

# Cornwall Care Limited

# Cedar Grange

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Cedar Grange is a purpose built home and provides care for up to 60 elderly people who need care by reason of old age, dementia, mental disorder, and physical disability. The home also provides nursing care. The building is split into four units or suites as they are known, each accommodating up to 15 people. At the time of the inspection, there were 49 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This unannounced focused inspection took place on 9 August 2017. The last comprehensive inspection took place on 14 and 17 March 2017. We identified breaches of the regulations at that inspection. The breaches related to the recording and management of risk, the management of medicines, lack of effective quality assurance processes and the poor compliance with the Mental Capacity Act (MCA). A warning notice was issued regarding the management of medicines and the recording and management of risk. Statutory requirements were issued for the other breaches of the regulations. The provider sent the Care Quality Commission an action plan detailing how the service would meet the requirements of the regulations. We carried out this focused inspection to check on the action taken by the service to meet the requirements of the warning notice. The action taken to address the requirements was also checked.

This report only covers our findings in relation to "Is the service Safe"; "Is the service effective" and "Is the service well led". You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedar Grange Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection we found that action had been taken to address the concerns in the warning notice about the management and recording of risk and the safe management of medicines. We looked around the premises and found that the atmosphere had improved. People seemed calm and content. The doors to the downstairs units had been closed, meaning that people could no longer independently move between the two units. Some people had moved to different units, depending on their level of risk and need. There were new personal safety checks in place, so that people who were unable to independently use call bells were monitored every hour to help ensure they were safe. Locked water dispensers replaced the kettles in the kitchenettes, reducing the risk of people scalding themselves. We found one example where a risk assessment was not effectively implemented. The provider took immediate action to address this. We have made a recommendation about this in the report.

During this inspection we checked the services medicines systems. The management of medicines at Cedar Grange had improved and action had been taken to meet the requirements of the warning notice. At the last inspection, we found several medicines errors. These errors had not been reported as incidents and were not highlighted on the service's medicines audit. This meant that learning from these errors might have

been missed. At this inspection, we found that all errors were recorded as required.

During this inspection we reviewed the requirement notices in relation to compliance with the Mental Capacity Act. We found improvements had been made. Practices around covert medicines (medicines disguised in food or drink) had improved and there were clear best interest processes in place to ensure people's rights were protected. The recording of consent had also improved, and we no longer found examples of people's relatives consenting to their care without the correct legal authority to do so, such as a Lasting Power of Attorney (LPA).

The environment was spacious, bright and dementia friendly. For example, people's bedroom doors and corridors were decorated individually to help people orientate themselves. One room had been decorated as a vintage tea room where people could go to enjoy afternoon tea. Another room was called the "Cedar Arms" and had a pub feel, with games machines and a pool table.

Staff received a suitable induction which including shadowing more experienced staff members Staff were supported with an on-going programme of supervision and an annual appraisal. Staff had received training in order to carry out their roles effectively and there was a system in place to remind them when it was due to be refreshed or renewed.

People had enough to eat and drink and there were a range of alternatives to choose from. People who required assistance with eating were supported by staff.

People had access to a range of health and social care professionals. People's health care needs were appropriately monitored at the service, for example, there was a structured approach to the care of diabetes and tissue viability. Where risks to people's health had been identified, these were well documented, monitored and linked to the person's care plan to guide staff on what action they needed to take to support the person.

The provider undertook a range of audits to monitor the quality of the service and there was regular oversight and support from senior management. Feedback on the service was sought through a variety of forums, such as staff meetings, relatives' meetings, comments cards and a regular cycle of quality assurance surveys. Feedback was used to raise standards within the service. Morale within the service was good and the individual characteristics of staff were recognised and celebrated by managers, for example through the staff awards ceremony. Staff had access to work related incentives such as a wellbeing scheme.

The service had a whistleblowing policy, which supported staff to question practice, defining how staff who raised concerns would be protected. The provider and registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The Duty of Candour is a legal obligation to act in an open and honest way in relation to care and treatment

At this inspection we found that the requirements of the warning notice and the requirement notices had been met, however the rating will remain unchanged in order for us to ensure that the changes made are sustained. This will be reviewed at the next comprehensive inspection of the service.

## 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 safe.

People had their medicines as prescribed and on time.

Systems in place to investigate abuse or mistreatment were effective.

People were protected by a clean and hygienic environment.

Risk assessments were not always implemented effectively.

### Is the service effective?

**Requires Improvement** ●

The service was effective.

People's rights were protected as there were clear best interest processes for those who were administered their medicines covertly.

