

# The Cedars (Weston) Limited

## Cedars (The)

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We undertook the inspection of The Cedars on the 6 & 7 September 2018. This inspection was unannounced, which meant that the provider did not know we would be visiting.

The service registered to provide a regulated activity with the Care Quality Commission in October 2010.

The Cedars 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 care home accommodates 28 people in one adapted building providing personal care for older people some of whom are living with dementia. At the time of our inspection 27 people were accommodated in the home.

At the last inspection the service was rated as Requires Improvement. We found at our last inspection a breach of Regulation 17 Good Governance. The provider sent us their action plan confirming how they were going to address the shortfall. At this inspection we found the quality of the audits had improved although some shortfalls were identified during the inspection. At this inspection we found the service remained Requires Improvement overall. However, the rating had improved from Requires Improvement in the Caring and Responsive domain to Good.

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

People were at risk of infection due to poor storage of laundry and dirty equipment being stored in the laundry room.

People were supported by staff who washed their hands regularly. People had individual risk assessments in place however environmental risk assessments from pets living and visiting the service had not been undertaken at the time of the inspection.

Medicines administration charts (MARs) for topical creams did not always record the person had received their cream as prescribed MARs records did not always confirm how often creams should be applied. Medicines were stored safely within the home.

People were supported by staff who had received checks to ensure they were suitable to work with vulnerable adults.

People had mixed views on the amount of staff available to support them. At times, due to staff sickness and leave, the rota was under the planned staffing capacity for the day.

The registered manager undertook additional duties above their role such as answering the phones and the front door which could take them away from their management role.

People felt safe, although some staff required an improvement to their knowledge of recognising the different types of abuse and who to report it to.

People were supported by staff who received training and supervisions. However, staff were yet to receive an annual appraisal.

People had choice in the meals and had access to drinks throughout the day. Medical appointments were arranged when required.

People were supported by staff who were kind and caring and who provided them with dignity and respect.

People had personalised care plans that contained important information relating to their individual needs these were evaluated monthly and reviewed yearly.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always Safe.

Systems were not always effective at ensuring laundry that was soiled or contaminated was managed safely.

Risk assessments were in place for people but not relating to the risks of animals visiting the service.

People's medicines administration charts did not always confirm how often creams should be applied.

### Is the service effective?

**Good** ●

The service remained Effective.

People were supported by staff who received supervision and training although annual appraisals were not being undertaken.

People were supported with meals of their choice.

People received support with their medical needs when required.

### Is the service caring?

**Good** ●

The service was Caring.

People felt staff respected their dignity and were kind and caring.

People were supported with their independence.

People were supported with their individual choices and staff recognised people's individual needs relating to their hearing and sight.

### Is the service responsive?

**Good** ●

The service was Responsive.

People had personalised care plans that contained important

information relating to their individual needs.

People felt able to complain, however the provider's complaints policy required updating.

People could choose who they spent their time with and activities were varied.

**Is the service well-led?**

The service was not always Well-led.

The service was not showing it's rating conspicuously in a place which is accessible to service users.

The quality assurance system in place had not identified shortfalls found during the inspection.

People and staff felt the culture of the home was good and that improvements had been made.

The service worked in partnership with other organisations and notifications were sent when required.

**Requires Improvement** 

# Cedars (The)

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector on the first day and second day, and an expert by experience and specialist advisor on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist adviser was a nurse.

We spoke with the registered manager, the quality improvement lead along with the deputy manager, four care staff and the chef.

During the inspection we spoke with twelve people living at the service.

We looked at five people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies and procedures, audits and complaints.

Before the inspection we reviewed the information, we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. Prior to the inspection we did not ask for a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

People were at risk of cross infection due to poor infection control procedures in place for people's laundry. For example, during the inspection we observed soiled laundry in red bags left on the floor outside one person's bedroom. We also found soiled laundry was taken to the laundry room and left on the floor prior to being washed. Within the same room we found clean laundry stacked in laundry baskets on the floor on top of each other. This meant dirty contaminated laundry retained in the red bags on the floor of the laundry room could contaminate people's clean laundry that was stored next to it.

