The Orders Of St. John Care Trust

# OSJCT The Cedars

## Inspection report

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## Ratings

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| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

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 Cedars provides accommodation and personal care for up to 49 older people. At the time of our inspection 44 people were living at the home, and three of those people were receiving care and treatment in hospital. Bedrooms were situated across two floors, with communal bathrooms throughout the service. People living on both floors shared the ground floor dining room and lounge areas.

The inspection took place on 27 and 28 November and was unannounced.

At the time of the inspection there were two registered managers. One of the registered managers was in the process of de-registering, due to a change in role; the other was on a period of extended leave. 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.

Overseeing the management of the service on an interim basis was a peripatetic manager. They were supported by the de-registering manager who had been appointed as the head of care. There was also a registered manager from the same provider based at the service as a supporting manager, one day per week. We met with the peripatetic manager, the head of care, the supporting manager, and the area operations manager during the inspection.

Most people and their relatives we spoke with were unsure who was leading the service.

Care plans for people with behaviours that staff found challenging to support were not detailed enough. The plans did not explain when staff should intervene in the person's best interests. Staff did not follow the support plans and their interventions had not been reviewed to ascertain if they were the least restrictive options.

Where people displayed behaviours that staff found challenging, these were not recorded to identify if there were any patterns or trends in their behaviours. This meant that changes in behaviours were not being monitored.

The staffing numbers were decided using a dependency calculation tool, giving an expected number of staff and the lowest number that they could operate with. We saw that although the expected staffing number for night shifts was to have four members of staff on duty, frequently there were only three. We were told by different members of staff that one person required three people to support them with their personal care at

one time. This left people at risk of not receiving support in a timely manner at night.

Some people and their relatives told us that they were not always able to have a bath or shower, or that their family member appeared to have gone for a long time without one. We checked the temperature records in the bathrooms, which should be completed each time a person has been supported to bathe or shower. Only 11 different people had received a bath or shower, according to the temperature records, throughout the four weeks prior to the inspection. Based on staff feedback and records observed, it was unclear if this was an accurate picture of the number of people supported, or if safety records were not always being completed.

At times, people's dignity was not promoted. We saw people being supported with transfers using hoists. But, staff did not use the protective cover that supported people wearing skirts to maintain their dignity. Staff told us they knew why the cover was there, but they were not sure why some staff did not use it.

Activities were well attended and there was time allocated for one to one sessions, to support people at risk of social isolation. We saw festive activities were taking place and the activities staff had used their creativity to plan sessions that people enjoyed.

Staff told us that the communication amongst the staff team had greatly improved. The peripatetic and supporting managers explained that they had identified this was an issue previously at the service and one that they had worked to improve.

The carpets were in the process of being replaced. At times, work to the flooring was taking place outside of people's bedrooms. We saw that the peripatetic manager spoke with people to explain what was happening and to minimise their discomfort.

Medicines management had improved. There were person-centred and detailed protocols for medicines required on an 'as and when needed' basis. Medicine stock checks took place, and the pharmacy had completed an audit. This was a recent improvement to the service, addressing shortfalls highlighted at the previous inspection.

Administration records for creams and lotions were not completed correctly or consistently. This had been identified by the management team and was in the process of being addressed as part of their ongoing action plan.

Staff told us they had received a lot of training. We saw from the training matrix that staff had been attending training and that where there were gaps in completed training, there were plans to address this.

At the previous inspection we had raised concerns about staff deployment. To partially address this, a care office had been implemented on the first floor, to stop staff needing to go to the ground floor to find information or records. There were also tools in place to allocate staff to working on set floors. The call bell response times showed that most call bells were responded to in a prompt manner.

Quality assurance processes had been implemented since September 2018 and were yet to become embedded into regular practice at the service. This included analysing falls, people's weights, and reviewing care plans.

Relatives told us they were welcome to visit at any time. We saw people spending time with their relatives and relatives joining their family members at activity sessions.

We found one continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This is the fourth time the service has been rated as Requires Improvement. In line with our published guidance for repeated Requires Improvement, CQC will be considering what enforcement action to take. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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.

Medicines management had improved.

