the service. We spoke with seven people using the service, ten relatives and nine staff members which included the registered manager, the nominated individual, an operations manager, an area manager, the deputy manager, a health services manager, a quality assurance manager, the chef and two care staff members.

We looked at the care records of eight people who used the service. We also looked at people's medicines administration record (MAR) charts and medicines supplies and the personnel and training files of four staff members. Other documents that we looked at relating to people's care included risk assessments, handover notes, quality audits and policies and procedures.

Is the service safe?

Our findings

People and their relatives told us that they felt safe living at Cedar House. One person told us, "This place is very safe for me; I like this home very much." Relatives' comments included, "Yes, [relative] is safe and well looked after. No problems in two years", "Yes, is safe enough. The staff are kind, but a lot should be improved" and "Yes, I do think [relative] is safe. I'm happy with the place."

At the last inspection in November 2017, we found that risk assessments were not always in place for people's identified risks. Some risk assessments contained very little information and guidance about how staff were to support the person with their identified risk to keep them safe. At this inspection we found that the service had addressed this issue and was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks associated with people's health and care needs had been identified and assessed. Identified risks included risk of falls, use of bed rails, moving and handling, eating and drinking, choking, skin integrity and behaviours that challenged. Risk assessments were also in place for risks identified with specific health conditions such as diabetes as well as medicines which people had been prescribed that had associated risks such as blood thinning medicines. Each risk assessment detailed the identified risk, existing control measures in place and any reactive strategies staff were to follow to minimise or mitigate the risk. Risk assessments were reviewed monthly or sooner where significant changes had been noted.

However, for one person we did note that a risk assessment in place for pressure ulcers had not been updated following the person developing a pressure ulcer. The risk assessment had been reviewed on 2 December 2018 with no change documented. A Waterlow assessment, which assesses the level of risk of developing a pressure sore, was reviewed on 11 December 2018 and stated that the sore was 'Oedematous (Puffy)'. This was not the case as the skin had clearly broken and had been assessed as a pressure sore by a visiting health care professional. We highlighted this to the registered manager who immediately updated the care plan to reflect the person's current need.

Each person's Waterlow and skin integrity had been assessed and where people were assessed as being at high risk, referrals had been made for further assessment and input from the relevant health care professionals, and appropriate equipment had been put in place which included pressure relieving equipment such as pressure mattresses and cushions.

At the last inspection we found that where people's food and fluid intake needed to be monitored due to concerns which placed them at risk of malnutrition, charts were not in place to enable the service to do this. At this inspection we found that the service had implemented food and fluid recording charts. Although charts were being completed appropriately, there were no running totals of people's fluid intake and there was no recorded minimum and maximum fluid intake guidance for people, to enable staff to measure whether people's intake was sufficient and where fluid intake was low, to take the appropriate actions. This meant that where people's fluid intake was too much or too less, due to the lack of recording of people's minimum or maximum fluid intake guidance or running totals, actions may not be taken to prevent people

from retaining high levels of fluid or becoming dehydrated. This was brought to the attention of the registered manager who, following the inspection, sent us revised fluid charts which they had begun to implement which recorded the required information to ensure people's fluid intake was appropriately monitored.

At the last inspection we found the medicines trolley located in the lounge was not secured to the wall as per current National Institute for Health and Care Excellence (NICE) guidance. We also found that people did not have protocols in place for people who had been prescribed 'as and when required' (PRN) medicines which detailed when and how these medicines were to be administered. As needed' medicines are medicines that are prescribed to people and given when required. This can include medicines that help people when they become anxious or are in pain. At this inspection we found that the service had addressed this issue and was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that medicines were managed safely and consistently. People were observed to receive their medicines on time and as prescribed. Medicines were kept securely in locked trolleys that were securely attached to a wall so that people who used the service or visitors could not move them. Medicine Administration Records (MAR) had been completed accurately with no gaps in recording and contained sufficient information about people such as their photograph and any known allergies to ensure safe administration of their medicines.

Where people had been prescribed PRN medicines we saw clear instructions for staff on how and when people were to be administered these medicines when they were needed. This ensured people had prescribed access to pain relief or laxatives. Controlled drugs (CD) were stored and managed appropriately. The CD cupboard had been securely attached to the wall. Some people received medicines which were disguised in food or crushed. When medicines were being administered covertly to people we saw there were the appropriate agreements in place which had been signed by the GP, family and pharmacist. There was a running stock balance kept for all medicines and the samples we checked were correct. Daily temperature checks of the medicines room and the medicines fridge were recorded to provide assurance that medicines were kept at the correct temperature and were safe to use.

