

# The Cedars Healthcare (Midlands) Ltd

## Cedar Falls Care Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Cedar Falls Care Home is a residential care home providing personal care to 38 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

### People's experience of using this service and what we found

Service management and leadership had been inconsistent and areas for improvements were identified in the quality monitoring and accurate record keeping. We found concerns relating to documentation which had not been identified by internal checks and audits. Medicines identified 'as required' or PRN medicines were not being consistently recorded when given.

Accurate information had not been included in people's risks assessments and their known risks were not accurately recorded, meaning potential for people to receive care which had not met their needs.

Staff knew how to recognise potential abuse and who they should report any concerns to. People had access to equipment that reduced the risk of harm. There were sufficient staff on duty to meet people's needs.

People had a choice of food and were supported to maintain a healthy diet in line with their needs and preferences. Staff were trained to meet people's needs and acted promptly to refer people to healthcare professionals when required.

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

People enjoyed positive and caring relationships with the staff team and were treated with kindness and respect. People's independence was promoted as staff were careful not to do things for people they could do for themselves.

People were supported by staff who knew about their needs and routines and ensured these were met and respected. Staff and relatives knew how to complain and were confident that their concerns would be listened to. The provider worked well with partners to ensure people's needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 16 March 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement Action

Since the last inspection we recognised that the provider had failed to have a registered manager. This was a breach of regulation.

We have identified a breach in relation to Regulation 17, Good Governance as the provider had not ensured good governance had been maintained to ensure systems were assessed monitored and used to improve the quality and safety of the services provided at this inspection.

Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of governance and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# Cedar Falls 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by 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 uses this type of care service.

#### Care Homes

Cedar Falls is a 'care home'. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care

provided. We spoke with five members of staff including the provider, area, manager, the home manager, senior care and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question deteriorated to requires improvement. This meant 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Review of risks following changes were not consistent, which meant people might not receive consistent, appropriate, safe care. For example, one person had periods of weight loss and poor appetite, but the risk assessments had not been reviewed following this change.
- Staff completed records where people needed their food and fluid intake to be monitored, however they had not recorded the amount required or consumed. People were therefore not fully protected from being identified at risk of malnutrition or dehydration.
- Staff were not always clear who required an eating and drinking record and these were not always in place where needed. The manager agreed records needed to reflect this and told us they would review the risk assessment and care plans.

Using medicines safely

- Staff were not consistently recording the times medicines were administer when later than expected and therefore there was the risk the minimum time between doses was not met. One staff member told us they just remember if a person was late. The medication administration records (MAR) were therefore not an accurate record and all staff were not following safe protocols when a person refused medication or is offered PRN.
- Where people had been prescribed thickened fluids this had not been recorded so the provider could not be assured this prescribed dosage had been given.

Staffing and recruitment

- People were provided varying feedback on the number of staff available to support them in meeting their physical and social needs. People felt at certain times, more in the evening more staff were needed The registered manager provided assurance staffing numbers were reviewed and adjusted to ensure enough staff to meet people's needs at this time of day.
- People told us they had familiar staff which were available, one person told us, "If I need help, which is rare, I have 2 buzzers in my rooms, they always come if I need them."
- On the day of the inspection we observed there were enough staff to meet people's needs.
- The staff recruitment records included relevant checks to ensure staff were suitable to work with vulnerable adults. Further checks had not been completed to show a full employment history, together with a satisfactory written explanation of any gaps in employment.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns when abuse occurred. One person told us, "There's always someone around and I do feel safe."
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider had reported abuse to safeguarding when it was identified.

#### Preventing and controlling infection

- People told us the home environment was clean and their rooms and belongings were kept clean.
- Staff who prepared food were seen to observe good food hygiene and staff help reduce the risk of infection. Staff were seen to use personal protective items such as gloves and aprons.



# Is the service effective?

## Our findings

Our findings - Is the service effective? = Good

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had shared their needs and choices with the management team before moving to the home. The management team checked people's preferences and the care they required, to assure themselves they could provide the care needed.
- Staff said the information contained within people's assessments supported them to provide care to people based on their preferences at the time people moved to the home.

Staff support: induction, training, skills and experience

- Staff were positive about their training and told us training gave them the knowledge and skills to support people according to their individual needs.
- Staff were supported in their role with structured, routine staff meetings and individual discussions. The registered manager gave staff opportunities to talk about their responsibilities and the care of people living in the home.

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

- People's mealtimes were not rushed, and staff sat with people to offer support where people required assistance.
- People were supported to access food and drinks they enjoyed. One person told us about the food available, "The meals here are pretty good, we are given a choice at breakfast each day."

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

- The registered manager was open in their communication with other agencies such as the local authority and local clinical commissioning groups.
- There was a consistent staff team who worked well with other professional who visited people in the home to support their care.