Call bell response times were at risk of not reflecting the support people received.

People told us they felt safe living at the service.

Staff understood their responsibilities to recognise and report concerns of abuse.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Care plans did not contain enough detail about how staff should support people in their best interests.

The completion of staff training had improved.

People's skin integrity was supported.

### Is the service caring?

**Requires Improvement**

The service was not always caring.

People's dignity was not always promoted.

Life history documents were not consistently being used in care planning.

There were some kind and patient care interactions, staff were respectful of people's privacy in their bedrooms.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Daily records were task focussed and at times staff used inappropriate terminology.

Staff perceptions of distressed responses did not consider how the person may be feeling. Instead, labelling terms such as 'aggressive' were used.

The monitoring system for people's baths or showers was not effective.

We received positive feedback about the activities provision. There were good community relationships.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

There were continued breaches of Regulations.

There was some uncertainty around who was managing the home. People and their relatives were not always sure who was leading the service.

Monitoring systems were being implemented and needed time to become embedded into managerial practice.

Staff felt supported and wanted to contribute to improving the service.

# OSJCT The Cedars

**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 comprehensive inspection took place on 27 and 28 November 2018 and was unannounced. The inspection was completed by two inspectors 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.

Prior to the inspection we reviewed information we held about the service, such as statutory notifications and information the provider had sent to us in their provider information return (PIR). The PIR tells us what the provider feels the service is doing well, as well as any areas they have identified for improvements.

During the inspection, we gathered information by reviewing documents relating to people's care, including the care plans and daily records for seven people. We also looked at information relating to the management of the service. This included audits completed by the peripatetic manager and the organisations quality team. We spoke with 21 people, 10 relatives, and 13 members of the staff team, including the peripatetic and supporting managers, and the head of care.

Requires Improvement

# Is the service safe?

## Our findings

At the previous inspection in March 2018, we rated the key question of safe as requires improvement. This was because medicines were not always managed safely, risk assessments lacked detail, and staff were not deployed effectively. At this inspection we found that some improvements had been made to work towards addressing some of the shortfalls identified, particularly with medicines management.

Although some areas of staff deployment had been addressed, we still received mixed feedback from people about staffing levels. One person said, "There aren't enough staff at the right times, like when getting up and when going to bed." Staffing levels were decided using a dependency calculation tool, this gave minimum and ideal guidance as to how many staff there should be. We were advised by the head of care that at night there should be "ideally four" members of staff at night. They explained that the minimum would be three, according to the dependency calculations. They told us that only on very few occasions would there be three. However, when we checked the staffing rota's we saw that on most nights there were only three members of staff between two floors and 44 people. This included six of the seven nights in the week before the inspection. We were also told by staff that there was one person who usually required the assistance of three staff members with their personal care, however their care needs were recorded as needing two. This meant that at night, there could potentially be no other staff available in the service to spend time with people in communal areas, or to respond in a timely manner to people's needs. While there was a recruitment process taking place to gain the necessary checks on an appointed member of night staff, this would not completely address the shortfall each night.

Although staffed in accordance with the minimum number of staff calculated by the home's dependency tool, people did not feel there were enough staff to support them with their needs. For some people this impacted upon their dignity and independence. We received some negative feedback about whether staff responded to people's call bell's in a timely manner. One person told us, "When they're really busy it takes a bit longer, but they will pop in to make sure it's not an emergency and say that they will be a few more minutes, although it is usually longer." Three people told us they had to use their emergency bell, or they would be waiting for a long time. One person said, "I get fed up waiting sometimes." Another person told us, "Sometimes you ring the bell and it takes ages." A different person said, "They switch the bell off and tell you it will be about ten to fifteen minutes wait for help. That is a long time when you are waiting to go to the bathroom." The relative of another person told us that their family member was told to use their incontinence aid that they were wearing if they couldn't wait for assistance to use the bathroom. The person wore incontinence aids only as a precaution, they were able to use the bathroom but only if supported by staff. Records showed that most call bells were responded to within a short space of time. However, if staff are informing people that they will need to wait and are switching the call bells off, the call bell response time log will not be an accurate representation.

