

Interhaze Limited

Cedarwood Care Centre

Inspection report

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Date of inspection visit:
08 June 2021
09 June 2021

Date of publication:
06 July 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Cedarwood Care Centre is a residential care home providing personal care to 31 younger and older people with dementia at the time of the inspection. The service can support up to 38 people.

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

There had been concerns received by CQC about people being neglected and the environment being in a poor state of repair. We did not find any concerns of this nature. People felt the staff kept them safe. People received their medicines safely. Staff practice in relation to COVID-19 measures were safe.

There were some improvements required in relation to how feedback was gathered to ensure people were able to share their opinions and concerns to enable them to be addressed. Interactions between staff and people were positive but there were some missed opportunities.

There were mixed opinions from people about whether there was enough for them to do and the cultural appropriateness of the food. The registered manager had not been made aware of these concerns and acted on them once alerted. People accessed the community if they chose to. Peoples communication needs were met.

Systems were in place to monitor the service and actions addressed. People and relatives fed back the home had a positive culture. The staff team worked with external professionals to ensure good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 May 2019).

Why we inspected

The inspection was prompted in part due to concerns received about people being neglected and the environment being in a poor state of repair. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern or that the environment was in a poor state of repair. Please see the safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Cedarwood Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

Cedarwood Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

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

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There had been concerns received by CQC about people being neglected and the environment being in a poor state of repair. We found the home to be clean and tidy. Refurbishment and personalisation were underway for people's bedrooms and people told us they liked their rooms. People were happy, well-dressed and did not raise any concerns with us about neglect, we did not find anyone to be neglected.
- People told us they felt staff practice was safe. Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns.
- A relative told us, "I can tell [person] is safe the way she reacts to the carers. [Person] hugs carers, they don't hug her she hugs them. 100 million percent she is safe."

Assessing risk, safety monitoring and management

- Care plans and risk assessments identified people's individual support needs and ways to help people stay safe. There were some examples in people's care plans where more detail could be added, the registered manager said they would review and add to them.
- We received positive feedback from professionals in relation to how the staff managed people's health needs. Where people had support with sore skin this was managed well by the staff team. For one person, there were some occasions where skin checks weren't always in line with allocated times, this had not impacted them.
- Where people required specific diets for safety reasons, these were identified, and the kitchen staff were aware of them.
- Not all food items stored in the fridge were labelled with when they were opened or needed to be used by. We discussed this with the registered manager who said they would address this.
- Regular maintenance of equipment was evident. This ensured equipment in the home was safe for use.

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. We found gaps in one person's employment history; the registered manager told us they had explored this but had just not documented it.
- We observed adequate staff in the home. Most people told us there were enough staff, but one person told us they sometimes had to wait for support, this was usually around lunchtime.

Using medicines safely

- People's medicines were given safely and as prescribed.
- There was one occasion where a person's liquid medicine had no open date, this meant there was no way to establish if the medicine was safe to administer. This medicine had not been given to the person since

they lived at the home and had come with them from the previous place they lived. The medicine was discarded, and the registered manager said they would reorder a new bottle.

- Where people required medicines on an 'as and when required basis' protocols were in place to guide staff on how and when to administer them. Some protocols required more detail, the registered manager said they would review and update all protocols.
- Controlled medicines were stored and monitored safely. Controlled medicines are classified (by law) based on their benefit when used in medical treatment and their harm if misused.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Systems were in place for accidents and incidents to be reviewed. The registered manager identified any patterns and trends to ensure people were safe and future risks were reduced.
- The area manager told us they considered companywide lessons learnt; they said, "We discuss with all managers, what was the problem and how did we address it, then what companywide lessons can be learnt. These are then shared so managers of all the homes can access them." Some examples of changes were shared with us.

Is the service responsive?

