

Cedar Grange Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

We carried out an unannounced comprehensive inspection of this service on 9 and 10 June 2015 and identified two breaches of regulation in the 'safe' and 'effective' domains. The breaches of regulation were related to concerns we identified about the management of medicines and application of the principles of the Mental Capacity Act (2005). We asked the provider (owner) to take action to address these concerns.

In addition, we identified a minor concern within the 'Responsive' domain and made a recommendation for improving practice.

Following this comprehensive inspection the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 27 November 2015 to check that the provider had met the legal requirements identified in

'safe' and 'effective'. We looked at whether the concern identified in the 'responsive' domain had been addressed. The 'caring' domain was not assessed at this inspection as it was rated 'Good' at the inspection in June 2015. We did not plan look specifically at the 'well-led' domain. It was rated as 'requires improvement' in June 2015. To improve the rating to 'good' would require a longer term track record of consistent good practice. However, some issues were identified and these have been reported under 'well-led'. You can read the report from our comprehensive inspection, by selecting the 'all reports' link for 'Cedar Grange' on our website at www.cqc.org.uk.

Located in a residential area of Southport and near to local facilities, Cedar Grange Ltd is a residential care home providing accommodation and personal care for

Summary of findings

up to 26 people living with dementia. Accommodation is provided over two floors with a passenger lift available for access to the upper floor. All shared areas are on the ground floor, including three lounge areas, a dining room and a large conservatory at the back of the home leading into a courtyard and garden.

Nineteen people were living at the home at the time of our inspection.

A registered manager was not in post at the time of our inspection. The manager had submitted an application to register with the Care Quality Commission (CQC). This was being processed at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that improvements had been made in the areas we had concerns about and the previous breaches had been met.

Staff sought people's consent before providing routine support or care. The staff team had received training in the Mental Capacity Act (2005). Mental capacity assessments were being conducted in a generic way and were not based on a decision the person needed support with making. This meant the home was not working with the principles of the Act. We made a recommendation regarding this.

Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority.

The way medicines were being managed had been reviewed and we found they were being managed in a safe way. They were administered from a trolley that was stored in a secure and dedicated medication room when not in use.

Risk assessments and care plans were in place for the people living at the home. These were individualised to the person and the care plans provided clear and concise information about how each person should be supported. Risk assessments and care plans were reviewed on a monthly basis or more frequently if needed. They were revised to reflect people's changing needs.

Staff had received adult safeguarding training. We could see from the incident reporting records that appropriate safeguarding alerts were made to the Local Authority.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We observed that there was sufficient numbers of staff on duty during the inspection. There was an unhurried and relaxed atmosphere in the home.

Staff received regular supervision and appraisal. Training records showed staff were up-to-date with the training they were required by the organisation to undertake for the job.

The building was clean, well-lit and clutter free. Measures were in place to monitor the safety of the environment and equipment. Individual plans were in place for the safe evacuation of people should an emergency occur.

People's individual needs and preferences were respected by staff. They were supported to maintain optimum health and could access a range of external health care professionals when they needed to.

The menu was varied and we observed people enjoying their breakfast. People got plenty to eat and drink throughout the day.

Staff had a good understanding of people's needs and their preferred routines. We observed positive and warm engagement between people living at the home and staff throughout the inspection.

A procedure was established for managing complaints. No formal complaints had been received within the last 12 months.

We noted during the inspection that CQC had not been notified of two recent safeguarding alerts made to the local authority. The manager sent these to CQC shortly after the inspection.

The ratings from the June 2015 were not displayed in accordance with the requirement to do this within 20 days of publication of a CQC rating. The manager advised that they had been displayed. It was likely the ratings were removed when the notice board was taken down for re-decoration.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Arrangements were in place to monitor the safety of the environment.

Risk assessments had been undertaken and care plans had been developed based on each person's individual needs.

Staff were up-to-date with training in adult safeguarding.

Medicines were managed in a safe way. People received their medicines at a time when they needed them.

There were enough staff on duty at all times. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Good



Is the service effective?

The service was not always effective.

Staff sought the consent of people before providing care and support. Staff had received training in the Mental Capacity Act (2005) in order to effectively support people who lacked mental capacity to make their own decisions. Mental capacity assessments were not being undertaken correctly as they were not decision-specific.

People received plenty of food and drink throughout the day.

People had access to external health care professionals and staff arranged appointments in a timely way when people needed them.

Staff were well supported through supervision, appraisal and on-going training.