The laundry room was cluttered with mops and buckets stored in the corner where the buckets were dusty and dirty. We showed these to the registered manager who confirmed they would take immediate action to resolve this. The provider's audit had not identified the dirty mops and the inadequate storage of laundry.

People were supported by staff who followed effective infection control measures when they were assisting people with personal care. For example, staff had access to liquid hand soap and paper towels in people's rooms to minimise the risk of cross infection. Staff used their personal protective equipment within the recommended guidelines.

During the inspection we found environmental assessments were not always in place. For example, the home had a cat and visiting dog however there was no environmental risk assessment that confirmed any risks or how these were managed. We raised this with the registered manager who following the inspection sent us a risk assessment.

Medicines were not always recorded to confirm people had received their medicines as required. For example, people's Medicines Administration Chart (MARs) for topical creams did not always record the person had received their cream as prescribed. MARs did not always confirm how often creams should be applied. This meant MARs charts were not always accurate and up to date. We raised this with the registered manager who was unaware of these shortfalls.

Medicines were stored safely. Stock controls were managed to ensure only the amount needed was available and where medicines were stored in a fridge the temperatures were checked and accurate. Medicines that required greater security were managed safely with accurate checking procedures in place.

District nurses visited daily to monitor and support people who required support with their diabetes. Staff recognised when people's blood sugar was high and took action to address these concerns. For example, where one person was experiencing high blood sugar levels, staff requested their medicines contain less sugar. This resulted in reduced blood sugar levels. Some staff had also undertaken training in diabetes care to enable them to recognise signs and symptoms of hypoglycaemia (low blood sugar).

Recruitment practices were in place to check that suitable staff were employed. Three staff files confirmed staff had a Disclosure and Barring Service (DBS) check. A DBS helps employers to make safer recruitment decisions by providing a check on the person's suitability to work with vulnerable adults. Staff files also had

paperwork such as an application forms, references and terms and conditions of employment.

People had personal evacuation plans in place (PEEPs). PEEPs confirmed the support and assistance the person required in an emergency situation. The record confirmed what support the person required with their individual needs such any support from staff or equipment.

There were up to date certificates relating to portable appliance testing (PAT). Other checks and maintenance relating to equipment such as hoists, wheelchairs and the home's lift had safety checks and, if required, certificates in place. Checks were also undertaken for water temperature and legionella checks, radiator covers and window restrictors. Visitors signed a visitor's book. This meant there was a clear record of who was visiting the building in case of an emergency.

Some people had a low toilet seat which could make it difficult to get on and off. When discussed with the registered manager they confirmed that they were in the process of gaining equipment from one of the provider's other homes. They confirmed the equipment would benefit some people within the home.

People and staff had mixed views on the staffing within the home. People told us, "Sometimes they seem rushed for time, but are always there if you need them". Another person told us, "If I use my bell they come quickly and are very helpful". Another person told us, "Sometimes I ring my bell three times before someone comes and I get annoyed". Staff told us, "Most of the time it seems alright. It's when other staff call in sick". Another member of staff told us, "We are short on domestic staff at the moment as we are one down". The registered manager confirmed they were in the process of recruiting staff and when needed existing staff undertook extra shifts. The staff rota did confirm on occasions staffing numbers were below the expected requirement.

People and staff felt the home was safe. People told us, "I feel safe here, I am able to go to sleep knowing there is someone to call". Another person told us, "I am safe here". Another person told us, "I feel safe, it's homely".