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

- There were several communal areas to choose from including quiet areas which people and chose how they spent their time at the home .
- The home was currently in the process of being redecorated and the needs of people who lived with dementia had been considered. For example, smaller communal areas had been developed so people had a

choice of quieter areas.

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

- People were supported to have regular checks with opticians, dentists, chiropodists and other healthcare professionals to meet their care needs.
- People who required glasses and hearing aids had them available.
- Guidance and advice that had been given by community health professionals and GP's was communicated with staff and followed to provide effective care.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests.
- The staff referred to the care plans where these decisions had been documented.
- DoLS applications had been made to the relevant Local Authority where it had been identified that people were being deprived of their liberty.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us about living at the home and said the staff were kind, caring and attentive. One person told us, "I have a good relationship with the carers, the security is good".
- People's needs were understood by staff and people knew they mattered.
- We saw staff were polite and respectful and ensured people's human rights were upheld.
- People were relaxed around staff who supported them, and people happily asked for assistance.
- People were free to express their views, with support when needed, in an inclusive and accepting home.

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

- People made decisions about their daily lives and care and were listened to and supported.
- People lived their lives as they wanted. People had as much support as they individually desired. This ranged from full physical care, to support with mental health.
- Staff understood the importance of people's views, preferences, wishes and choices being respected. One member of staff told us, "Here they [people] are safe we know how to care for people and we listen to them".

Respecting and promoting people's privacy, dignity and independence

- People told us staff were good at promoting their independence and helping with reminders and prompts.
- People gave us examples of where staff had worked sensitively to support them, so they knew they were respected.
- Staff acted professionally, however showing empathy and hugging people, when people needed it.
- People's information was stored confidentially.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which reflected their needs and preferences. Staff gave examples of ways they worked to involve people in making decisions about their care.
- People's care and support plans had been reviewed regularly, however these had not always been updated to reflect any changes to people's needs.
- People's wishes were listened to, so they were able to have a good quality of life and remain at the home.
- People enjoyed activities and continued with their personal interests, based on their wishes. One person had enjoyed potting plants which they keen to tell and show their relative. One person told us, "I enjoy the activities, there's bingo this afternoon."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw evidence the identified information and communication needs were met for individuals. For example, information was provided to people in a format they could understand, such as pictorial format or offering a visual choice. Staff also used contrasting colour to support a person with a visual impairment to enable further independence with eating.

Improving care quality in response to complaints or concerns

- Where complaints had been received, they were followed up and where needed, information was used to make improvements if required. One recent example included improving the garden security and the pre-assessment documentation.

End of life care and support

- An end of life care plan was completed which recorded some basic information of the person's wishes in the event of their death. End of life care plans were brief in their detail and we discussed with the manager how this could be expanded on.
- The staff and the registered manager demonstrated a compassionate approach to providing people with end of life care.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and system in place need more time to ensure they were effectively demonstrating consistent level of high-quality, person-centred care.

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

- It is a legal requirement for this service to have a registered manager. The current home manager was not registered. There was no registered manager in post when we inspected, and we have not yet received an application which has been approved.

This is a breach of Section 33 of the Health and Social Care Act 2008.

- The previous quality assurance systems in place to monitor and improve the service and to ensure legal requirements were met had not been completed as per the expectation of the provider. The manager and provider were working towards having a full audit programme in place.
- The manager told us they had further worked planned so they had a complete overall view of people's care, to further demonstrate people were in receipt of high-quality care and treatment.
- The new action plan needs to evidence an effective on going monitoring system to sustain any improvements made.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had been through a period of unsettled leadership within the last 12 months. People, relatives and staff spoke highly of the current manager in ensuring stability for people and staff.
- Staff told us their morale had been low, however, they had felt positive about the new registered manager's approach and ideas. Staff told us morale was improving but were hesitant until they were confident in having a stable management team going forward.
- The staff team shared a commitment to provide a service that was person-centred and supported people to live meaningful lives.
- People's views were gathered through meetings and where suggestions for improvement had been made, these had been acted on.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were open and honest and understood their responsibility to meet the duty of candour. When improvements were needed these were investigated and shared with people and their families, and staff.
- The management structure in place was open, transparent and available when needed. The registered manager spent time working as part of the team.

#### Continuous learning and improving care

- The staff team sought to ensure quality of care. They had felt inspired by the appointment of the new manager in September 2019 and felt improvements were taking place.
- People benefitted from partnership working with other local professionals, for example GPs, and community groups. People told us the professionals communicated well.
- Learning was shared between other of the provider's homes in the local area.

#### Working in partnership with others

- The registered manager continued to develop community links with a view to further improving care and support for people and to enhance people's life experiences.
- Social workers, commissioners and professional were welcomed in support of people's care.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured good governance had been maintained to ensure systems were assessed monitored and used to improve the quality and safety of the services provided. Regulation 17 (1) (2)(b)(c).</p>