

Cedar House Company Limited

Cedar House

Inspection report

6 Dryden Road
Enfield
Middlesex
EN1 2PP

Tel: 02083608970
Website: www.cedarcarehome.co.uk

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Cedar House is a residential care home providing accommodation and personal care for up to 17 people aged 65 and over, some of whom may have dementia. At the time of the inspection there were 16 people living at the home. The home is an adapted detached residential house. There is a garden to the rear of the property.

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

People told us they felt staff were kind and caring and felt safe living at Cedar House. However, we found significant concerns throughout the inspection. The home was dirty and parts of the home including the kitchen and furniture was in a state of disrepair. The home smelled strongly of urine and there were concerns around infection control in the kitchen area. People did not always have access to call bells.

There were few activities available to people and activities were not planned with an understanding of people living with dementia. Staff were not deployed across the home in a way that met people's needs adequately. There was poor management oversight of the home and auditing processes were ineffective.

We observed some warm and caring interactions between staff and people. However, we also found instances where people were not treated with kindness and compassion. People who stayed in their bedrooms were often left alone for long periods of time. People were not always supported in a way that met their needs and ensured their physical and emotional well-being.

People did not always have choice around planning menus. Food was not always provided that was suitable for people. We have made a recommendation around this.

People's personal risks were well assessed and provided staff with information on how to minimise known risks. People told us they were given their medicines on time. Staff understood safeguarding and how to keep people safe from abuse. Staff received regular training to support them in their role.

Care plans had been reviewed since the last inspection and were much more person centred. People were not involved in menu planning, although the cook told us that they asked people what they wanted each day. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 26 February 2019). We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this

inspection, the provider completed an action plan for breaches of regulations 12 and 18, supporting people with oral hygiene and staff deployment respectively, to show what they would do and by when they would improve. At this inspection enough improvement been made around regulation 12. However, regulation 18, in relation to staffing, had not been addressed and the provider was still in breach of regulations.

At the last inspection we also issued two warning notices for regulations 9 and 17, relating to care planning / provision of activities and management over sight and quality assurance respectively. The provider partially met the warning notice for regulation 9 and there had been a significant improvement in care planning, However, the provision of activities and engaging people was still poor and the provider remains in breach of regulation 9. The provider had failed to address the issues around regulation 17 and remains in breach.

At this inspection we also found a further breach around regulation 15, premises and equipment. People did not always have access to call bells, furniture, fixtures and fittings were in a state of disrepair. There was a new breach of regulation 12 around infection control. The home was found to be dirty and infection control was not addressed.

In summary, at this inspection we found beaches of regulations 9, 12, 15, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedar House on our website at www.cqc.org.uk.

Enforcement

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.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Cedar House

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.

Inspection team

This inspection was carried out by three inspectors. The inspection was also supported by 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. One Expert by Experience attended the home during the inspection to speak with people using the service and gain their views. The second Expert by Experience contacted people's relatives by phone to request feedback.

Service and service type

Cedar House 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 and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people living at the home and three visiting relatives about their experience of the care provided. We spoke with six members of staff including one of the directors of the organisation, the operational director of care (who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider), the registered manager, two senior care staff and one care worker.