Staff who administered medicines had the appropriate training and competency assessments to ensure medicines were given safely to people. The deputy manager told us, "We take medication very seriously, it is a big responsibility and I am very careful. We have support." Monthly checks and audits were completed to ensure the administration of medicine was being recorded correctly.

However, during this inspection we again found that the service was not providing safe care and treatment. We visited each person's room to look at the personalisation of their room and to check health and safety, environmental and safety measures in place to ensure people remained safe and that their room allowed for them to receive appropriate care and support. During this process we looked at how people were receiving support with their oral hygiene. We found that people either did not have any equipment to support oral care such as a toothbrush or toothpaste or where these items were available, these had not been used for a long time and had gone hard and dry. This meant that people were not receiving any support in maintaining their oral hygiene. The registered manager and area manager were present when we visited people's rooms.

After finding these issues the registered manager showed us a poster advertising training for care staff on oral hygiene. We were told that they had already identified poor oral hygiene as an issue and had organised this training in response to this. However, whilst we were visiting people's rooms the registered manager did

not volunteer any information about having already identified this issue. The registered manager, whilst visiting people's rooms, also had to look for people's toothbrushes and toothpaste as they were not always visible around the sink area. We asked the manager why he had not told us any of this information whilst we were visiting people's rooms. Their response was that, "I didn't think it would be such an issue." The lack of toothbrushes and toothpaste available in people's rooms demonstrated more than this just being a training requirement for staff. Poor oral hygiene for people can affect people's ability to eat, speak and socially normally as well as put people at greater risk of long term health conditions. This meant that care and treatment was not being provided to people in a safe way.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we observed that staff attended to people and their needs in a timely manner. Rota's showed that three staff members were on duty throughout the day in addition to the registered manager and deputy manager who were also available. However, there were times throughout the inspection that we observed communal areas were left unattended due to staff supporting people in their bedrooms. There were seven people who remained and were supported in their bedrooms.

We also noted that people did not always receive their meal in a timely manner as staff were required to deliver each person's meal, one at a time, once it had been served onto a plate from the kitchen. This included people receiving their meals in their bedrooms.

One person told us, "Whenever I press the call bell they take a long time to respond. I think there aren't enough staff." Relatives feedback overall was that there was not always sufficient staff available. Comments included, "Not enough staff. They're letting people walk into [relative's] room and take stuff. We mentioned it to the staff, but nothing was done", "Not enough staff to encourage eating. Food is often sitting on the side due to not enough staff", "Enough staff? Oh yes I think so", "No not enough staff. Last week there was more but understaffed at weekends. One Sunday the cook was watching the lounge from the kitchen door. No staff in the lounge. Not sure where they were. The cook didn't know the code to let us out. He let me out of a side door. How do people get out (in an emergency)? There are 15 others in there" and "No not enough staff. When I was visiting a person was standing in the middle of the room crying and wanted the toilet. A carer was sat in the room. I spoke to her and the carer said she was on her own. I had to ask her to fetch somebody else to help."

The service carried out dependency and needs assessments which considered the environment and people's health and care needs and calculated the amount of time each person required. This then determined the staffing required to meet people's needs. However, the registered manager did not consider the appropriate deployment of staff around the home to ensure that people were supported to remain safe and free from harm at all times.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were clearly documented with details of the accident, the injuries sustained and the actions taken to support to the person. However, the service did not review or analyse the information to support further learning, development and change to support people to remain safe.

Safeguarding policies and processes in place ensured that people were kept safe and free from abuse. Staff could explain the ways in which they recognised potential signs of abuse and the steps they would take to

report their concerns. Records confirmed that staff received regular safeguarding and whistleblowing training and staff we spoke with could list professionals they would contact to report their concerns which included the local authority and the Care Quality Commission.

Recruitment processes followed by the service ensured that only those staff assessed safe to work with vulnerable adults were employed. Care staff files that we looked at contained the necessary documentation which included, disclosure and barring criminal record checks, proof of identity, references containing detail of conduct in previous employment and eligibility to work in the UK.

The home was noted to be clean and free from odours. Care staff had access to personal protective equipment and had received training in infection control. However, during the inspection, in a communal area of the home, we noted people were exposed to another person constantly spitting. Feedback from relatives supported our observations. Throughout the inspection we did not see any system in place to regularly clean the affected area to prevent cross infection and possible falls due to a wet and slippery surface. Staff including the registered manager continued to walk over the affected area. We told the registered manager about our observations who assured us that plans would be put in place to regularly clean the affected area. Hourly cleaning schedules of the affected area were implemented following the inspection.