One room on the first floor had been converted into a second care office. This meant staff no longer needed to go to the ground floor to check, complete, or obtain records for people living on the first floor. Staff were also allocated a floor to work on, whereas previously the set locations had not been as clear. The management team all felt this had been an improvement to the service in addressing some of the shortfalls

raised at the last inspection.

Call bells were not available in all bathrooms. We found two which did not have pull cord bell systems. This meant that if a person fell in the bathroom and needed to use the pull cord to summon assistance, they would not be able to. We discussed this with the peripatetic manager who explained that this had been identified during some updates to their call bell system. They explained that the appropriate parts were being ordered to address the issue. We were advised that the bathrooms would be kept locked until the safety measures could be implemented.

Application records for topical prescriptions (TMAR), such as creams and lotions were not completed consistently. We saw that staff used different codes when recording administration to mean different things. For example, different staff wrote 'N' next to the date they were due to apply the prescribed cream. It was not clear and staff could not confirm, if the 'N' referred to the prescription not being offered, not being required, or not being wanted by the person. Some staff also didn't initial their name to show responsibility for the application, but instead wrote 'Night staff'. This meant that the records were not clear as to what had happened or who was accountable. We discussed this with the head of care and saw that this had also been recognised as an area for improvement on their action plan. They explained that there were plans to implement an exemplar TMAR into the folder, including a key code for staff to follow.

Medicines were managed safely. A medicines audit had been completed by the pharmacy two weeks prior to the inspection. There were some highlighted shortfalls in medicines stock checks, however these had been addressed with immediate action. We completed randomised stock-checks and found these to be present and correct. We also looked at the medicine administration record for each person and found there to be no gaps in records. There were detailed protocols in place for people who required medicines on an 'as and when required' (PRN) basis. The PRN protocols directed staff to try different, person-centred techniques for the individual, where appropriate, prior to offering medicines. For example, some people were prescribed PRN mood or behaviour altering medicines. There were steps staff could follow that may support a positive change in mood or behaviour, without the need for medicines.

People's risks were identified and assessed. We saw care plans containing risk assessments, including those for mobility and transfers, falls, and emergency evacuations. People told us they felt safe during transfers and when moving around the service. Their comments included, "Someone will always follow me around while I'm walking with my frame, I feel safer that way." And, "They always explain what they're doing." Also, "I don't feel unsafe in the hoist at all. There are always two of the carers there with me whenever I use it." We observed safe transfers taking place.

People told us they felt safe living at The Cedars. Their positive feedback included, "I feel safe, it is a very secure place." And, "I feel quite safe, I am safer here, I was getting nervous at night when I was living on my own. I know there are staff about at night."

Accidents and incidents were recorded and where appropriate, these were reported to us and local authority safeguarding. We saw that work had started to take place around analysing accidents and incidents to identify trends and where different support methods could be provided. For example, where records showed that people had fallen, the information was added to the falls analysis for that month. The management team then reviewed what was in place for that person and what more could be done. For example, using different safety equipment to reduce the likelihood of recurrence.

Staff understood their responsibilities to identify and report concerns of abuse. They said they would feel confident speaking to the care leaders, head of care, or the management team. Staff also knew who they

could contact external to the service and understood that they could whistleblow if needed. Whistleblowing is the act of reporting a concern about a risk, wrongdoing or illegality at work.

There were safe staff recruitment and selection processes in place. We checked recruitment files and found there to be character and employment reference checks. New staff were also subject to a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable people.

Staff had access to personal protective equipment (PPE), such as gloves and aprons, and their practice reduced the likelihood of cross-contamination. We saw staff changing or disposing of their PPE before entering different bedrooms. The home was clean and free from odours throughout, and people told us that their bedrooms were cleaned regularly.

The home was well-maintained. The service was in the recruitment process for a new maintenance operative. During this time, they were supported by an operative from another service within the same provider. We found that checks on gas, water, and fire systems were up to date and assessed as being in good working order.

