

The Cedars (Weston) Limited

Cedars (The)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was undertaken on the 17 December 2018 and was unannounced which meant that the provider did not know we would be visiting.

We undertook this responsive inspection due to concerns that had been raised relating to the environment being unclean and presenting infection control risks. We found at this inspection the service was clean and infection control risks minimised although the records relating to medicines management and audits were poor and required improvements.

At the last inspection we found Safe and Well-led required improvement. At this inspection the rating for these key questions were still requires improvement. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection"

The service registered to provide a regulated activity with the Care Quality Commission in October 2010. The Cedars is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service accommodates 28 people in one adapted building providing personal care for older people some of whom are living with dementia. At the time of our inspection 26 people were accommodated at the service.

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.

We found records relating to the management of creams required improvement along with counter signing medicines.

People were at times being supported by staff who had not received satisfactory checks to ensure their suitability to work with vulnerable people.

Records were not always available at the time of the inspection. This included audits, supervision records for one member of staff along with a risk assessment for a pet. The registered manager and provider sent us these following the inspection.

People had personal evacuation plans in place and checks were undertaken on equipment within the

service.

Staff said improvements could be made to the staffing levels as their additional responsibilities of helping in the kitchen, cleaning and laundry meant that at times people's care was later than planned.

The provider acknowledged staff support with rewarding staff and records confirmed conversations and support provided to the registered manager.

People, relatives, staff and professional's views were sought so that improvements could be made.

We found two breaches 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 this 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?

Requires Improvement ●

The service was not always safe.

Records relating to the recording of medicines were not always accurate and up to date.

The recruitment of new staff was not always undertaken safely.

Staffing levels at the service were not always in place as planned by the rota.

The service was clean and infection control risks were minimised.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider's audits had identified some shortfalls found however we found actions were still required to address issues.

People, relatives, staff, and professional's views were sought so improvements could be made.

The provider needed to submit one notification relating to a safeguarding incident.

Cedars (The)

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.

We undertook this unannounced focussed responsive inspection of The Cedars on the 17 December 2018. This inspection was due to concerns we had received about the environment and infection control within the service.

Before the inspection we reviewed the information, we held about the service. We looked at the information we had received from the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. We had not requested that the provider complete a Provider Information Return (PIR) before the inspection.

The inspection was undertaken by two adult social care inspectors. We spoke with the director, the registered manager and five staff. We also spoke with five people during the inspection and two professionals on the phone to gain their views.

We looked at care records and staff care files, audits, medicine records, staff rotas, incidents and accidents reports.

Is the service safe?

Our findings

Prior to undertaking this inspection, we had received information of concern that the service was unclean, smelt unpleasant, and people might be at risk of infection. During this inspection we found areas of the service to be clean and free from odours. However, one person's commode and another person's mattress, although inside a plastic cover, needed replacing due to being dirty and stained. We raised this with the registered manager who confirmed the commode was due to be replaced the following day and the mattress would also be replaced. The registered manager had changed some of the layout of the service since the last inspection. They felt this was to improve people's experience whilst living at the home. For example, the lounge was now next to the kitchen and the conservatory and dining room was at the end of the corridor. The second lounge was at the front of the home. All the chairs were clean and free from stains and odours and were in good condition.

Whilst walking around the service we observed a visiting dog on one person's bed. The registered manager confirmed the dog was not allowed on people's beds and that the bedding would be changed. We saw later that the bedding had been changed. The registered manager sent records that confirmed the dog was not allowed on people's beds. However, the service's environmental risk assessment relating to the dog did not identify this risk or what actions staff or the service were taking to reduce the risk.

The registered manager confirmed there had been changes to the laundry and medicines room. The medicines room was now only used to store medicines. This room was locked and clean although we found it cluttered with old medicines packets that needed collecting from the pharmacy. The laundry room on the last inspection was found to have soiled laundry red bags left on the floor. On this inspection we found they were stored in the red disposable sacks up off the floor. Mops and buckets were clean and stored in the corner of the room. All clean laundry was being stored separately from dirty laundry.

Staff had a good awareness of infection control procedures and had access to liquid hand soap and paper towels in people's rooms to minimise the risk of cross infection. Staff used their personal protective equipment within the recommended guidelines and laundry was being handled as required.

The management of medicines was not always safe. For example, the recording of as required medicines (PRN) did not always have clear instructions for staff to follow that confirmed when to administer these medicines. One person was prescribed PRN medicine for agitation. Their Medicine Administration Record (MAR) stated, 'Take one or two when required – use sparingly.' There was no clear information of when the person should be given this. This was important as having clear guidelines for staff to follow means people receive their medicines as intended by the prescriber. Another person was prescribed PRN medicine. Their medicines care plan stated they had no PRN medicines prescribed. The medicine was to be given for paranoia or anxiety however, there was no information to guide staff on how to assess the need for this medicine.