Requires improvement



Is the service responsive?

The service was responsive.

People's care plans were regularly reviewed and reflected their current and individual health care needs.

People's bedroom were arranged in a way that reflected their needs and what was important to them.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Good



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

It was not planned to follow-up on the well-led domain at this inspection as to improve the rating to 'good' would require a longer term track record of consistent good practice.

We did note during the inspection that CQC had not been notified of two recent safeguarding alerts made to the local authority.

The ratings from the June 2015 were not displayed in accordance with the requirement to do this within 20 days of publication of a CQC rating. The manager advised that they had been displayed. It is likely the ratings were removed when the notice board was taken down for re-decoration.

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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. The inspection was undertaken to check that improvements had been made after our comprehensive inspection on 9 and 10 June 2015. We inspected the service against three of the five questions we ask about services: Is the service safe? Is the service effective? Is the service responsive? This is because the service was either not meeting legal requirements in relation to these questions or we had other concerns in relation to the questions.

This unannounced inspection took place on 27 November 2015 and was undertaken by one adult social care inspector.

Before our inspection we reviewed the information we held about the home. This usually includes a Provider Information Return (PIR) but CQC had not requested the

provider (owner) submit a PIR. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications and other information the Care Quality Commission had received about the service. We contacted the commissioners of the service to see if they had any updates about the service.

During the inspection we spent time with three people who lived at the home and two relatives who were visiting people who lived at the home at the time of our inspection. In addition, we spoke with the manager, the clinical lead and one of care staff.

We looked at the care records for four people living at the home, medication records and documentation relevant to the quality monitoring of the service. We looked round the home, including some people's bedrooms, bathrooms, dining rooms and lounge areas.

Is the service safe?

Our findings

When we carried out the comprehensive inspection of Cedar Grange in June 2015 we identified a breach of regulation in relation to the safe management of medicines. The 'safe' domain was rated as 'requires improvement' This focussed inspection checked the action the provider had taken to address the breach in regulation.

The breach was in relation to the temperatures of the medicine fridge not being monitored, the absence of care plans for people prescribed medicine as and when they need it (often referred to as PRN medicine) and unsafe arrangements for the management of controlled drugs. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation.

At this inspection none of the people living at the home were prescribed controlled drugs. However, appropriate arrangements were in place to record and monitor when they were administered. A facility was available to store controlled drugs securely and separately from other medicines.

None of the people living at the home were prescribed medicines that required storage in a fridge. Since the last inspection a new medicines fridge had been purchased and arrangements were in place to monitor and record the fridge temperatures each day.

Plans had been put in place for the people who were prescribed PRN medicines. The plans outlined the signs staff should look for that would indicate the medicine was required. We checked the medication administration record (MAR) charts for PRN medicine and noted it had been given in accordance with the plan, and good practice guidance regarding the use of PRN medicine.

Some people were receiving covert medication. This means that medication is disguised in food or drink so the person is not aware they are receiving it. It is given this way in the person's best interest if they need the medication for health reasons. We could see from the care records that the person's GP had agreed to this method of administration. Each person's family had also been involved in the decision making. Individual covert administration plans were in place. We highlighted to the clinical lead that these would benefit from further development to include the types of food or drink the medication should be placed in.

The clinical lead had set up a three monthly review process with the GP practice that provided a service to people living at the home. This involved the clinical lead meeting with the GP at the surgery and reviewing people's medicines plans.

We observed a member of staff giving out the medicines at breakfast time. The medicines were administered from the trolley in the dining room. This was done in a calm and unhurried way. The member of staff administering the medicines stayed with each person until they had taken their medication.

General medicines were held in a locked trolley in a dedicated lockable room. We looked at a selection of MAR charts. They included a picture of each person and any special administration instructions. Body maps were used to show where topical medicines (creams) should be applied. Sufficient facilities were available for the storage of medicines. Arrangements were in place for the disposal of medicines no longer in use.

At the previous inspection the nationally recognised medication reference book (referred to as the British National Formula or BNF) was out-of-date. An up-to-date version had been purchased and was in place for staff to access.

The clinical lead confirmed that staff with responsibility for the administration of medicines had received their annual medication training. They said training was facilitated by the pharmacy that provided medication to the home. Staff also completed on-line training.