We reviewed a range of records. This included four people's care records and eight people's medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance, training records and health and safety were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at policies and procedures the registered manager sent to us. We spoke with three members of staff including the cook and two care staff. We further spoke with six relatives by phone to gain their feedback.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- On day one of the inspection, the kitchen was seen to be dirty. Floors were dirty with ingrained dirt. Walls and cupboard doors were stained with spillages. There was a thick layer of grease on the cooker extractor fan. Wood frames around the food storage cupboard were dirty and in a poor state of repair. Door frames and hinges were dirty with peeling paint. The area around the kitchen sink had ingrained dirt.
- We saw crockery was not always clean and found a bowl with a large amount of dried in food had been placed back into the cupboard unwashed.
- The kitchen had been inspected by the local Environmental Health team on 7 October 2019 and subsequently given a rating of '1' on 25 October 2019. A food hygiene rating of '1' means that major improvement is necessary. Following submission of the draft report the nominated individual submitted an action plan dated 7 October 2019. Whilst remedial actions had been taken as a result, the kitchen was still dirty and in a state of disrepair at the time of the inspection.
- On the second day of the inspection we spoke with the nominated individual about the cleanliness of the home. The nominated individual said, "I'll accept that cleaning is an issue. There should be a turnover of cleaning which is not happening."
- Fabric chairs in the communal lounge, one chair in the hallway and chairs in four service users' bedrooms smelled strongly of urine. On the first two days of the inspection there was a strong smell of urine throughout the home. On the third day there had been plug in air fresheners put in place. However, the underlying issue had not been dealt with.
- The nominated individual told us that new chairs had been ordered prior to the inspection. We requested invoices to show this to be sent to us. We did not receive the requested information at the time of the inspection. However, the nominated individual provided receipts following submission of the draft report. These showed chairs, curtains and a kitchen worktop had been ordered prior to the inspection.
- People's personal evacuation plans in case of fire or emergency were not always updated following a change in their needs. Fire extinguishers in the kitchen had been stored next to a hot radiator. These were moved after inspectors pointed this out to the registered manager. The business continuity plan for the home did not provide clear guidance and where to evacuate people to in case of a fire. Due to our concerns, we have made a referral to the fire service.
- Staff confirmed they had received moving and handling training both face to face and on-line. However, on day one of the inspection we observed two staff lift a person from a wheelchair to an armchair without using appropriate moving equipment. We raised this with the registered manager and nominated individual.
- Whilst risk assessments were completed for people's personal risks, we found that people receiving high risk medicines had not been risk assessed so appropriate plans could be out in place to mitigate any

identified risks.

The lack of good infection control, poor moving and handling practices and fire safety put people at risk of harm and meant that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's bedrooms were in a state of disrepair. Furniture was dirty and in a poor state of repair with wardrobe knobs missing and plastic spikes that held the knobs exposed. This created a risk of people injuring themselves.
- Wardrobes were not always fixed to the wall and were often flimsy and easy to pull over. This created a risk of wardrobes falling on people. Curtains were not always fixed properly to the curtain rails and were hanging down.
- The kitchen was in an extremely poor state of repair. There was a kitchen cupboard door loose and hanging on its hinges. The sink area was badly water damaged with flooring below coming loose and the cupboard underneath badly damaged. Worktops were stained and faded.
- The home had wooden window frames which were in an extremely poor state of repair. We saw that window frames had paint peeling with exposed wood with some instances of rotting wood.
- People did not always have access to call bells to ensure they could summon help if they needed to. Call bells were not available in eight rooms and in one room the call bell was on the opposite side of the room and not accessible to the person. The registered manager told us, "We don't have sufficient cords." We also fed this back to the nominated individual.
- On the first day of the inspection we found that that four bedrooms were extremely cold. The registered manager told us the heating had broken down and was being fixed and we observed heating engineers at the home. However, there was a failure to identify people were spending time in these cold rooms and no measures were put in place to address this whilst the heating was being fixed. Portable heaters were put in place that afternoon following intervention by the inspector.

The lack of sufficient call bells placed service users at risk of harm because they did not have access to equipment to request help if they needed to. The poor condition of parts of the premises and the failure to identify these issues meant that the service was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection we found staff were inappropriately deployed. This meant that people did not receive appropriate care and support in a timely manner.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice which the provider submitted an action plan on how they were going to address this issue.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- There was a failure to ensure staffing levels were set according to people's needs. The registered manager confirmed that no dependency tool was used to assess people's care needs and told us, "No [dependency tools were not completed], but since I have started, this has been something I am worried about."
- Staff were poorly deployed at meal times and unable to support people who had meals whilst in their

bedrooms. We observed three occasions where people who required help to eat were left alone in their bedrooms with no support.

- There was no dedicated cleaning staff. One staff member had been given 2.5 hours extra per day to facilitate cleaning. However, this was not enough to ensure that the home was kept clean.
- There was a cook who worked 2.5 hours per day between 10.30am and 1.00pm, Monday to Friday. Care staff made breakfast for people and also provided the evening meal. We observed that most people had porridge and toast for breakfast. We asked the registered manager if people could have a choice of food like a cooked breakfast or eggs if they wanted. The registered manager told us that this was not possible as staff did not have time.
- At weekends staff were responsible for cooking and cleaning as well as supporting people with any care tasks. This resulted in the staff members being unable to meet people's needs in a timely manner.
- Relatives commented, "No I don't [feel there are enough staff]. I think there could be a lot more staff around. Today [at the time of the inspection] I have never seen so many staff."