Not all staff were confident about identifying the different types of abuse and who to report abuse to. For example, one member of staff was only able to say who they would report concerns to internally. They were unable to confirm the different types of abuse or who to raise concerns to externally. Another member of staff was able to confirm the different types of abuse and where to report concerns to internally and externally. This meant staff were not always able to demonstrate a clear understanding of abuse and who to report concerns to and ensure people were suitably protected

People had risk assessments in place and guidelines to support staff with their individual care needs. Risk assessment included mobility and moving and handling. One person however required a risk assessment relating to them self-administering their own medicines. The registered manager actioned this during the inspection. The registered manager and care staff knew people well and what their individual support needs and risks were.

Staff were responsible for managing and recording incidents and accidents. These were recorded and logged so that any trends could be reviewed to prevent similar incidents from occurring again.



# Is the service effective?

## Our findings

The service remained effective.

People were supported by staff who had received training to ensure they had the skills and competence for their role, however, some staff required refresher training. For example, staff had received training in moving and handling, safeguarding and health and safety although some staff were due refresher training in mental capacity and first aid. The registered manager confirmed they were planning the refresher training staff required. This meant the registered manager had identified the shortfalls and was in the process of booking staff onto the training they required.

People were supported by staff who had received additional training which meant they had additional skills and competency to support people's individual needs. For example, staff had received additional training in end of life, dementia, nutrition and privacy and dignity.

People were supported by staff who were being supported to achieve The Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to working in the care sector. One member of staff had completed their Care Certificate Eight other staff were in the process of achieving this qualification.

People were supported by staff who received supervision, however improvements were required to ensure staff received an annual appraisal as staff had not received an annual appraisal for more than one year. Staff felt well supported. One member of staff told us, "Supervision, yes three weeks ago I had supervision. I can tell the [manager] everything". However, when we asked if they had received an appraisal. They said, "No. I haven't". Another member of staff told us, "I am due a supervision, no not had an appraisal. All are really nice and its supportive here". The registered manager confirmed they knew staff required an appraisal and they said they were waiting to get to know staff more before they undertook their appraisals. This meant that although staff felt supported they were not having an annual review of their performance, training and conduct so that any actions or training could be provided to improve their performance.

The Mental Capacity Act 2005 provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care plans confirmed if people lacked capacity. Where people lacked capacity a mental capacity assessment was in place. Mental capacity assessments were decision specific and detailed who had been involved in the decision-making process.

Where people were supported with their decisions by a relative the person's care plan confirmed the details of the power of attorney and what it was in relation too. Care plans also contained information that gave staff and the registered manager details about who they should contact and when.

People were supported to have a varied diet that included plenty of choice and different options. For example, during lunch people could choose from various starters, mains and pudding options. The Chef was aware of people's individual dietary requirements and these were recorded in people's care plans.

People could have their lunch in their rooms or the dining area. Tables were well presented with table cloths, flowers, condiments, and paper napkins. People felt happy with the meals. They told us, "Food is nice, nice choice, plenty to eat". Another person told us, "Lovely food every day, you can have seconds if you want it".

People had access to a selection of cold drinks and all jugs had a date when they had been prepared. Tea and coffee were served throughout the day and people could have a flask of a hot drink of their choice prepared and delivered to their room.

People were supported by staff with their medical appointments. People's care plans had records of visits from district nurses. Information was also available in people's care plan relating to other appointments they had attended including any outcomes.

## Is the service caring?

### Our findings

People were supported by staff who treated them with respect, however staff were not always able to demonstrate a clear understanding of equality and diversity. For example, one member of staff told us, "I have had training. It's about supporting people with their religion". They were unable to explain any other examples of people's diversity. Another member of staff told us, "Treating everyone the same". They went on to say it's about people's, "Beliefs". But they were unable to explain anything else about what people needs might be. We fed this back to the registered manager as staff should have a good understanding of how to support people to prevent discriminating against people's age, sexuality, gender, race, religion and culture.

People and staff had positive interactions throughout the inspection. People were asked, "How are you today", "Would you like to have a cup of tea". Staff comforted people when they were upset or anxious and this supported people to relax and feel less upset. Staff addressed people with their preferred names and there were positive conversations about things that were important to people such as their family and up and coming medical appointments.

