

The Cedars Healthcare (Midlands) Ltd

The Cedar Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Cedar Grange is a residential care home providing personal care to 43 people at the time of the inspection in one adapted building across two wings. The service can support up to 58 people.

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

People's medicines were not consistently recorded and stored in a safe way. Quality assurance tools in relation to people's medicines and recruitment had not consistently identified where improvements were required.

People received support from trained staff who knew them well. People's needs were documented in care plans to ensure staff understood how to support them.

People received their medicines as prescribed. People were supported by sufficient staff. Where people became distressed, staff understood how to support them to feel calmer and safe.

People felt able to give feedback about their care. People had access to health and social care professionals as these were required.

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 requires improvement (published 21 February 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to the quality of care at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement.

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 coronavirus 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Cedar Grange

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

The inspection team consisted of two inspectors. One inspector visited the service and one inspector made calls to staff who worked at the service.

Service and service type

The Cedar Grange 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 did not have a manager registered with the Care Quality Commission. However, there was a manager in post who was in the process of registering with us.

Notice of inspection

We gave the service short notice of the inspection. This was to ensure the provider and manager would be available to support the inspection.

What we did before 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. 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 of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, deputy manager and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who visit 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12, although continued improvements were still required.

- Where people were prescribed medicines in the form of patches, staff were not recording where they had applied them to ensure these were administered to a different part of the body each time in line with the manufacturer's guidance. However, staff we spoke with were aware of manufacturer's guidance and told us they were following this.
- Guidance for staff on how to administer people's covert medicines safely was not always in place. For example, one person's care file or medicines record did not contain guidance about how the covert medicine should be given, such as the food or drinks it could be mixed with. Despite this, we saw staff had had conversations with the person's family and clinician to ensure medicines were given safely. This meant our concerns were with medicines documentation and not medicines administration.
- Despite this, people told us and we observed they received their medicines as prescribed by trained staff.
- People had access to medical professionals to review their medicines where this was required.

Staffing and recruitment

- Staff were recruited safely but systems in place required strengthening to ensure people's recruitment files contained all the necessary information. For example, one staff member's recruitment file did not contain their full employment history.
- We received mixed feedback about staffing as people told us at times they were required to wait for support. One person told us, "The staff are very good. We could do with more of them as sometimes we have to wait for things, not long but still." Despite this, during our inspection we observed people's needs being met in a timely way.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people consistently received safe care and treatment. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12, although continued improvements were still required.

- People had care plans and risk assessments in place which reflected their needs and gave clear guidance for staff on how to meet these. For example, where people were at risk of falling, they had a falls risk assessment in place to support staff to reduce this risk.
- People were supported by trained staff who knew them well and understood their needs. For example, during the inspection we observed when people became distressed, staff responded immediately to reassure them and help them to relax.

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 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 have also signposted the provider and manager to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and people looked comfortable in the home. One person told us, "I feel safe here."
- Staff knew how to recognise the signs of potential abuse and how to report and record their concerns. Records confirmed staff reported concerns to the local safeguarding team as they were required to.

Learning lessons when things go wrong

- Accidents and incidents were reviewed by the manager to ensure they had been investigated and reviewed to enable improvements to be implemented where required.

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 remained the same. This meant the continued improvements were required to the governance and oversight at the service to ensure people consistently received effective care.

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

At our last inspection the provider had failed to ensure quality assurance tools had identified where improvements were required at the service and change was implemented effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there had been sufficient improvement and the service was no longer in breach of regulation. However, further improvements were required.

- At the last inspection the provider and manager had failed to ensure quality assurance tools in relation to people's medicines identified the concerns found during the inspection. At this inspection, whilst improvements had been made, further improvements were required to medicines audits to ensure these consistently identify concerns. For example, audits on medicines had not identified staff where staff were signing for people's creams other staff had administered.
- The provider and manager had not ensured checks on staff's recruitment records had highlighted where they did not contain full information in regard to staff member's employment history to ensure they were recruited safely.
- At the last inspection the provider had failed to ensure quality assurance tools had effectively identified where improvements were required in relation to people's records. At this inspection people's care records reflected their changing needs and quality assurance tools had effectively identified where improvements were required.
- The provider and manager had displayed their previous rating clearly on entrance to the service.

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

- People, relatives, staff and professionals gave positive feedback about the provider and manager. One relative told us, "[The management team] and the staff are brilliant."
- The provider and manager acknowledged there had been a positive change in the culture of the home following the last inspection. This had led to improvements in the quality of people's care.
- The provider and manager worked with us during the inspection to address areas of improvement required in relation to medicines within the home.

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 manager understood their responsibilities under the duty of candour and was meeting these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback questionnaires for people had been delayed due to COVID-19. However, the management team had begun these and planned to continue these following the inspection. Despite this, we observed people felt comfortable to speak with staff and were able to share feedback with the management team. One person told us, "I could speak to the staff if I was worried about something."

Working in partnership with others

- People had access to external healthcare and social work professionals as they required. For example, staff had made referrals to the mental health team where a person's mental health had deteriorated.