Topical medicines were kept in people's rooms in locked cupboards. We looked at four people's topical medicine administration records. Each person had a body map on their bedroom door informing staff where

to apply creams. However, these did not contain the frequency of application; we also found the recording of application of these creams was intermittent. The forms used by staff had the name of the person, the date, the statement, "Creams applied" and a signature. There was no room on the form for creams which may have needed to be applied more than once daily. This meant there was a risk people would not receive their creams as the prescriber intended.

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

One person received medicines covertly in yoghurt or with food. There was a letter from the pharmacist confirming their medicines could be crushed and put in food. There was also a letter from the GP stating the medicines could be crushed but the letter gave no explanation that it was in the person's best interest to have their medicines covertly. This meant the Mental Capacity Act guidelines had not been completed properly in regards to a best interest decision relating to covert medicines for this person.

People had a medication profile that included a photograph, information about any allergies and a description of how they liked to take their medicines. For example, if people wished to take their medicines in a pot, placed in their hand, or on a spoon. Medicines were stored safely in a locked cabinet and medicines had the date of opening recorded. During our inspection a second medicines cabinet was delivered; the provider had arranged for this as additional secure storage was needed.

Medicines that required disposal were kept in a box within the medicines room. There was a large amount of medicines to be returned and entries in the returns book had only been completed up to 27 November 2018. The medicines room appeared chaotic with a number of empty blister packs in a pile behind the medicines cabinet and an overflowing box of medicines to be returned. This meant it was difficult to manoeuvre within the room due to lack of room.

The previous months MARs had been accurately completed to confirm people had received their medicines as prescribed. Where people had refused this was noted. However, many of the MARs sheets were handwritten. These sheets had not always been countersigned to demonstrate a second member of staff had checked the transcription. This meant there was an increased risk of transcription errors.

Recruitment practices were not always safe. For example, we found two staff working at the service required a Disclosure and Barring Service (DBS) check. A DBS helps employers to make safer recruitment decisions by providing a check on the person's suitability to work with vulnerable adults. There was no risk assessment in place that confirmed what actions had been taken to reduce the risk of there being no current DBS in place. We also found one member of staff had no references within their file at the time of the inspection. We asked the registered manager to send us these details following the inspection at the time of writing this report we had still not received the completed checks.

This is a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said improvements could be made to the staffing levels within the service. Care staff confirmed they were expected to undertake additional responsibilities such as laundry, domestic and kitchen tasks when these staff were not on duty or off. They said these additional responsibilities impacted on the timeliness of the care they provided. Staff told us, "We never have enough staff." Another member of staff told us, "We are short staffed, just two people on last weekend. This meant we were doing breakfast from 7:30 to 9am. We then started to wash people but we had lost an hour and a half. We finished supporting people at midday."

People felt staff responded to their needs quickly and when required. One person told us, "If I call the call bell staff come. I don't have to wait long." We reviewed the staff rota. On the day of the inspection there was two care staff and a senior carer on duty. The registered manager confirmed a member of staff had called in sick and they had been unable to get a replacement. Following the inspection, the provider sent records confirming actions they were taking to recruit to the vacant posts. This meant although actions were being taken at times the service was running below the expected staffing levels.

During the inspection we found office records were not always easily accessible so that they could be provided as part of the inspection. For example, during the inspection we asked to see an environmental risk assessment in regard to animals. We managed to locate the dog environmental risk assessment but not the cat one. Following the inspection, we were sent the risk assessment relating to the cat.

People had personal evacuation plans in place (PEEPs). PEEPs confirmed the support and assistance the person required in an emergency situation.

People and staff felt the home was safe. One person told us, "Oh yes, I feel safe." Staff knew the different types of abuse and who to report abuse to.

People had risk assessments in place and guidelines for staff on how to support them with their individual care needs. Risk assessments included mobility and moving and handling. Where people required equipment such as a hoist, this was serviced regularly.

Staff were responsible for managing and recording incidents and accidents. These were recorded and logged into individual categories such as incidents and accidents, however due to these being logged separately it was difficult to see any trends or actions taken to prevent similar incidents from occurring again.

Is the service well-led?

Our findings

The provider had quality assurance systems in place however these did not always identify shortfalls found during the inspection. For example, we found conflicting information within the provider's audits. Audits reviewed as part of the inspection process for medicines confirmed no areas required improving. However, following our inspection, the provider sent us a copy of a different medicine audit dated October 2018. This had identified various shortfalls relating to handwritten MARs charts, missing signatures, mistakes and resident's photographs not being dated. Although this audit confirmed actions required, such as the lack of recording of cream administration charts and body maps. It failed to advise of the frequency of cream administration and handwritten medicines administration records had not been checked and countersigned by a second member of staff. Actions had not been taken to address these shortfalls prior to this inspection.