People's consent was appropriately recorded.

People's healthcare needs were effectively monitored.

People were supported by staff who had undergone training to carry out their role competently.

We could not improve the rating for effective from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

### Is the service well-led?

**Requires Improvement** ●

The service was well led.

There was a new registered manager in post who was committed to raising standards within the service.

Audits were effective in monitoring the quality of the service.

The risks associated with the opening up of the units had been

reviewed and changes had been made to address the safety risks.

We could not improve the rating for well led from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Cedar Grange

## **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.

The inspection took place on 9 August 2017 and was unannounced. The inspection was carried out by two adult social care inspectors.

The service was previously inspected on 14 and 17 March 2017 when breaches of regulations were identified. A warning notice was issued for one breach of the regulations.

Before the inspection the provider sent the Care Quality Commission information relating to how they had addressed the concerns found at the last inspection. We reviewed this and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people living at the service. Not everyone we met who was living at Cedar Grange was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with four staff and a visiting professional. Following the inspection, we spoke with three relatives on the telephone.

We looked at medicines records, incident reports and other records relating to the management of risks at the service such as personal safety checks. We also looked at six records relating to people's care.

# Is the service safe?

## Our findings

The provider and the registered manager had provided the Care Quality Commission with comprehensive information detailing how they had addressed the concerns found in the warning notice issued following our last inspection.

At the last inspection we were concerned that people's safety was not always protected. We identified issues in the recording and management of risk in relation to some people. There had been a decision to open up the doors to the four units, meaning people could move freely from one unit to another. People who were vulnerable due to not being physically mobile, were not protected against the risk of other people entering their bedrooms and engaging in activities which were harmful. People did not always have call bells within reach and the stairgates intended to provide a barrier to people accessing bedrooms could be opened by some people living at the home. This formed part of the warning notice.

During this inspection, we found that improvements had been made. The registered manager and provider had reviewed the needs of those living at the service. Some people had moved onto different units depending on their level of need and risk and in consultation with the person and their families. In addition, the doors separating the two units downstairs where people were more physically independent had been closed. This meant people no longer accessed different units without staff support. People were still able to walk around the unit they lived on independently and continued to have access to the gardens. In addition, they still accessed other parts of the service, such as the activities room and coffee lounge. The closing of the units had reduced the likelihood of people accessing each other's bedrooms in a way that was unsafe. One staff member told us; "It is much better since they separated the units". There had been a reduction in the need for stairgates under these new arrangements and therefore few bedrooms had them in place. Where they did remain in place, this was at the request of either the person, or through a best interest process.

At the last inspection, we found concerns relating to the safety of the environment. There was a kitchenette on each of the four units at the service. Each kitchen had its own kettle, which was kept on the worktop. We found that these kitchenettes were not staffed at all times, meaning there were times when people could independently access the kettle, without staff supervision. This was a safety risk as many people living at the service had dementia and/or physical frailty. At this inspection, this issue had been fully resolved. There were now locked hot water dispensers on the units in place of the kettles. Staff held the keys to the dispensers, meaning that people could only use them with the support and oversight of staff.

At the last inspection we found that people had risk assessments in their records, however these were not always reflective of the care being provided. There was also an inconsistent approach to the recording of people's resuscitation wishes, meaning that their treatment may not be provided in the way they wished, or might be delayed in the event of an emergency. This formed part of the warning notice. At this inspection, we found that improvements had been made. People's resuscitation wishes were in the process of being reviewed with their doctor and documentation was being changed, so there was a consistent approach to the recording of people's wishes. The risk assessments in people's records had also improved. However, we found one person's records indicated they were at risk of accidental self-harm from ligatures. The person's

care plan indicated that there should be no ligatures in their bedroom and described how these had been removed or tied, to ensure the person was safe. We looked at this person's bedroom and found that this had been done. However, when we looked in their en-suite bathroom we found a long call bell chord. We reported this to registered manager and immediate action was taken to remove this ligature. A replacement anti-ligature call bell chord was immediately ordered.

Recommendation: We recommend that the implementation of risk assessments should be regularly reviewed to help ensure that people's safety is maintained at Cedar Grange.

At the previous inspection, we found people's medicines were not always managed safely. We found a range of errors on people's medicines administration records (MAR). These had not been recorded on the computerised system as required. Although medicines audits were taking place, the frequency of these had been reduced from weekly to monthly, meaning that some incidents were not quickly identified. This formed part of the warning notice. At this inspection, we found improvements had been made. Medicines audits were now taking place on a weekly basis. We looked at MAR charts and found that any omissions or errors were recorded on the electronic system. This was sent to the service's head office for auditing. Any learning from incidents was communicated with staff to reduce the likelihood of a reoccurrence.