The lack of systems in place to adequately assess staffing levels and to ensure the appropriate deployment of staff meant that the service was in continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. Staff files showed a range of checks including two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.
- Where staff were recruited from abroad, there were appropriate checks and visas in place.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to ensure people were adequately supported to maintain their oral hygiene. This meant that people were not receiving safe care and support.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice which the provider submitted an action plan on how they were going to address this issue.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 around supporting people with their oral hygiene.

- Care staff had received training in how to support people with oral care.
- Care plans documented people's individual requirements around their oral healthcare needs.
- We found that people had toothbrushes and toothpaste in their bedrooms. We saw that these were being used.
- Since the last inspection people's personal risk assessments had been reviewed and updated. Risk assessments detailed the effect of known risk, initial and existing control measures and how staff could best support people to minimise risk.
- There were up-to-date records of maintenance of equipment such as hoists, the lift, fire equipment and water safety.
- We saw that staff had access to gloves and aprons to reduce the risk of cross-contamination when supporting people with personal care.

Using medicines safely

- All staff had received medicines training.
- The registered manager told us staff received competency assessments to ensure they were safe to administer medicines. Competency assessments were not available at the time of the inspection and we asked for these to be sent to us. The nominated individual provided four staff competency assessments following submission of the draft report.
- Medicines were stored securely in a locked medicines cabinet. Medicine administration records showed that people received their medicines safely and on time.
- Each person had a 'Medication profile' which detailed their GP, photo, allergies, medical condition, and how to assist the person with medicines.
- There were systems in place to ensure safe disposal of medicines and regular checks of medicines stocks.
- A person said, "The staff explain what they are doing with the medicine." A relative told us, "I've seen the efficient organisation they have for administering medication."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- We received mixed feedback from people and relatives when we asked if they felt safe living at Cedar House. People told us, "I feel safe, I am well looked after", "We are very well looked after" and "No, not very good here." Relatives commented, "She has had some falls, but the staff have responded well and let me know what's happened. Fortunately, no serious injuries" and "We think it is disgusting here, we want [relative] moved, we worry about [person] being there."
- Staff had received training in safeguarding which was refreshed yearly.
- Staff understood how to recognise signs of abuse and how to appropriately report any concerns.
- We saw that any accidents or incidents were discussed in staff meetings. The registered manager told us that this helped staff learn and understand.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw that people were asked what they wanted to eat on the day. However, people were not involved in planning menus. The registered manager told us, "We do relatives meetings and that's where we get people's preferences. We have had review meetings with relatives where they have been shown the menu and can have input into that."
- We received mixed feedback about the food. People told us, "We are well fed, I can't always choose what to eat but we are well fed. I like baked potatoes and salmon we are having today, and I like fishcakes" and "The food is good, lots of it." Relatives commented, "The quality of the meals is not amazing, and the variety of food is poor" and "The food is pretty good and the quantity of it is good too. No one is going to starve."
- People were not always provided with food appropriate for them. We observed during the inspection, one person had been served a lunch including chips. The chips were semi-burnt and the person was unable to eat them as they had difficulties with their teeth. The person had also been served a fruit drink which they did not like as it was too sweet. The registered manager told us the person did not like sweet drinks.
- One person was vegetarian, and the chef told us they always cooked a vegetarian meal for the person.
- We observed there was a lack of fresh produce available to people such as fresh fruit or snacks. People did not have easy access to snacks throughout the day. The cook finished work at 1pm on weekdays and staff were responsible for heating up or cooking the evening meal. People told us this was often soup or sandwiches.
- Where people required special diets such as soft food or thickened fluids, we saw this was provided. We recommend that the provider seek and implement national guidance on providing appropriate meals for older people living in residential care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into the home people had a pre-assessment of needs that looked at the person's care needs as well as their well-being and preferences.
- Initial care plans were written using information gained at the pre-assessment stage.

Staff support: induction, training, skills and experience

- Staff received an induction when they began working at the home. This included familiarising themselves with people's care plans, training and shadowing a more experienced member of staff usually for two shifts before being able to work alone.
- Staff received regular supervision to support them in their role. The registered manager had created a planner which enabled them to keep track of supervisions and ensure they took place.

- Where staff had been in post for more than a year, we saw annual appraisals had been completed.
- Training provided was a mix of face to face and on-line. Records and staff confirmed training had been provided in topics such as moving and handling, safeguarding, infection control and first aid. Extra training around behaviour that challenged and epilepsy was also provided. However, not all staff had received this training.
- Relatives we spoke with had a range of views about the care residents received, from "very good" to "adequate from those of the staff who are good; inadequate from the others." Most relatives thought the staff were properly trained, knew what they were doing, and understood what individual residents needed.