Requires Improvement

# Is the service effective?

## Our findings

At the previous inspection, we rated the key question of effective as requires improvement. This was because staff training was not always up to date and staff did not receive timely supervision meetings. In addition, consent to care was not always sought in line with legislation. At this inspection we found that improvements had been made to staff training and staff felt they received supervisions on a regular basis. However, where people lacked the mental capacity to consent to care, care plans directing staff in the person's best interests were not being followed.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make the decision, a best interest decision is made. This process includes involving people who know the person well, and other professionals where relevant. We saw capacity assessments and best interest decisions in place for people who lacked capacity to consent to receiving care and treatment. The best interest decisions stated that it was in the person's best interests to receive care at The Cedars. However, mental capacity and how staff should support people in their best interests was not evident in people's care plans.

The care plans did not contain enough detail about how staff should support people who are resistive to care interventions, in their best interests. For example, one person had been admitted to the service as an urgent safeguarding referral because of their self-neglect. Their care plan explained that the person may be resistive to staff support for personal care, to support their hygiene. The guidance for staff to follow in the person's best interests stated, 'Will need strong/firm encouragement to have support.' Also, '[Person] can choose when he wants support, but staff will have to intervene to prevent irritation to [Person's] skin.' There was no clear guidance around when staff should intervene and how they should be encouraged. Based on the daily records, staff had not been successfully able to intervene and support the person effectively for one month prior to the inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2005 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The management team had submitted DoLS applications and these were regularly reviewed.

Staff training had improved since the previous inspection. There were plans in place to address where there were gaps in completion of mandatory training. Records showed, and staff confirmed that there were regular opportunities for training. Staff knew that there were more advanced options available for dementia training and told us that they would like to undertake this. Supervision records showed that staff were asked if they would like further training in any areas and supervisions were received on a more regular basis since September 2018. We saw that there was a training session scheduled in the week following the inspection, regarding 'distress reactions'. This could help staff who support people living at the service, who, as their

distressed reaction, present with behaviours that staff find challenging,

We received mostly positive feedback about the food during lunch. Two people felt that the vegetables were overcooked and that they tasted as though they had been defrosted, whereas they would have preferred fresh. One person had chosen not to have either of the main meal options, but had instead requested a fried egg on toast, which they told us they enjoyed.

At lunch we saw that there were realistic looking glass-style plastic tumblers being used, these were light weight to support people with their dexterity. The tables were laid with a choice of condiments and different drinks. The menu options were displayed, and people were offered visual choices of plated meals at the table. This is good practice when supporting people with dementia to make decisions regarding their meal options.

The service employed a 'hostess'. The hostess explained that their role was to support people to drink more throughout the day and to spend time with them. We observed the hostess taking the drinks trolley around the home, offering a choice of hot or cold drinks, as well as snacks. There were also snack bowls throughout the home, including crisps, chocolates, fresh and dried fruits, as well as a choice of squash and water. People told us they spoke with the chef when they moved in. One person said, "When I moved in, I had a chat with the lady who does the cooking and she asked me what things I like to eat." The management team told us they had been working on improving the dining experience, by monitoring this and increasing staff awareness.

People told us they received healthcare appointments when needed. One person explained, "I think the GP comes in at least twice a week, and when my eyes need testing or if I have a problem with my teeth, then someone will arrange an appointment and transport for me." We saw records evidencing that the service regularly consulted with their visiting nurse, particularly when they needed extra support with a person's healthcare. Where required, we saw that support had been sought from external health and social care agencies. For some people this had been received in a timely manner. For one person where they had declined to participate in the assessment, this support need had not been followed up. We discussed this with the head of care and supporting manager, who advised us that they would chase this up.

People's bedrooms were personalised with objects they had brought with them from home. One relative told us, "Mum likes having her things around her. They've put together some photos into a collage, which they've mounted in a frame for her. It was nice to see it when I arrived the other day." One person said, "I was able to bring my bookcase with me when I moved in, together with a couple of little coffee tables and an easy chair, it was important for me that I had that with me."

One relative praised the skin care support their family member received. They told us that their family member had been admitted to the service with a pressure area where the skin had broken down. They said, "As soon as [the staff] realised, they arranged for a pressure relief mattress and they worked really hard with the visiting nurses to clear the sore really quickly. We couldn't have asked any more of them." The peripatetic manager explained that when they realised the person had the pressure area, they knew the service could provide support to help the person recover promptly and were able to do so.