Most people felt staff were kind and caring although one person raised concerns regarding one member of staff's conduct. People told us, "Staff are patient and kind, they are not patronising and treat me like a normal human being; I can talk to them about anything, they are no longer strangers but like family". Another person told us, "Staff are friendly, they look after me well". Another person said, "I get on well with staff and we have a laugh and a joke even though some have a different culture and sense of humour." Another person said, "Staff are sociable friendly and kind. I would talk to any of them if I was worried". One person however raised concerns about a member of staff who they felt was rough and wasn't very happy. We raised this with the registered manager who confirm they were taking action.

People felt treated with dignity and respect. Staff gave examples of how they provided support with people's care. One member of staff told us, "We knock on the door before we enter. We use towels to cover people and draw the curtains too". During the inspection we observed staff provided people with support behind closed doors and knocked before entering.

People were encouraged to remain independent. Staff gave examples of how they provide people with a flannel to wash themselves where able. A member of staff said, "It is about prompting people to do things they can do themselves and getting involved in their care". The home supported partnership working with the local enablement team. The registered manager confirmed one person had made progress. They were planning to do an overnight stay at home to review what support they might need if they returned home. This meant people were encouraged and supported to maximise their full potential.

People were supported by staff who prompted people to make decisions about their care and support. One member of staff told us, "We always ask if they want to do it. It is about gaining consent". However, one person told us there are times they wish to have a female carer but overnight there were times that there was no female carer. This meant people might not always be supported with their chosen gender of carer.

Staff recognised and supported people with additional support needs due to their hearing or sight. Care plans confirmed if people required any specific support with their impairment. One member of staff told us, "[Name] is blind. We always sit next to them and support them quietly telling them what we are doing through-out lunch. They enjoy listening to the radio".

## Is the service responsive?

### Our findings

People had access to a complaints policy however during the inspection we identified that the provider's complaints policy required updating. For example, the providers complaints policy contained the previous registered manager's details as well as incorrectly saying that CQC investigated complaints. We raised this with the registered manager who confirmed they would update their complaints policy with the correct information.

People felt able to complain should they need to. One person told us, "The atmosphere here is good, I am very happy, it suits me, it is my home. I see the manager around, she is easy to talk to".

Various positive compliments had been received by the home. Comments included, 'They are very professional and loving care given to my [Name] by all the staff has nursed [Name] back to good health and happiness. [Name] was discharged to [Their] home where she is now able to capitalise on the incredible care and support given to her at the Cedars'. Another compliment included, 'You maintained a quality of life for [Name] and looked after [Name] with love and kindness'.

People had care plans that were personalised and contained people's likes and dislikes. Care plans contained important information about the person. For example, they recorded if people had been married, had children, been employed and their likes and dislikes. People's religion was recorded along with any impairments such as sight and hearing problems. For example, records confirmed if the person wore glasses and for staff to check that the glasses were clean and in good repair and comfortable. One person had a fabric cloth that they could twiddle with their hands this was recorded in their care plan. The person looked clean and comfortable and well supported with cushions and pillows.

People were involved in planning their care. One person told us, "I had a review of my care plan with the deputy manager. My care is as prescribed and I am quite satisfied. Another person told us, "I had my care plan renewed and I am reassured that this is the best place for me". Another person told us, "A family member was involved in my care plan, it is as I want it".

The registered manager confirmed they worked with the district nursing teams if people required support with end of life care. The registered manager confirmed, "We have amazing and strong support from our district nurses, they are so supportive. The district nurses arrange the pressure relieving equipment and they order the medicines. We write the care plan with the person and next of kin if available". Some people had a do not resuscitate (DNAR) or a treatment escalation plan (TEP) in place. This meant people were having their end of life wishes explored and discussed so that they received the care they wished.

People were supported to make choices about the care they received and staff gave examples of how they provided choice to people. One member of staff told us, "We always ask people if they would like to get up and how they have slept. It is about asking them".