Adapting service, design, decoration to meet people's needs

- The building had large corridors which enabled people using wheelchairs to freely mobilise.
- There was a lift that people with a restricted mobility had access to.
- At our last inspection we did not find signs or objects of reference, such as names and pictures, around the bedrooms of people with dementia to help them orientate. At this inspection we found there were still no signs or objects of reference to help people orientate themselves.
- People could decorate and personalise their bedrooms. We saw that people had decorated their rooms with items that meant something to them.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access health care and were referred to healthcare professionals when necessary. One person told us, "The doctor comes in most weeks and looks after us."
- People's care files documented when they had seen a healthcare professional and what the outcome was.
- Relatives were positive about people's access to healthcare and were confident that people received timely care when necessary. Relatives told us, "I have found in the past that staff do call the doctor when needed and let me know too" and "When my [relative] had a fall, staff sent for an ambulance immediately so that she could be checked out at the hospital, and they let me know."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were subject to a DoLS authorisation this was clearly documented in their care plans and records showed when this needed to be reviewed. There were best interests meetings where people did not have capacity to make decisions.
- The home had completed MCA assessments for people. However, these were brief asking yes or no questions. There was no detail as to why the person lacked capacity.

- People, where they were able, had signed their care plans. Where people were not able to sign, this had been documented.
- People told us staff asked for consent before providing care. A relative said, "The staff always explain what they want to do, ask for consent, then provide care or do whatever they need to do."
- Staff had received training on MCA and DoLS which was refreshed each year.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt staff were kind and caring. A person said, "Very nice they [staff] care for me."
- We received mixed feedback from relatives. Comments included, "I notice that my mother laughs quite a lot more than she did before. It's clear that she is happier than before she came to this home", "I think the care is very good. My grandmother chats to the staff and has a good relationship with them, which helps" and "Of course staff vary from one to another, but I've seen some good examples of kindness and consideration and some not so good. It's the lack of continuity that is disappointing."
- On day one of the inspection we observed a person in a wheelchair waiting to be transferred. Whilst one staff member waited for another they were continuously wheeling the person backwards and forwards without any communication. The person was becoming more distressed with no input from the staff member.
- We observed staff checking on people who remained in their rooms. However, people in their rooms were often left for long periods without any meaningful interaction. Care plans did not document how to engage appropriately with people who remained in their rooms.
- Throughout the inspection we observed times when the lounge was left unattended by staff despite the lounge being full. We raised this with the registered manager at the time of the inspection who told us staff should never leave the lounge unattended.
- People's faith was documented in their care plans. At the time of the inspection the registered manager told us no people required help to follow their faith.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- On day one of the inspection we arrived at 6.30am. We found that two people were awake and in the lounge. People told us they had wanted to get up. We observed that people were able to get up when they wanted and were not rushed.
- People told us they felt staff treated them with respect. One person said, "They [staff] are kind and they ask if they can do my back for me. Every week they change my sheets and if I have an accident they come straight away."
- We observed staff engaging with people, smiling and using their preferred names. People responded well to staff and often greeted them warmly.
- Relatives told us that staff encouraged people to be as independent as possible by letting them do whatever they could even though it might take little longer. A relative said, "My [relative] likes to be independent, [person] can feed himself for example. He prefers to stay in his pyjamas during the day, and

the staff let him do that because it's his choice."

- We observed staff asking people about daily choices such as food and what they wanted to wear.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

At our last inspection we found that care plans were not always current and reflective of people's needs. The provision of activities and meaningful stimulation was not always person centred and did not promote people's well-being. This meant the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and issued a warning notice.

This breach had been partially addressed with regards to care planning. However, not enough improvement had been made around meaningful activities at this inspection and the provider was still in continued breach of regulation 9.