Each person had a personal emergency evacuation plan (PEEP) in place in case of a fire. This gave information about the person and their moving and handling needs especially during an emergency and the directions staff were to follow. PEEPs were reviewed monthly, however, we found for one person whose moving and handling needs had significantly change, their PEEP had not been updated to reflect their current support needs. The registered manager immediately updated the document once we showed them our findings.

The home had up to date maintenance checks for gas, electrical installation and fire equipment. Records showed that there were weekly and monthly fire safety and alarm checks.

We saw that all food preparation and storage areas were clean and appropriate food hygiene procedures had been followed. This included cleaning schedules, specific food preparation areas for meat and vegetables, records of cooked food temperatures and food storage temperatures.

Is the service effective?

Our findings

We asked people and their relatives whether they found the care staff to be appropriately skilled and trained to carry out their role. Feedback that we received was mixed and included, "No, not competent and well trained. Not dementia trained. The understanding of dementia is not good", "Yes, competent, confident and well trained", "No, they are not trained or skilled. They just get them dressed and stick them in the sitting room" and "Yes, they are well trained and competent. They try their best."

Care staff told us and records confirmed that all staff received an induction when they started working at Cedar House and following this received training and refresher training in topics including first aid, moving and handling, safeguarding, dementia care, MCA 2005 and DoLS. However, we did note that where care staff were required to complete training online, many of the care staff were completing up to 10 courses on the same day. There was no evidence that the service had checked the effectiveness of the training through the completion of competency assessments of staff which would assure the registered manager that care staff were competent in those topics. We brought this to the attention of the registered manager.

Care staff told us that they were supported through regular supervision and an annual appraisal which gave them the opportunity to discuss their concerns and training needs. We saw records confirming that supervision took place with topics of discussion that included client health, training, performance and work-related issues.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 found that the service was meeting the requirements of the MCA 2005 and the Deprivation of Liberty Safeguards.

At the last inspection in November 2017, we found the service to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans did not evidence that people had consented to their care. Where people were unable to sign due to their lack of capacity, the service had not documented the involvement of relatives where appropriate. The service had also not clearly documented people's lack of capacity and best interests decisions that had been made on their behalf. During this inspection we found that the service had addressed these issues and was no longer in breach of this regulation.

Care plans had been signed by people where they had the capacity to do so. Where people lacked capacity, involvement of relatives, where possible, had been clearly documented and relatives had signed to confirm their involvement. This process included the completion of a mental capacity assessment and best interests decision in partnership with the person's relative and where appropriate an involved health care professional. The service understood and implemented the key principles of the MCA so that decisions made on behalf of people were made safely and in their best interests.

Care staff demonstrated a good understanding of the MCA and how its principles were to be adhered to when supporting people with their health and social care needs. Care staff told us that consent and choice were always asked for and offered when they supported people. One staff member told us, "I make every effort to ensure people felt safe and minimise restrictions on their freedom." Another staff member explained, "If people don't have capacity to make decisions, I keep them informed, give them choices. The MCA is designed to protect people and to support us to make decision in their best interest."

The service carried out pre-admission assessments for people who had been referred to the service for provision of care, so that they could confirm whether they would be able to effectively meet the person's needs. Assessments looked at the person's mobility, their risks, personal care needs, social abilities, communication needs and their preferences on how they wished to be supported.

All information gathered was formulated into a comprehensive care plan which gave clear information and direction to care staff on how to support the person in meeting their identified needs. Assessments had been completed in partnership with involved relatives and health care professionals. Where people required specific equipment to support their health and care needs this was provided. Care plans were reviewed monthly to ensure they remained current and reflective of the person's needs. However, we found that for one person, their care plan had not been updated following significant change in their support needs even though the care plan had been reviewed. We have reported on this further under 'Is the service responsive' section of the report.

People used the words, "good", "nice" and "okay" to describe the meals that they received at Cedar House. However, relatives feedback was not so positive. Comments included, "The food is not nice", "They feed them well now. They didn't", "They do try with food. They will do Greek food" and "Food not good enough." During the inspection we observed that people were offered choices of what they wanted for their lunch and where someone expressed dislike to what they had been given, an alternative was offered.