Requires Improvement

# Is the service caring?

## Our findings

At the previous inspection we rated the key question of caring as requires improvement. This was because we saw interactions where staff not did act respectfully, or support people to maintain their dignity. At this inspection, we found that there continued to be times of undignified care interactions, however there was an overall improvement since the previous inspection.

People were sat without interactions at the breakfast table between mid to late morning. We saw that one person's food was untouched for over twenty minutes, so it would have been cold. Most of the food for two other people remained largely untouched during our observations. Staff passed through the dining room and an activity session was taking place in the lounge area close by. Staff went over to the activity session to see what was taking place and to join in but did not acknowledge those sat at the table. We only saw staff interact with one person when they loudly asked to use the bathroom, to attract the attention of staff. It was still almost five minutes later when a staff member responded to this request. The lack of interactions could impact upon how much people consume during breakfast.

We observed periods of undignified support being provided, particularly when people were being hoisted for transfers between chairs and wheelchairs. Where people were wearing skirts, their legs became exposed as they were hoisted up. For some people wearing trousers, these slipped down behind them. Hoisting was done in full view of those sat in front of the person. One person told us, "I don't really enjoy being hoisted, I feel like I'm being exposed to half the people sitting here when they move me around." There were protective covers staff told us they could use to support people during their transfer and place over their laps. These were not used during the transfers we observed, and people's dignity was compromised.

Life history or 'About Me' documents were in place for most people, but these were not consistently being utilised when care planning. This was evident when we raised concerns about one person's care plan not reflecting the care they receive. Prompted by our feedback, the head of care re-wrote the care plan using up to date information about the person that they gathered from staff. They told us they had linked the care plan to the person's life history. For example, their life history included that the person had enjoyed spending time going for country walks with their partner. The care plan was re-written to explain that when the person asks to go "home", this is usually because they like to spend time outside and may want to go for a walk. The head of care included in the care plan that the person may want to go for a walk as a way of reminiscing. The head of care explained to us that different staff held different snippets of knowledge about the person, but this had not been brought together. Staff referring to the previous care plan may not have realised the reasons why the person was asking to go home, and the support provided may not have been as person-centred.

Some people and their relatives did not feel that the staff team were always kind and caring. One relative told us they felt there could be improvements in how quick staff were to recognise and address people's needs. They said that their family member did not have their incontinence aid changed in a timely manner. Also, their relative often felt cold and this was not identified by the staff. One person said that they were told when they were to have a shower and that staff would tell them, "We know you're awake, you're going to

have a shower." Four people said they found that some members of staff had an abrupt approach, and two people said at times they felt "told off".

We also received positive feedback from other people and their relatives. Feedback from different people included, "Staff will take the time to sit down and have a bit of a chat during the day when I'm sitting in one of the lounges." Also, "I'm well looked after here, the carers are very good, very helpful and very good to me." And, "The carers are always busy, but always ready for a chat, they are very nice, and you can speak to them."

One person told us that they felt a staff member went "out of their way to be caring". They told us that the staff member asks each person what newspapers they would like to read over the weekend. The staff member then collects the newspapers and distributes them to people. The person said, "I really appreciate what they do, the weekends can feel very long, so it is a nice touch."

There were examples of kind and patient care taking place. We saw one person who had a visual impairment being supported closely by a staff member who guided them to where they would like to sit. To support the person, the staff member explained who they were sitting next to and what the activity included. People explained that they were could choose where they wanted to spend their time. Their comments included, "They do ask me if I want to go downstairs and things like that." Another said that they chose to spend their time upstairs and that this decision was respected by staff.

Staff were respectful of people's privacy in their bedrooms. We observed staff knock bedroom doors even if they were open and greet the person as they entered. Staff told us that they also ensured that bedroom doors and curtains are closed when they support people with their personal care.

Relatives told us they were welcome to visit at any time. We saw people spending time with their relatives and relatives joining their family members at activity sessions.