Our findings

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

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

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were mixed opinions from people about whether there was enough for them to do. Some people told us they were bored. All of the entertainment that was outsourced had been cancelled due to COVID-19 restrictions this included things such as singers and people visiting with animals. The registered manager had implemented daily group activities and daily 1-1 activities and we saw records of these. The registered and area manager said they would address people's concerns and had ideas about how to provide additional stimulation throughout the day.
- People were supported to maintain relationships with families and develop friendships with each other where appropriate. There had been limitations to visitors due to COVID-19 restriction, however the home now had a visitor room in line with guidance so people could see their families and friends again. We observed people interacting with each other and sitting in the garden together socialising.
- People accessed the community where they were able and wanted to. On the day of our visit, one person had been to the shop to purchase personal items.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There was mixed feedback from people about the variety of culturally appropriate food. One person told us there was no culturally appropriate food for them and one person said the food wasn't cooked how they liked it. The registered manager was not aware people felt this way and it had not been raised in recent feedback surveys. The registered manager and area manager discussed how they would address this.
- We saw documentation from last year that showed one person had asked to have a change of food to meet their cultural needs and this had been implemented for them.
- People's care plans contained information about how they liked to be supported. They included people's likes and dislikes. This showed care plans were individualised and tailored to each person.
- People's care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preference.

Meeting people's communication needs

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

- The registered manager understood their responsibility to comply with the accessible information act. Care plans were in place to support people with their communication needs. The registered manager told us they

could and had provided documents to people in different formats.

End of life care and support

- End of life care plans were in place for people and contained information about their preferences for the end of their life.
- Some people had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR). Where these were present, there was evidence of input from people, medical professionals and families where appropriate. They gave clear directions for staff and medical professionals to follow.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and we saw complaints had been dealt with appropriately.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was at times inconsistent. Leaders and the culture they created did not always support person-centred care.

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

- There had been an incident where a person had entered someone else's bedroom and taken some belongings. Some other people also told us a person had been in their bedroom, they hadn't caused any harm, but they didn't like this. There had been no consideration as to how this concern could be addressed. We raised this with the registered manager and area manager on inspection, they discussed some things they could put in place to support the person and what could be done to support other people when they were in their bedrooms.
- Interactions between staff and people were positive. However, we observed some missed opportunities. For example, we observed over a 20-minute period 11 staff enter and leave a room and there was no interaction with any of the 4 people in there.
- The lift was out of order and appropriate action had been taken to address this. However, there was no documentation to show if discussions had been held with people whose bedroom was on the first floor, to consider how they could be supported to get up and down the stairs.
- People had shared mixed views about culturally appropriate food and activities. The registered manager had not been made aware of all of these issues and surveys had not always identified them. However, people were quick to tell us on inspection about these concerns. The area manager told us they were going to be undertaking a different approach on their visits to try and ensure moving forward people had the opportunity to share all their thoughts and feedback.
- We received positive feedback from people and relatives about the culture in the home and the staff team and registered manager. Comments included, "I know [person] is in good hands and happy. Just keep on doing what they are doing, I can't commend [staff and management team] enough", "Staff are very kind and comforting", "If I wasn't happy about something I'd speak to [registered manager], I'd tell her what was wrong."

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

- Some peoples prescribed tablets did not balance with what should have been in stock. The registered manager investigated this and concluded it was down to the records not being accurate as opposed to people not receiving their medicines safely. They said they would be holding discussions with staff who were involved in medicines management to ensure it did not happen again.
- The registered manager told us in information they sent prior to the inspection, that audits had taken place and actions were identified for areas of improvement, records confirmed this.

- Staff understood their responsibilities and what was expected of them. They told us they participated in supervision. This gave staff the opportunity for learning and development.
- The registered manager had notified The Care Quality Commission of events which had occurred in line with their legal responsibilities.
- The ratings of the last inspection were displayed in the home, in line with legal requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff communicated with the GP, community nurses and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

Continuous learning and improving care

- The registered manager and area manager told us about changes in the home and also the wider company that would improve the care for people. These included, implementation of activities that reflected people's work or home life prior to living at Cedarwood, ideas such as polishing brass or helping with food preparation to enhance appetite.

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

- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.