We also noted that much of the food provided to people was not always freshly cooked and included ready-made or frozen meals, although the chef did tell us that most food, especially during lunchtime was always freshly cooked. During the evening meal, as there was no cook available in the evening, care staff were required to prepare meals in the evening which included sandwiches, soup or ready prepared snacks.

We saw people had access to a variety of drinks throughout the day, although we did not see people having access to any fresh fruits or snacks which they could help themselves to. People were seen to be offered biscuits when tea and coffee was offered. People's specific dietary needs were appropriately catered for and included chopped, pureed, diabetic, low fat and low salt meals. The chef was aware of people's specific dietary needs and was regularly updated by staff when people's needs had changed.

Where people had complex needs especially around eating and drinking, risk assessments and support guidance were in place to ensure staff were aware of how to support them and protect them from any associated risks. For example, we saw one person who had difficulties swallowing food being appropriately supported by care staff. The service had arranged for a Speech and Language Therapist (SALT) to assess the

person. Records confirmed that guidance and instruction from the SALT had been actioned immediately following the visit which included the kitchen being updated of the person's requirements for a soft diet and an urgent referral to a dietician. Food and fluid charts were kept where monitoring of people's intake was required.

The service worked in partnership within their staff team and external health care professionals to ensure that people received effective care, support and treatment. Daily handovers, at every change of shift, provided care staff with current information about the person and how their day had been with details of any significant events that had taken place. Where follow up actions were required these had been recorded with details of the outcome. Where people presented with behaviours that challenged, each episode had been clearly recorded with details of the behaviours the person presented with, the possible triggers, actions taken and the outcome for the person. These methods of information exchange ensured that people received effective care and support which was responsive to their needs.

Where people required professional input in relation to their health and medical needs, care staff and the registered manager knew how to access the additional resource. Each person's care plan contained records of all visits and appointments made by a variety of healthcare professionals such as GP's, dentists, chiropodists and district nurses. Details of the visit and any actions to be taken had been recorded. Where people required specialist input and attention we saw records confirming that the service had made referrals to a variety of services so that people had access to the appropriate support.

The adaptation and decoration of the home generally supported people to maintain their independence and met their individual needs. There was appropriate signage around the home which directed people to the locations of toilets, communal areas and their bedrooms. Most people's bedrooms had their name on the door, but we did find some people's bedrooms had no name attached which may cause confusion and disorientation for people living with dementia who may not be able to locate their bedroom without appropriate direction.

Is the service caring?

Our findings

Throughout the inspection we observed kind and caring interactions between people and care staff. Staff communication with people was warm and friendly, showing caring attitudes. One person told us, "Yes, the girls [care staff] are good." Mostly all relatives commented that care staff were kind and caring, however, we did receive some feedback that care staff were not always caring. Comments included, "Yes, they are caring. They are kind and jolly. They try", "Not caring, no. Only one I really trust. Standards have gone down in the last two years", "Yes, they are kind. Very kind ladies that are there "and "If you work in a care home you've got to care. It's horrible in there now. Half-hearted care. I just want people to be loved."

We saw that people had established relationships with the care staff that supported and felt able to approach them with their requests and express their needs. Care staff knew people relatively well and understood their needs and requirements. People, especially those who were unable to communicate, respond to care staff positively. We saw on staff member came into the room to speak to a person, they knelt to the person's level and established good eye contact before speaking.

We saw care staff trying to involve people with making day to day decisions about the way in which they received care and support. This included giving them choice, asking for consent and involving them in every aspect of care delivery, explaining what they were doing. Relatives also told us that they were involved in the planning and delivery of their relative's care.

People were supported to maintain their independence where possible. We saw people could access most areas of the home independently and were able to come and go where they pleased where possible. People told us that they were encouraged to be independent if they were able to be and were able to ask for help if required. One person told us, "I like to be independent and just ask for help with a shower once a week."

People and their relatives confirmed that care staff always respected their and their relative's privacy and dignity. One person said, "I can have my door open or shut and they always knock." Relatives told us, "Privacy and dignity? Yes. They try everything", "Privacy and dignity are okay. Has own room and bathroom" and "Yes, they keep privacy and dignity. They cover [relative], close doors and things like that". Care staff gave us examples of how they ensure people's privacy and dignity was respected and we observed, in practice, care staff knocking on bedroom doors and respecting people's dignity by closing curtains and doors during personal care.

Care plans detailed people's religious and cultural beliefs and how care staff were to support them according to their wishes. Care staff understood people's diverse needs and had an awareness of these so as to be able to support them accordingly.

Is the service responsive?