Audits were in place to identify shortfalls relating to missing disclosure and barring service (DBS) checks however no action had been taken to address these shortfalls. For example, two staff had missing DBS checks and one member of staff had missing references in place. This meant that the audit had identified the shortfall but no action had been taken.

Six people living at the service needed a pressure-relieving mattress. This is a mattress which has variable settings to enable adjustment for people's assessed needs. The mattress settings need to be checked regularly to make sure they are still supporting people correctly. None of the mattress checks had been completed regularly. The audit form indicated mattress settings should be checked daily, however there had only been between one and four checks on each mattress in December. This meant shortfalls had failed to be identified through the providers quality assurance system.

The provider following the inspection sent us the service's audit form dated November 2018. This identified some areas that required action. For example, health and safety checks relating to PAT and legionella testing and the safe recruitment of staff. However, we found no action had been taken relating to the safe recruitment of staff and the audit had failed to identify the shortfalls in undertaking mattress settings. It had also failed to identify a problem with counter signing medicines and shortfalls relating to the recording of creams.

The provider following the inspection confirmed they had identified in a business meeting in November 2018 – 'MARs to be implemented at Cedars where the recording of creams is not according to the guidance'. We found at the time of the inspection this had not been actioned.

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

Following the inspection the provider sent information confirming areas of improvement around the service. This included equipment and furniture that was being supplied by the provider into people's bedrooms and communal areas.

The provider confirmed they had held a meeting with senior staff after the inspection. The meeting showed actions taken following the inspection. This included; changes to staff routines and responsibilities with the running of the kitchen. A new list to help staff with what people would like for breakfast and to drink. Medicine responsibilities being confirmed as the senior member of staffs' role along with overnight responsibilities for staff.

After the inspection the provider sent us a 'general audit' undertaken in August 2018 that confirmed general areas for improvement. This included, updating the provider's Statement of purpose in line with new data protection guidelines. Improvements were required to staff's personnel files including having a contract, references and employment history. Staff appraisals and training required along with improvements to undertaking water checks on cold water, and maintenance checks on fire guards and window closures. This meant the provider had identified some areas that required actions to be taken although not all of these had been actioned prior to this inspection.

The provider sent us following the inspection confirmation of additional support they were providing to the service and the registered manager. This confirmed support with recruiting new staff and actions required. Actions included, the recruitment of a second senior member of staff, requesting essential recruitment information, to keep the senior management aware of any changes or problems around staffing and to continue the training on dementia matters.

The provider sent confirmation following the inspection that staff were recognised for their contribution to the service as records confirmed staff received monetary rewards.

Staff had mixed views about the culture of the service. Staff told us, "The registered manager is really amazing." Another member of staff told us, "We are always able to speak to the manager. They are good and are always helping out." However, staff we spoke with during the inspection did not always feel well supported by the provider. They told us, "The owners need to know that we do our job but they don't appreciate the job we do." Another member of staff told us, "Very challenging working here. We never have enough staff and the owners want us to be carers, kitchen assistants, cleaners, laundry as well. We have spoken to the manager but they say it is up to the owner. [Providers name] and family he is always in and out of the place". Following the inspection, we spoke with two staff who felt the provider was supportive and the culture was good. They said, "I like working at the Cedars, [senior managers name] and [directors name] are contactable if needed". Another member of staff told us, "It's a good place to work. I go direct to [senior managers name] they support me with anything I need".

The provider following the inspection provided us with additional information that confirmed training for staff. This meant the provider was liaising with the registered manager and training company to ensure staff received training.

Checks had been done on equipment such as hoists and portable appliance testing (PAT).

People, relatives, staff and professionals had their views sought with yearly questionnaires. Following the inspection, the registered manager confirmed feedback they had received. Quality assurance forms were sent out between August 2018 and November 2018. Comments from relatives included, "Staff always helpful" and "We are so grateful for the care and support given to our mum over the years. They have always had her and our best interest foremost in their minds" and "The manager always deals with any concerns appropriately and is very approachable". People said, "Manager always listens", "I am happy here", "I feel safe" and "They are good to me." Professionals feedback said, "Manager and staff always ready to help" and "The

carers are always helpful and assist us if needed" and "We can always speak with the manager if we have concerns." Staff comments included, "I like my work" and "The home looks a lot better with all the new changes, it feels more like a home." Where feedback required action these were being taken. This meant views were sought so that improvements to the service could be made.

Prior to this inspection we reviewed notifications we had received from the provider that informed us of certain events that occurred at the service. Whilst discussing incidents with the registered manager they told us about one incident that we had not been notified of. Following the inspection we were sent the notification.

The provider was displaying their rating on the website as required by law.

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>Records were not always accurate relating to the administration of medicines.</p> <p>Audits were not always identifying shortfalls. When shortfalls had been identified actions had not always been taken to address the problems.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Checks on staff were not always being taken to ensure they were fit to work within the service.</p>