People had access to a range of activities within the home. People could come and go as they wished. The

registered manager sent a monthly newsletter to people. This included the activities planned, such as having animals visit, making jewellery, modelling clay, and celebrating people's birthdays and important events. People were supported to maintain relationships with people that were important to them. For example, relatives and friends were welcome any time of the day.

## Is the service well-led?

### Our findings

The provider was not displaying the rating for the service at the time of the inspection. This is a requirement by law that the provider must displaying the rating for their service on the provider's website. We contacted the registered manager following the inspection. They confirmed action had been taken to display the rating on the website. We reviewed the provider's website and found the rating was not being displayed conspicuously in a place which was accessible to service users.

At the last inspection we found a breach of the regulations as the provider's quality assurance systems were not identifying shortfalls when required. At this inspection we found improvements had been made to the quality of the audits although some shortfalls had not been identified.

The registered manager undertook regular audits. Although some shortfalls relating to laundering of clothes, medicines records and recruitment files had not been identified. An environmental audit undertaken in May 2018 had not identified shortfalls we found during the inspection. For example, this audit stated the, 'Laundry had dirty and clean system in place', however we found poor practice in laundry management. The environmental audit had identified various shortfalls such as, cobwebs, equipment that needed to be replaced, furniture, bedding and curtains that were looking worn. The registered manager confirmed they were regularly reviewing the actions identified and records confirmed actions were being taken when shortfalls were identified. They confirmed they would review the practice of storing soiled laundry within the home.

The medication audit undertaken in August 2018 had identified some shortfalls relating to one person requiring a medication administration record (MARs). The shortfall confirmed the MARs required their name, date of birth and photograph. However, the audit had no process in place to check MARs relating to topical creams. This meant the audit system had not identified shortfalls in the application of prescribed creams.

The provider had an action plan that identified other areas for improvement. This included, staff training on changes to storing people's data, new equipment such as chairs, bedroom furniture and dining furniture and a new Statement of Purpose.

People and staff felt the culture of the home was nice and friendly with it being a nice place to work. People told us, "Everybody including the manager is kind and gentle in their attitude". People felt there had been improvements to the home following changes to the manager. People told us, "I get on well with [Name] of the new manager. [They] are easy to talk to and listen to what you have to say; the place is more friendly since [they] came". Another person told us, "Manager is lovely, [They are] easy to talk to and [They] listen. Staff felt it was a positive place to work. One member of staff told us, "It's really good here. One big family it's a warm and caring place.

The provider's Statement of Purpose stated the home's aims and objectives, 'At the Cedars we place the rights of our residents at the very centre of our philosophy of care. Our aims as a home is to provide a high quality of care in a homely environment'.

The service was managed by a registered manager and a deputy. There was a team of care staff, cleaning and laundry staff as well as kitchen assistants and a chef. The registered manager confirmed there were plans that a member of staff would support the registered manager once a month with recruitment files and paperwork. We found during the inspection the registered manager spent time answering the phones, letting people into the home and answering queries. This meant they were expected to manage the service along with undertaking administration tasks.

People had regular residents' meetings with the registered manager. Minutes confirmed it was an opportunity for people to discuss the food and menus, activities and their care experience.

Staff also had regular meetings once a month. Meetings were an opportunity to discuss training, staff changes, and updates on people and their care.

People and their relatives had their views sought through an annual satisfaction survey. Comments received from March 2018 were mostly positive. People felt their care needs were being met however some people felt staff were not always courteous and respectful. The registered manager confirmed they would be sending some more annual satisfaction surveys soon.

The registered manager understood the legal obligations relating to submitting notifications to the Care Quality Commission. A notification is information about important events which affect people or the service. Notifications had been submitted when required.

The office was in the process of being changed so that people's personal information was locked away in cupboards instead of filing cabinets. Care plans were accessed via the computer system and staff all had an individual password to access the home's, 'Care docs system'. This was where people's care plans were recorded along with daily notes and information relating to their care.