Our findings

At the last inspection we found the service to be in breach of Regulation 9 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. Care plans did not contain sufficient information about people living with dementia, how their dementia impacted on their life and how staff were to support them accordingly. We also found that activities provision within the home was not person centred and people were not always engaged and stimulated in meaningful activity.

At this inspection we found that the service had not made sufficient improvements to the provision of meaningful activity. Care plans continued to be person centred, however, even though monthly reviews were recorded as taking place, care plans were not always current and reflective of people's needs. Where people were living with dementia, care plans contained general information about this, however, this was not always person-centred and specific to the person and how their dementia affected them.

On the first day of the inspection we noted that there were two activities boards, one in the reception area and one in the lounge, which listed a variety of activities scheduled for the week. Both displays were inconsistent in what had been scheduled for the week. For example, on one board it listed 'art and craft' as an activity on a Wednesday and on the other board it listed 'active games'. On the first day of the inspection, which was a Wednesday, we saw one staff member sat with one person to give them a manicure. In the afternoon, staff were seen trying to engage people in making Christmas cards and completing a jigsaw puzzle in the afternoon. The only activity correctly scheduled on the board was the arts and crafts.

Both activity boards also listed outdoor garden activities. At the time of this inspection it was winter and the weather was cold outside. We brought this to the attention of the registered manager who told us, "That is a mistake, the board is from the summer."

We looked at daily activity records that the service kept for each person which detailed the activity that they had been involved in on any day. We saw records confirming people had participated in activities including arts and crafts, ball games, hand massage, housework and cookery sessions. However, for the 16 December 2018, we saw activity records for five people which stated that they had taken part in a garden party. The record made stated, "[Person] enjoyed her support in the garden with others." We asked the registered manager about how it could be possible that people had enjoyed their supper in the garden at this time of the year in the cold and at that time where it would have gone dark for people to have 'enjoyed their supper'. The registered manager could not explain this but agreed to investigate further.

Throughout the inspection we also observed some people left to walk around the home without any obvious purpose. We saw little interaction or effort made by care staff to engage people in some sort of meaningful activity. Activities were not structured around people's likes, hobbies or interests. The home did not have a designated activity co-ordinator. Care staff carried out this role. Feedback from people and their relatives about activities, interaction and stimulation also confirmed our findings. People we spoke with didn't know much about the activities taking place within the home. Relatives feedback included the following, "There is a weekly activities schedule. I don't see it happen. Only when somebody's coming", "I

don't think they do enough activities. Not half enough to do. Most of the time they're sat in chairs doing nothing. There is no co-ordinator", "On 3 December there was a Christmas party. Residents without visitors were taken out of the room. Staff came back and danced with visitors. Videos were made. It felt like it was stage managed" and "There is not enough entertainment. [Relative], is not interested but it should be on offer."

Care plans were person-centred and gave detailed information about the person, their life, their likes and dislikes and how they wished to be cared for. Each care plan detailed specific areas of care, how the person wished to be supported and how care staff were to support them detailing any associated risks. Areas of care included, emotional well-being, health details, personal care, medication needs, nutrition and hydration needs and social inclusion. Care plans were reviewed on a monthly basis and we were told that care plans would be updated sooner if significant change was noted in a person's care needs.

However, we found one care plan that had not been updated or changed following significant change in their care needs, even though the care plan stated it had been reviewed. This meant that the person may not have received the appropriate care and support in response to their current needs. We highlighted this to the registered manager and showed them areas of the care plan that had not been updated. On the second day of the inspection, following our feedback, the registered manager and area manager showed us an updated version of the care plan which had been changed to reflect the needs of the person.

All of the above is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's end of life wishes were documented within their care plan with details of how the person wanted to be cared for and any family involvement. Some people's care plan clearly reflected their wishes in relation to resuscitation (DNACPR), which had been discussed and implemented with the involvement of the person if possible, the family and involved healthcare professionals. An advanced care planning document had also been completed, detailing the care and support the person wished to receive at this time. Where people and their families were not ready to discuss end of life wishes the service had clearly respected and documented their wishes.

The service had recorded four complaints since the last inspection. Records detailed the complaint, the actions taken to resolve the complaint and the service's response to the complainant. People and their relatives confirmed they knew who to speak with if they had a complaint or concerns to raise. One person told us, "I've not really had to say anything. If I had a problem I'd talk to a carer first." However, feedback from relatives was mixed with some relatives stating that their complaint was not always addressed adequately. Comments included, "Not aware of complaints policy. Not made a formal complaint but have said about the staffing and cleaning", "I have raised a complaint but not satisfied with the response" and "Residents have complained for a few meetings but it has not got any better."