- There were still no meaningful activities that people could take part in to help stimulate and fulfil them. Individuals were not encouraged to do things they enjoyed before moving into the home.
- A staff member had been given 2 hours a day, additional to their caring duties, to provide activities. The registered manager confirmed that the staff member had not received any training on providing activities to people living with dementia.
- There was an activity timetable which the registered manager told us she had created with people.
- Activities on the timetable did not always happen. For example, on day one of the inspection the activity timetable noted, 'local walk with staff'. However, the weather was cold, and this did not happen. There was nothing in place to replace this activity.
- Throughout the three days of the inspection we observed that people were helped to get up and supported into the communal lounge in the morning. Once in the communal lounge people who needed support with their mobility did not get up all day unless they were being supported with personal care. People were often left to sit in the lounge with nothing to do, in the same place and in the same position.
- The registered manager told us that a music therapist attended the home every two weeks. However, this was the only structured activity in place.
- People were not encouraged to access the community. There were no day trips or activities arranged outside of the home. Regarding going out the registered manager said, "That's starting to change but not changing enough. I have focused on particular people. I am trying to look at increase in activity hours, but it depends on what the provider buys into."
- People commented, "We do throwing the ball, the activity of throwing the balls is good for our exercise but sometimes I think I am the only one awake, they are all sleeping" and "I sit here in my room, it is a nice room but I sit here. I don't watch television, the noise is too soft I cannot hear, but I sit here on my chair. I like to go

out but it is too cold."

- Relatives commented, "There is a real lack of activities, stuff seems to be going on today because CQC are in but we never normally see anything. No entertainment nothing goes on" and "[Relative] reads the newspaper and does crosswords. Sometimes she likes to socialise and has joined in armchair exercises and dancing. I don't know how often that happens."

There were no structured activities in place to ensure that people were stimulated, and their wellbeing maintained. This meant that the service was in continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the registered manager had reviewed 12 people's care plans and had four more to complete.
- Care plans were much more person centred and contained information that gave staff an understanding of who the person was and how they wanted to experience their care. For example, one care plan noted what type of pillows and bedding the person preferred.
- There was information on people's backgrounds and where possible, family members had been involved. People's likes and dislikes around food, and interests were documented as well as who were important people in their life and how they stayed in contact.

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.

- Care plans documented if people had any specific communication needs and how staff could meet these.
- We observed that staff knew people well and understood how to communicate with people.
- For one person who did not speak English, a list of words and phrases had been placed in their room for staff to use and the person to point to. This helped the person communicate their basic needs.

Improving care quality in response to complaints or concerns

- We saw there had been two complaints documented since the last inspection. These had been investigated and the outcome clearly noted.
- The registered manager confirmed there had been no other complaints.
- Despite the positive documentation of complaints, we received mixed feedback about the way the provider handled complaints. Relatives told us, "We did phone up several times to make complaints. They're very on the defensive. They sit there and say they will do something, and they don't", "It's all lip service. I'm fed up of it because I know no one's going to take any notice. We feel like they just don't listen to you" and "I would certainly tell staff or managers if I had any concerns, wants or needs on behalf of my grandmother."
- One relative was concerned about negative consequences if they made a complaint and said, "I haven't actually made a formal complaint; there's always a fear of retribution."

End of life care and support

- People's end of life wishes were documented in their care files. Where people did not wish to discuss this, this was noted.
- The local Care Home Assessment Team (CHAT) supported the home with end of life care planning.
- We saw that, where appropriate, there were 'Do not attempt Cardio-Pulmonary Resuscitation' orders (DNACPR) in place. These had been completed in conjunction with the person and where appropriate, their relatives.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection the provider had failed to ensure adequate management oversight, processes in place failed to establish and operate systems to ensure compliance, assess, monitor and improve the quality and safety of the service.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and issued a warning notice.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- There was not an open culture within the home. The registered manager told us, "Everything here is threatening. We are told by the provider that we must make [staff and relatives] do things. I can't fight for them as I don't have powers."
- Relatives did not have confidence that the management team took their complaints and concerns about the care of their family members seriously and that these would be dealt with robustly and appropriately by the home.
- We received mixed feedback about how the home communicated with relatives. Comments included, "There needs to be a general raising of standards, and of communication especially" and "I usually talk to the key worker; we have good communication. I talk to the manager sometimes, for example when my grandmother had a fall and went into hospital."
- There was no clear management structure above the registered manager and nominated individual. During the inspection we found it difficult to ascertain who the senior managers were. Throughout the inspection we saw documents where the director and owner had been directly involved in running the home. This included care plans and staff files. One of the listed directors also attended the home on two occasions during the inspection.
- The registered manager did not have full oversight of the home. The nominated individual told us the registered manager set the staffing rotas and said, "It's [the registered manager] and one of the area

managers that set the rotas." However, the registered manager told us they did not have control over staff rotas and these were set by head office. It was unclear why the registered manager did not have control over staff rotas and the staffing within the home.