There were opportunities for people and their relatives to share feedback with the management team. The peripatetic manager explained that they had "an open door" and welcomed people and their visitors to come and speak with them in the event of any concerns. We were also advised that there had recently been the formation of a 'residents committee'. The supporting manager explained, "We are trying to embed that people are the voice of the home and we want the committee to reflect those voices." We saw records showing that meetings had taken place to gain feedback from people and their relatives. However, these had only in the recent months prior to the inspection been reinstated and not everyone was aware that meetings took place.

People's spiritual and religious beliefs were supported through the activities provision. The activities coordinator explained that they tailor the activities to the people who are living at the home. They said that one person was receiving end of life care and was being nursed in bed. The coordinator told us that the person was not responding to most interactions. However, they said, "The church group came in and said a prayer. They sang to her. It was an absolutely beautiful moment and her face really changed. It definitely made a positive difference to her." We also saw that people had the opportunity to attend religion based singing sessions and services.

Information held about people was kept in offices with secure key coded access. This included their care plans, records, and assessments. Staff had also received training in the General Data Protection Regulation 2018 and knew how to keep people's information confidential.

Requires Improvement

# Is the service responsive?

## Our findings

At the three previous inspections, we rated the key question of responsive as requires improvement and there was a continuing breach of Regulation 17. This was because records and care plans were not well-managed. At this inspection we found there had been some improvements. However, more time was needed to gauge if the care plan and record keeping monitoring systems recently implemented would have a positive outcome with improved documentation.

At this inspection we found the service to be in breach of Regulation 17 for the fourth consecutive time.

Daily records were task focussed, at times there was disrespectful terminology and the entries lacked information about how people's needs had been met. The daily records for one person included, '[Person] was very hard to care for today. She was constantly fighting with us. She needed personal care, so we had to use the assistance of three carers at one point.' The record continued by explaining that the person had been physically resistive to the care, however did not say what the three members of staff did to support the person. Other entries for this person frequently referred to them as being 'aggressive', followed by the contradictory entry of 'no concerns'. The labelling term of 'aggressive' had been applied to the person throughout their records and continued when staff spoke to us about the person. There was a lack of consideration in the records for how the person was feeling during the care interventions, and to why they responded the way they did. If explorative work was taking place about identifying what worked well and what didn't, this was not being captured in records. The records did not aid reflective practice to help staff learn how to better support the person.

Care plans for people with behaviours that staff found challenging to support, did not reflect people's support needs. Staff told us for one person that their personal care would "normally always be with three carers" and that this was "for staff safety". They told us, and records showed that staff felt the person responded in an "aggressive" manner to care interventions. One staff member explained, "I've known there be two, three, and four staff members in with her, just to do her personal care." The person's care plan stated that the person required the support of two staff for their personal care. We asked staff how the decision was made that an additional staff member was needed. They told us that they usually made the decision amongst themselves that the person needed three staff members and that their personal care was required at that time. There was no guidance for this in the person's care plan. We also only saw reference to three members of staff being required in two of the records. Staff had escalated the number of staff required, without there being any evidence of assessment to show that this was the least restrictive option, in the person's best interests. When the shortfalls in the person's care plan were discussed with the management team, they realised that a risk assessment regarding supporting the person's behaviours was missing from the care plan. This was found at the inspection and had been archived by mistake. The risk assessment was put back in place at the inspection.

Staff did not consider that the person may feel threatened or frightened, causing what was perceived as an aggressive response. Their responses showed that staff had only considered how staff felt while providing care. One staff member said, "She will just lash out. There's no reason to it. There are three of us there more

for the safety of the staff than anything else." Another staff member told us, "She hits out at us, what can we do?". We discussed this with the management team, as we could not find any records to show that the distressed reaction was being monitored to identify any triggers, themes, or successes. They explained that the monitoring of this had been archived, despite the behaviours continuing and staff response escalating. This meant that there was no overview of how often the staff were providing potentially distressing support. We saw that a healthcare referral had not been chased up and this could have been due to the behaviours not being effectively monitored.

Although care plan audits and updates were taking place, they were not identifying some of the shortfalls found at this inspection. Care was being provided by staff that were not following a consistent approach and knowledge staff had about people was not always recorded in their care plan. One staff member told us that one person "responded well to music". They spoke about how they had seen a positive change in the person's behaviours in response. This was not captured in their care plan. A more combined approach between care leaders and care staff to care planning would help all staff have access to knowledge that could help support a person's wellbeing.