A medication policy was in place and it had been reviewed since our last inspection in June 2015. It made reference to the previous Regulations and Essential Standards. Although it was detailed and appeared to capture the relevant elements of good medicines management, it did not make reference to the NICE guidance for managing medicines in care homes. NICE (National Institute for Health and Care Excellence) provides national guidance and advice to improve health and social care. The clinical lead agreed to prioritise a review of the medicines policy to ensure it was in line with national guidance.

We looked at how risk was managed by reviewing a selection of care records. A range of risk assessments had been completed for each person and were reviewed monthly or more frequently if necessary. These included a falls risk assessment, mobility assessment, nutritional and

Is the service safe?

a skin integrity assessment. Any allergies a person had was highlighted in the care records and/or MARs. Care plans related to risk were in place and these provided detailed guidance for staff on how to minimise the risks for each person. We could see that care plans were revised as people's needs changed and it was recorded that families/representatives were informed of any changes.

The training records informed us that the full staff team was up-to-date with their adult safeguarding training. Information was accessible for staff regarding local arrangements for reporting a safeguarding concern. This included an adult safeguarding policy for the home and the local area adult safeguarding procedure.

The arrangements for recruiting staff had not changed since the previous inspection. Three staff had been recruited since then and all recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff.

We observed that there were sufficient numbers of staff on duty on the day of the inspection. There was an unhurried atmosphere at the home. Staff regularly monitored the lounge areas to ensure people were safe. People's needs were met in a timely way and staff took the time to chat with people whilst supporting them. The staff we spoke with said the staffing levels were good.

The arrangements that were in place at the last inspection to regularly monitor the safety of the environment had not changed and were on-going. We had a look around the building and observed that an appropriate closure device had been put in place on the double doors into the dining area. We looked at the Personal Emergency Evacuation Plan (PEEP) for the people on the first floor who were cared for in bed. These lacked some detail about the equipment to be used in the event of an evacuation even though adequate evacuation equipment was available and appropriately located. The manager agreed to revise the PEEPs to ensure they detailed the equipment to be used for each person in the event of an evacuation of the building.

Is the service effective?

Our findings

When we carried out the comprehensive inspection of Cedar Grange in June 2015 we identified a breach of regulation in relation to obtaining consent and how the principles of the Mental Capacity Act (2005) were being applied. The 'effective' domain was rated as 'requires improvement' This focussed inspection checked the action the provider had taken to address the breach in regulation.

The breach was in relation to staff not having received training in the Mental Capacity Act 2005 (MCA), mental capacity assessments being routinely completed without a clear rationale and no formal consent in place for the sharing of bedrooms. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Since the previous inspection the full staff team had received MCA training. The care records contained a written agreement from the families of the people who shared bedrooms. Generic mental capacity assessments were still in place for everyone living at the home and they did not specify what decision the person was being assessed as needing to make. For example, the assessments for people living at the home receiving their medicines covertly were generic and did not specify that the decision to be made was to give the person their medicines in this way. The clinical lead acknowledged that the assessment form the home was using was not appropriate as it did not include a section to identify the decision to be made. They showed us an alternative mental capacity assessment form they had sourced and were adapting for use. We could see it was in the process of being reviewed by the clinical lead to check it was suitable for use at the home.

We recommend that the provider takes into account current guidance in relation to the Mental Capacity Act (2005) and takes action to update its practice accordingly.

Appropriate DoLS applications had been forwarded to the local authority. Some assessments had been carried out by the Local Authority and some assessments were pending.

The training monitoring record showed very few gaps in the training and where there was a gap it was identified that the training had been 'allocated online' Training topics included: first aid; food hygiene; moving and handling; dementia; adult safeguarding; medication; infection control and mental capacity. Records were in place that showed staff received regular supervision. New staff were in the process of completing the care certificate.

We could see from people's care records that their health care needs were being met. The care records confirmed that people had access in a timely way to primary care services and specialist services depending on their needs. Records were maintained of each person's consultation with health care professionals. Assessments and care plans were in place in relation to each person's health care needs and these were reviewed on a monthly basis. They were revised depending on the outcome of the review.

At the last inspection, we had positive feedback from people living at the home and relatives about the meals. We observed people having breakfast and they seemed to enjoy the food and support was provided by staff for the people who needed it. People had a choice at each meal and the menu for the day was displayed on a chalkboard in the foyer. One of the people living there told us the food was good and they said, "I always look forward to the dinners." We observed that people were offered snacks and drinks throughout the day. Each of the care records included a 'kitchen notification'. This meant each person's food preferences and/or special diet was communicated to the catering team.