Is the service well-led?

Our findings

At the last inspection we found that the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found issues with medicines management and administration, lack of capacity assessments, care plans did not reflect people's current needs and the lack of person centred activities.

At this inspection we found that although the service had made some improvements in the areas of medicines management and the completion of capacity assessments, we continued to find significant issues with people receiving person centred care and the provider's management oversight processes which were ineffective and did not identify any of the issues that we found on this inspection. The service has been in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 consistently over the last three inspection processes and Regulation 9 over the last two inspections.

The registered manager and the area manager showed us audits and checks that were completed. These included monthly care plan audits, medication audits, catering audits, infection control audits and a housekeeping inspection. Audits did not identify any of the issues that we found. Where issues or concerns were identified, actions taken to address the concern, timeframes within which they should be addressed and implemented improvements were not recorded.

The area manager also completed monthly provider audits. We were shown one completed in September 2018. None had been completed since then. Areas looked at included health and safety, fire safety, medication, staff roles and care plans. We were shown action plans that had been compiled following the audit but again there was no detail available of the actions taken and when.

Relatives confirmed that they were involved and attended a number of these meetings alongside completing satisfaction surveys. However, some people felt that although they gave their feedback nothing much in terms of improvements were implemented. Feedback included, "Yes, I do go to resident's meetings. Most people raise the issue of understaffing at weekends. They say there is no legal requirement for staffing levels", "Anything to do with the running of the service, questionnaires and meetings, colleague attends" and "Occasional questionnaire but nothing much happens."

We saw completed pictorial surveys that people had been asked to complete, but there was no date recorded of when this exercise had taken place. We also saw the summary and analysis of the last satisfaction survey exercise that relatives had completed in April 2018. The summary detailed all positive comments and outlined concerns that had been raised. The majority of the concerns people had raised revolved around staffing levels, which the service stated they would review. There was no evidence of when the review had been completed and the outcome.

The lack of effective systems to check on the quality and consistency of the service meant there was a risk that people's care was not being delivered safely, responsively and in line with the regulations.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not always know who the registered manager was as they did not always remember and recognise names to faces. One person told us, "Staff are very good but I don't know who is the manager." However, we did see throughout the inspection that the registered manager knew people well and when they approached people, they responded positively and in ways which suggested that they knew the registered manager.

Relatives did know the registered manager. Feedback from relatives included, "Yes, I've met the manager. A nice, approachable person", "The manager is called [named registered manager]. Yes, approachable", "I know the manager. Is approachable and hands on. I've seen him feeding people and getting drinks" and "We have spoken several times. Very approachable but don't do nothing."

Care staff were positive about the manager and the way in which the service was managed. They told us that they were appropriately supported in their role and that the registered manager was available and approachable always. Care staff told us, "I believe [name of registered manager] is good, he listens and I can give my opinions" and "Excellent manager. He always comes down and helps us with care."

In addition to supervisions and annual appraisals, care staff were also supported through regular staff meetings. Care staff felt able to contribute to these meetings with their ideas and suggestions to enable further learning and sharing of practices. Topics discussed at the meetings included staffing, records, keyworker roles, training and team work.

People and their relatives were asked to engage and get involved in giving their feedback about the quality of the service that they and their relatives received whilst living at Cedar House. We saw records of minutes for resident's meetings and for friends and family meetings. Topics of discussion included food, activities, staffing, annual survey and family members feedback.

The registered manager told us that Cedar House worked in partnership with a variety of health and social care professionals which also included the local Care Home Assessment Team. This team consists of nurses, occupational therapists and geriatric consultants, who support the home with acute illnesses to prevent unnecessary hospital admissions.

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 12 HSCA RA Regulations 2014 Safe care and treatment Poor oral hygiene meant that people were not receiving safe care and support.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Inappropriate deployment of staff meant that people did not receive appropriate care and support in a timely manner.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care plans were not always current and reflective of people's needs.</p> <p>The provision of activities and meaningful stimulation was not always person centred and did not promote people's well-being.</p> <p>People were not always receiving appropriate care and support that was responsive to their needs.</p>

The enforcement action we took:

We issued the registered manager and provider with a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Management oversight processes in place failed to establish and operate systems to ensure compliance, assess, monitor and improve the quality and safety of the service.</p>

The enforcement action we took:

We issued the registered manager and provider with a Warning Notice.