We observed suitable staffing levels throughout the inspection. Staff were able to respond to people in an unhurried way. Where people used their call bells to alert staff, these were answered promptly. We saw staff had the time to engage with people and to complete the hourly personal safety checks as required. One staff member told us; "There are enough of us on the units".

Some people living at the service could become agitated and distressed. Staff had received training on managing this behaviour and there was guidance in people's care plans for staff on how to help them stay calm. Some people living at the service required the use of low level restraint techniques in order to keep themselves and staff safe whilst care was provided. Some staff had completed training in restraint and only those who were trained used the techniques.

People were protected by staff who knew how to recognise signs of possible abuse. Staff had completed training in safeguarding adults and this was regularly updated. The training helped ensure staff were up to date with any changes in legislation and good practice guidelines. Detailed policies and procedures were in place in relation to abuse and whistleblowing. Staff knew who to contact externally if they thought concerns had not been dealt with appropriately within the service. One relative told us; "It's a safe place. To know that Mum is safe is a huge, huge thing".

The service was visibly clean and free from adverse odours throughout. There were suitable levels of PPE (Personal Protective Equipment). Staff had received training in infection control. We observed domestic staff undertaking cleaning duties throughout the inspection.

Health and safety standards within the building were satisfactory. Environmental audits and maintenance plans helped ensure the environment was safe and fit for purpose. People had personal evacuation plans (PEEPS) in place, which detailed the level of support they would need to evacuate the building in the event of an emergency.



## Is the service effective?

### Our findings

At the previous inspection, we found concerns in relation to compliance with the Mental Capacity Act (MCA). We issued a requirement notice. The service sent us an action plan detailing how they would address the concerns we had identified.

At the last inspection we found that some people were prescribed medicines covertly. Covert medication means the administration of medicines in disguised form. This usually involves adding medication to a person's food or drink. Where covert medication was prescribed, there was an agreement in the person's records by the person's doctor. However, we saw no evidence of a best interest process for these people, considering which less restrictive options were considered before medicines were given in this way.

At this inspection, we found that improvements had been made. The service had reviewed the records of those who had their medicines administered covertly. There was a clear agreement in place from the person's doctor, which indicated which medicines could be administered covertly and in what form. For example, one person's medicine was to be administered in their tea if required. There were now clear safeguards in place for the person. The agreement was regularly reviewed to ensure it remained proportionate and necessary. There was also guidance for staff around ensuring the practices reflected the principles of the Mental Capacity Act (MCA). For example, one person's care record stated; "Ensure that prior to administration [person's name] is informed of her medication and given the chance to take it". There were also clear steps in place to ensure that the administration of medicines by covert means was the least restrictive option available. One person's records contained guidance for staff on how reduce the likelihood of refusal. For example, by reducing excess stimuli and offering verbal and tactile reassurance whilst administering the medicines.

At the previous inspection, we found that relatives had consented to elements of people's care and treatment without the correct legal authority to do so, such as a lasting power of attorney (LPA). At this inspection, we saw that this had improved. Where people were not able to give consent, there were documented best interest decisions, which meant that people's rights were better protected by the principles of the Mental Capacity Act (MCA).

People were supported by staff who had received a range of training in order to meet their needs effectively and there was a system in place to remind them when it was due to be renewed or refreshed. Staff had received training on subjects identified by the provider as being mandatory such as moving and handling, infection control and health and safety as well as training which was more specialised to their role, for example, dementia friends and conflict management training.

New staff received a thorough induction which including shadowing more experienced members of staff. Staff who were new to care underwent the Care Certificate. The Care Certificate is a nationally recognised set of standards for care staff. Staff were provided with on-going support in their role by six face to face supervision sessions per year and an annual appraisal.

People's health care needs were effectively monitored at the service. For example, staff had noted that one person had become low in mood and had promptly referred them to a community psychiatric nurse (CPN) to undertake a review. Following the review, the person's observations had been increased to help ensure they were safe. The person's care plan guided staff to be extra vigilant to any mood changes.

People's bedrooms were personalised with their own belongings, such as furniture, photographs and ornaments, to help them feel at home. Some people had chosen the colour and decoration of their bedroom door which helped them to orientate themselves. The environment was dementia friendly with areas painted in different colours to help people remember where they were. People's bedrooms had specialised lighting which would come on if they got out of bed at night, in order to help prevent falls.