At the previous inspection, the provider was working on developing a dementia-friendly environment and this had continued throughout the shared areas of the home. Contrasting colour and signage to promote people's orientation and independence in locating rooms had been extended to the first floor. For example, bedroom doors and hand rails in the corridors were in different colours. There were areas located throughout the building with

Is the service effective?

displays of objects and pictures that people may find of interest. For example, a pinball machine had been purchased and the clinical lead advised that people liked to look at and touch it. Upstairs the corridor walls displayed

pictures of movie stars. The conservatory had been developed as a family room and the clinical lead advised that the home seemed to have more visitors since the room was made available to families.

Is the service responsive?

Our findings

When we carried out the comprehensive inspection of Cedar Grange in June 2015 we made a recommendation in relation to the provision of person-centred care. We did this because the information recorded about people's life history, interests and preferred routines was inconsistently recorded. For some people, this information was either too scant or not in place. In addition, care plans were inconsistent, with some lacking detail in how to provide support. The 'responsive' domain was rated 'requires improvement' This focussed inspection checked whether the provider had responded to the recommendation and made improvements.

We could see that the approach to providing a person-centred and dementia-friendly service had improved significantly. This was from an environmental context more so than the care records. People's bedrooms were tastefully decorated and organised based on their preferences and things important in their life. Photographs of people and events significant to each person were clearly visible in each of the bedrooms. For example, a photograph of a person's family had been enlarged, placed at an appropriate height and in a prominent position so the person could see it. Memory boxes were located on the bedroom doors of the people who had agreed to them. Some people did not want a memory box displayed and staff respected their decision. Displaying memory boxes on bedroom doors can support people in locating their rooms.

In each of the bedrooms there was a display of key things important to each person, such as their favourite food or the place where they were from. These cues supported the person's memory and also provided topics for staff to talk with the person about when providing personal care.

We found at the last inspection that staff had a good knowledge of people's preferences and how to support each person in a way that they liked. They also had a good

understanding of people's life history and interests. A day and night care summary was in place for each person that outlined their preferred times for getting up the morning, going to bed and preferences for personal care.

We could see that a 'personal care handbook' had been forwarded to people's families to complete. Some had been returned completed but many had not. These booklets were lengthy, which may account for the low returns. Given that staff had a good knowledge of each person, the clinical lead and manager said they would look at the possibility of staff completing a 'one page profile' for each person. This would mean there was some information in the care records for staff to access, particularly new staff or staff unfamiliar with the service.

Although the care plans were more focussed on people's physical health rather than their social needs, they were specific to the person's needs and regularly reviewed. We could see from the records that the input of health professionals was sought promptly if a person needed it. Families were also informed in a timely way of any changes to their relative's needs.

The home had not had success in recruiting an activities coordinator. The recruitment was continuing but in the meantime care staff facilitated the activities.

A complaints procedure was in place. The clinical lead confirmed that no complaints had been received in the last the last inspection. Meetings for people at the home were in place, which provided a forum for people to share their views about the service. At the last inspection an easy-read leaflet was displayed on the notice board in the foyer advising people what to do if they were unhappy about something or wished to make a complaint. This was no longer displayed and the manager said that the display board had been taken down because of redecoration taking place. We did note that the maintenance person was removing the notice board when we arrived in the morning.

Is the service well-led?

Our findings

When we carried out the comprehensive inspection of Cedar Grange in June 2015 we rated the well-led domain as 'requires improvement'. This rating acknowledged that significant improvement had been made since the inspection in December 2014 when the well-led domain was judged to be 'inadequate'.

We did not plan to follow-up on the well-led domain at this inspection as to improve the rating to 'good' would require a longer term track record of consistent good practice.

We did ask about the status of the registered manager. The manager advised us that their application was in progress with CQC and was being processed alongside the variation to increase the number of beds.

When we looked at the completed incident forms in the home we identified two referrals to the local safeguarding

team that CQC had not been notified about in accordance with Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2014. The clinical lead said this was an oversight as they thought CQC should be notified once an outcome was established. We highlighted that CQC should be notified "without delay" of defined incidents, including "any abuse or allegation of abuse in relation to a service user". The manager sent the notifications to CQC shortly after the inspection.

We checked to see if the ratings from the June 2015 were displayed as it is a requirement to do this within 20 days of publication of a CQC rating. It was not displayed. The manager advised that it had been displayed and may have been removed when the notice board was taken down for re-decoration. The manager said they would ensure it was replaced.