Some people told us they were not supported to bathe or shower when they wanted to. One person said, "I haven't had a bath or shower for some weeks now, but it would be quite nice to have one. I don't like to ask, because I know everyone is busy and nobody every asks me if I would like one." Another person told us, "I can't remember when I last had a bath or shower, but I know it was a long time." Staff told us they would look in the care records to see when someone was last supported to bath or shower. However, there were 44 people living at the service and it would not be practical to have all staff looking back through care records daily, to find this information. This system meant that people who were not in immediate need, or those that did not wish to ask staff, were at risk of being left without support to bath or shower.

There were only eleven entries over a 28-day period for temperature records that staff were required to complete each time a person is supported with a bath or shower. Staff told the management team that the records were incorrect and that they had not been maintaining these. They said that more than eleven out of 44 people had been supported to receive a bath or shower in November 2018. This meant that there was no clarity between what staff told us and the systems being used, to know for certain whether people's support needs were being met. The management team assured us they would communicate with staff to advise them of the importance of completing temperature safety checks each time they support a person to bath or shower.

End of life care plans, documenting people's advance wishes, were incomplete for some people. In the care plans we reviewed, most stated that the person did not want to discuss this subject. Although some people may not wish to discuss this, there was nothing recorded to show that relatives had been consulted with, or that other methods of obtaining information had been utilised. We discussed with the management team that a formal care plan review may not provide the best setting for people to discuss their end of life care planning. This may be something that is gleaned through informal conversations over a period of time, or the person may feel more comfortable with another staff member.

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

Most people knew they had a carer assigned to them as their key worker. Staff told us that key workers are responsible for updating their care plans, booking appointments, and ensuring they were not in need of any personal items. One person told us, "I have a carer who is responsible for my overall health." Another person said, "There's one particular carer who usually wants to make sure I'm happy with everything." Work was

taking place by the area operations manager to review the key worker role. We were advised that key workers would rotate between different people. We fed-back to the management team that for some people where staff find their behaviours challenging, the rotation system may not be as effective. The feedback was well received, and we were advised that it would be incorporated when looking at how the reviewed key worker system would be implemented.

People were complimentary about the activities offered at The Cedars. One person said, "I've had quite a few outings this summer, it has been really nice." Another person told us, "I do go to quite a few of the things that are on, I like the singing." The activities coordinator had worked with people to create personal profiles for them. The profiles included information that could be used by staff when the activities team were not working, so that activities could continue.

Community links were encouraged, and people attended social events outside of the home. The activities coordinator explained that people regularly visiting the local 'Silver Threads' social group. They also told us, "Recently 10 [people] attended an Age UK sponsored party in the community." A staff member told us that most people had the opportunity to spend time outside of the service each month if they were able or wished to. The service had people from the community working as volunteers and contributing to the activities programme. There were also links with the local schools and they were due to visit in the weeks following the inspection to deliver a Christmas carol service. Staff and the management team told us that people really enjoyed these sessions.

The staff and management team understood their role in supporting people to have access to information, in accordance with the Accessible Information Standard 2016 (AIS). The AIS is a legal requirement for health and social care services, to ensure that people have access to information in a format that is suited to their needs. The head of care explained that they supported one person whose first language was not English. To support the person to understand information relating to their care, the staff researched important questions and phrases and created translated 'flash cards'. These helped to ensure the person had the information needed to make choices. We were also advised that there were plans to implement large print and pictorial menu's. In addition, the service had recently scheduled for the local library group to visit because they provide books in different formats, including large print, audio books, and braille.

Where complaints had been received, these were investigated and responded to appropriately. People and their relatives were not always aware of who was managing the service to know who these should be directed to. We raised this with the management team and they assured us they would seek ways to better communicate who was managing the service.

Requires Improvement

# Is the service well-led?

## Our findings

At the previous inspection, in March 2018, we rated the key question of well-led as inadequate. This was because the managerial oversight of the service was not effective in monitoring and ensuring improvements took place where shortfalls were identified. At this inspection we have found the service to be overseen by a recently appointed and experienced management team. More robust monitoring systems were in the process of being implemented, to ensure a detailed managerial overview of the service.