We saw from people's care records that they had access to a range of health care professionals including GPs, speech and language therapists (SALT) and district nurses. On the day of the inspection we saw health professionals visiting people, including a chiropodist and a dementia liaison nurse.

People had enough to eat and drink and the service and there were a range of alternatives on offer for people to choose from. Special dietary needs were catered for, for example, diabetic diets or pureed meals. The cook met with people to plan the menu, taking into account preferences and requests. The service had undertaken a trial of providing the main meal in the evenings, with a lighter lunch. This had been very successful and it had been decided in consultation with people and their families that this should be a permanent arrangement. The registered manager told us that many people were eating and sleeping better since this change had been implemented.

We could not improve the rating for effective from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

## Is the service well-led?

### Our findings

At the last inspection we found that there were systems in place to monitor the quality of the service at Cedar Grange, however these systems had not identified the issues we found during the inspection. We issued a requirement notice and the service sent us an action plan detailing how they would address the concerns we had identified.

At the last inspection, we found that systems had not identified the concerns we found in relation to the management of medicines or the administration of covert medicines. In addition, the issues with the recording of consent and resuscitation and risk management had not been identified. This meant that these systems were not fully effective. In addition, despite incidents which had occurred as a result of people accessing each other's bedrooms, the systems in place to mitigate the risks and reduce the likelihood of a reoccurrence were insufficient.

At this inspection we saw that improvements had been made. The recording and practices around covert medicines had improved and there were now clear best interest processes in place for all those who were prescribed their medicines in a covert form. People were better safeguarded by these new systems. Consent was appropriately sought and recorded. Where people could not consent to elements of their care plan, there were best interest processes in place. People's resuscitation wishes were being reviewed, with their GP and documentation was being amended to ensure there was a consistent approach to recording people's wishes at the service. This reduced the risk of them not receiving care in the way they wished in the event of an emergency. There was better oversight of these systems by the registered manager and provider.

There had been a review of the decision to open up the four units of the service by the registered manager and provider. The two units upstairs remained open, however, most people living on these units did not pose a risk of accessing each other's bedrooms and many were not independently mobile. Where people were unable to summon help, new safety checks were put in place to monitor and record their wellbeing every hour. Some people had moved to different areas of the service, depending on their level of need and risk. Downstairs the two units had been separated, further reducing the risk of incidents between people in their bedrooms. Staff told us this was a positive change. Care plans had been reviewed and records had been updated to ensure they were reflective of the risks posed to people. The registered manager told us this would remain under review, but that so far it had been a positive change.

People's medicines were now managed safely. Where incidents occurred they were recorded on the system and sent to the service's head office for review. Audits were undertaken on a weekly basis and any lessons learned were communicated with staff to reduce the likelihood of a reoccurrence.

Since the previous inspection, a new registered manager had come into post who was committed to raising standards at the service. This new manager had worked hard to address the concerns in the requirement notices and warning notice. Staff we spoke with had confidence in the new manager. One staff member said; "We have a good team here". Comments from relatives included; "I have a real confidence the management would keep me informed of any issues and I feel confident and comfortable to go to them with

any concerns" and "A lot of things have improved since the change of management".

Relatives we spoke with spoke highly of the service and staff. Comments included; "It's a lovely, lovely place and we feel privileged that [relative's name] is there"; "It's like a five star hotel with nurses" ; "There are lovely people who work there, the permanent staff are lovely"; "they are very kind, sensitive and compassionate" and "When I have questions about [relative's name] care, staff are always very receptive".

People were involved as much as possible in the running of their home. There were regular relatives' meetings and plans to introduce residents' meetings in order for people to share their ideas and any concerns. One relative we spoke with said; "I go to the relatives' meetings regularly and managers come along". Feedback on the service was sought through a variety of forums. The registered manager operated a cycle of quality assurance surveys in order to gain feedback from people. There were comments cards located in the reception, inviting people, relatives and visitors to have their say. There was a clear drive towards continuous improvement.

There were a variety of incentives for staff members including access to a wellbeing scheme. There was a staff awards ceremony which was used to recognise and celebrate the particular characteristics of staff members.

Staff were encouraged and supported to reflect on their practice and be clear about their role and responsibilities. Daily handover meetings took place to help ensure people were up to date with issues concerning people's care and daily support arrangements.

The service had an up to date whistleblowing policy, which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt able to raise concerns and felt confident the management would act on their concerns appropriately.

The provider and registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The Duty of Candour is a legal obligation to act in an open and honest way in relation to care and treatment.

We could not improve the rating for well led from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.