- The registered manager understood their legal responsibilities to report incidents and safeguarding issues to CQC.
- At the time of writing this report. The registered manager had resigned shortly following the inspection and the home had put an interim manager in post.
- Accidents and incidents were well documented. However, there was no analysis of accidents and incidents to enable the registered manager to minimise future occurrence. Accident and incident records showed that between 1 February 2019 and 2 March 2019 there had been four unwitnessed falls between 3am and 6am. There had been no analysis to understand why falls were occurring between these time periods and if any action was needed to prevent further occurrence. The nominated individual confirmed that no analysis had been completed and said, "We haven't done one for Cedar at the moment."
- Audits were not effective. Monthly infection control audits between April and October 2019 documented the same issues, including issues found at the time of inspection. A general audit completed in October 2019 also documented issues around the cleanliness of the home. However, there were no action plans in place and the issues had not been addressed. The registered manager told us that she completed regular care plan audits. However, these audits were not documented.
- The nominated individual told us that there was a plan of works in place to address the condition of the kitchen. We requested that this be sent to us. We did not receive this information following the inspection.
- There was a failure to provide inspectors with requested information, as detailed within this report.
- There was a failure to act when external inspections identified concerns. An environmental health inspection in October 2019 found concerns which had not been adequately addressed.
- The home has been rated requires improvement by the CQC at the last three consecutive inspections. There has been a failure to learn and adequately address issues and improve the quality of care.
- There was a lack of transparency from senior managers throughout the inspection. Documentation requested was not sent to CQC. Inspectors found it difficult to access information during the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following feedback on days one and two of the inspection there were some initial improvements to the environmental concerns outlined above and some remedial cleaning had taken place. Prior to the inspection the provider had ordered net curtains for the living room and a new work surface for the kitchen which had been delivered and installed. On the third day of the inspection the registered manager told us that the cleaning staff were now allocated four hours a day. However, these actions had been taken in response to concerns raised by inspectors at the time of inspection.
- The registered manager told us satisfaction surveys had been completed in December 2018 (prior to her starting in post). We requested that the results and analysis be sent to us. Following submission of the draft report we received a copy of the survey results dated November/December 2018. The survey noted that people and relatives that had responded were overall happy with the service.
- Following submission of the draft report, the nominated individual sent copies of quarterly residents' meetings. These showed people were asked their opinion and informed of any developments within the home such as new staff.
- Staff confirmed that there were regular staff meetings where they received updates and were able to raise any concerns or issues.

- There were minutes from a 'stakeholder meeting' (relatives meeting) July 2019 where things such as complaints, food, care planning and activities were discussed.
- People and relatives knew who the registered manager was. We observed people greeting the registered manager warmly and holding her hand when she spoke with them.

Working in partnership with others;

- The home worked in partnership with other agencies to support people's physical health.
- Where there had been referrals, appointments or on-going engagement with a partnership agency, this was documented in people's care files.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were supported to design care and treatment with a view to achieving service user's preferences and ensuring their needs were met. Activities were not provided to ensure people were stimulated and decrease social isolation.

The enforcement action we took:

Notice of proposal to cancel providers registration was issued following the inspection. Following a representation period by the provider we issued a notice of decision to cancel the provider. This means the location is no longer active.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess and mitigate the risk regarding infection control.

The enforcement action we took:

Notice of proposal to cancel providers registration was issued following the inspection. Following a representation period by the provider we issued a notice of decision to cancel the provider. This means the location is no longer active.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure all premises and equipment was clean, properly maintained and appropriately located for the purpose for which it was being used.

The enforcement action we took:

Notice of proposal to cancel providers registration was issued following the inspection. Following a representation period by the provider we issued a notice of decision to cancel the provider. This means the location is no longer active.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The provide had failed to ensure systems and processes were established and operated effectively to assess, monitor and improve the quality of care.

The enforcement action we took:

Notice of proposal to cancel providers registration was issued following the inspection. Following a representation period by the provider we issued a notice of decision to cancel the provider. This means the location is no longer active.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure staff were deployed in a way that met people's needs.

The enforcement action we took:

Notice of proposal to cancel providers registration was issued following the inspection. Following a representation period by the provider we issued a notice of decision to cancel the provider. This means the location is no longer active.