At the time of the inspection there were two registered managers; however, neither were in day to day control of the service. One of the registered managers was in the process of de-registering, due to a change in role. The other registered manager was on a period of extended leave. 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.

Overseeing the management of the service on an interim basis was a peripatetic manager. The peripatetic manager had been based full time at the service for two and a half months prior to the inspection. They were supported by the de-registering manager who had been appointed as the head of care. There was also a registered manager from the same provider based at the service as a supporting manager, one day per week. The supporting manager was able to join the inspection at short notice on the first day, when the peripatetic manager was not available.

The service had been rated overall as requires improvement for three consecutive inspections. These took place in March 2018, March 2017, and March 2016. We were advised that the management team attended monthly 'Requires Improvement to Good' meetings, organised by the provider. The meetings were to discuss the improvements that are being made, and any challenges the team foresee in meeting the necessary actions. The head of care told us that there were meetings scheduled for the next seven months and that they felt that gave the service time to implement and embed good practice. In addition, the service had been allocated a nurse employed by the provider, and a quality improvement lead. Their roles were to work with the service around the identified shortfalls and support the service improvement.

There was a clear vision for how the service would develop and improve while the peripatetic and supporting managers were working with The Cedars. The peripatetic manager explained that their initial focus had been around improving safety and implementing more robust monitoring systems. In addition, they told us, "A lot of work was needed around the care plans." Although we found and raised concerns regarding aspects of the care planning, these were responded to promptly. The peripatetic manager understood that although improvements were still needed, the process of updating care plans for 44 people would be time consuming and more time was needed. We found that improvements had been made to the way medicines are managed. Also, with the implementation of an upstairs care office, this had meant there were some improvements in staff deployment. Moving forward, the peripatetic manager told us that January to March 2019, work will take place to develop staff practice and care delivery. They recognised that at times, the culture amongst the staff team was not always person-centred and explained that the

management team would be mentoring staff to improve this.

Monitoring systems were in the process of being implemented, including the analysis of people's falls and weights, as well as any safeguarding referrals, and CQC notifications. The peripatetic manager had organised processes which were clear to follow and reflected where positive changes had happened because of the monitoring. For example, reductions in an individual's number of falls due to measures that had been put in place the previous month, such as a low bed, or sensor mat. The peripatetic manager explained that they planned to next focus on monitoring people's weights to identify any losses where healthcare referrals were needed. However, we checked the information held and could see that people's weights were maintained or had increased, there were no concerning weight losses at the time of the inspection.

Staff told us they felt supported by the management team. They told us that communication had improved and that they felt more confident in knowing what was expected of their role. Staff were appreciative of the changes that the management team were making, and they wanted to contribute to improving the service. Staff told us that morale had improved amongst the staff since the changes made by the management team. The peripatetic manager said, "The staff aren't doing a bad job. They just need a bit of coaching and mentoring. There needs to be more reflection about how we can improve the home and their confidence."

Staff meetings took place and areas for improvement were discussed with them. We saw records relating to meetings in September and November 2018. The concerns raised during the meetings included call bell response times. Staff were also made aware of any changes and updates to the service. For example, staff being allocated to work upstairs, and the introduction of new equipment. We saw that dignity and respect were discussed at each meeting, to increase staff awareness. However, we saw that this was not always proving effective, due to observing examples of undignified care during the inspection.

Planned staff training was updated in response to concerns raised at the inspection. We were advised by the supporting manager that the distress response training would now include discussions around the people we had provided them with feedback regarding. For example, where we had highlighted shortfalls in care planning and raised concerns around the staff response to some people's needs. They told us they had been in contact with the trainer to discuss the needs of the service. This meant the training was more likely to be useful to staff as they would be able to relate it to the people they support.

There was some uncertainty about the management of the service on a long-term basis, due to the registered manager being on a period of extended leave. While positive changes were taking place with better monitoring systems, it was not possible to gauge whether these would be continued in the event of not having the existing management team in place.