

Anchor Hanover Group

The Cedars

Inspection report

73 Berwick Road
Stoke-on-trent
ST1 6ER

Tel: 01782216570

Date of inspection visit:
03 March 2022

Date of publication:
08 June 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Cedars is a residential care home providing personal care to up to 42 people. The service provides support to older people, some of whom were living with dementia across two floors. At the time of our inspection there were 35 people using the service.

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

People were not always supported in a safe way with their medicines. The management team were in the process of making improvements to how people received their medicines. Following accidents and incidents, the management team had not always recorded all actions to reflect changes have been made to people's care to reduce future risks.

Quality assurance tools had not always identified the concerns we found at this inspection. the management team had an action plan in place where they were working towards making improvements to their quality assurance processes.

People were supported in a clean and homely environment. People were supported by trained and enough staff to meet their needs effectively. People were supported by staff who understood infection control and were meeting government guidance in relation to COVID-19. People were supported by safely recruited staff.

People were supported to eat and drink in line with their needs. People were supported in a flexible, kind and caring way by staff. People had access to a range of activities. People were supported to maintain their privacy and dignity.

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.

People felt comfortable to raise concerns and complaints were responded to in full. People had access to healthcare professionals in a timely way. People were encouraged to give feedback about their care.

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

Why we inspected

The inspection was prompted in part due to concerns received about medicines and the governance and leadership at the service. The registered manager was not at the service at the time of our inspection and the service was being managed by the wider management team. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The provider was in the process of making improvements to the governance at the service at the time of our inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

The Cedars

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

The Cedars is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Cedars is a care home without nursing care. 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. However, the manager was not present during the inspection and the home was being managed by another manager and the wider management team. Despite this the registered manager and the provider are still legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with seven people who lived in the home. We spoke with six members of staff including the regional support manager, district manager, area manager, team leaders, a domestic and care workers.

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

After the inspection

We continued to review the information sent to us by the management team. This included staff infection control and quality assurance data. We also spoke with two professionals that work with the service.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Using medicines safely

- Staff did not consistently have clear guidance to follow where people were prescribed medicines 'as required'.
- People's medicines records did not always reflect the support they required with medicines administration. For example, we found staff had not always signed medicines records to reflect they had administered people's medicines. We raised this with the management team who initiated a weekly medicines audit and further support to the team leaders to drive improvements in medicines record keeping.
- The management team were in the process of making improvements to medicines. We saw medicines errors had reduced as a result of this. We will check these improvements have been embedded and sustained at our next inspection.
- People told us they received their medicines as prescribed by trained staff.
- People had access to medical professionals to review their medicines where this was required.

Learning lessons when things go wrong

- Whilst accidents and incidents were reviewed by the management team, not all actions taken by the management team had been recorded to reflect action had been taken to reduce future risks.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe here, staff are kind to me."
- Staff had had safeguarding training and knew the different types of abuse and how to report these.
- Where safeguarding concerns had been raised with the management team these had been reported to external professionals for investigation and review.

Assessing risk, safety monitoring and management

- People were supported by trained staff who knew them well. For example, when a person experienced anxiety we observed staff supported them quickly and effectively to feel calmer.
- People had risk assessments in place which explored their risks and gave staff clear guidance to follow to enable them to mitigate these risks. For example, where people were at risk of falls they had falls risk assessments in place.

Staffing and recruitment

- People were supported by safely recruited staff who had undergone checks on their employment and

education history prior to their employment.

- People were supported by sufficient staff, in a flexible way in line with their preferences. One person told us, "The staff are very kind and they try to be as quick as possible when they are doing things."

Preventing and controlling infection

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

Visiting in care homes

- People had visiting care plans in place to enable them to have visitors within the home safely. We also saw people's relatives had been given information about becoming essential care givers.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social needs were assessed prior to the start of and during their care.
- People, and those important to them and professionals were involved in the assessment and planning of people's care.
- People had oral health care plans which gave staff clear guidance around how to support people to maintain their oral health care needs.

Staff support: induction, training, skills and experience

- Staff received an induction and shadowing to help them get to know the people they would be supporting and to feel more confident in their role
- Staff received training and told us the training was 'good'. The management team monitored training records were monitored by the to ensure staff training was kept up to date.

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

- People were supported to maintain a balanced diet by staff. For example, we saw people who required additional support to eat were given this in a sensitive way which promoted their dignity.
- People told us they enjoyed the food overall. One person told us, "The food is lovely, it's just enough for me."
- People were supported to make choices around their diet. For example, we saw staff showing people the food choices on 'show plates' and people choosing various combinations of each plate.

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

- People had access to healthcare professionals when they needed them and in a timely way. For example, following a person experiencing falls they were referred to an occupational therapist to review their mobility equipment.
- There was a weekly ward round in place with the GP surgery where people and staff could discuss any healthcare concerns relating to people and seek treatment and support.
- Staff spoke with other staff when changing shifts to support them to keep up to date with changes in people's needs and continue to offer effective support.

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

- The home was clean and tidy and decorated in a homely way. There was a lift for people unable to use the stairs.
- People were able to personalise their bedrooms if they wished to. One person told us, "I find it very homely here, I have a lovely room."
- The provider had ensured there was dementia friendly signage to support people orientate themselves around the home. People also had photographs on their doors to support them to know where their bedrooms were.

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 MCA 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.

- Staff received training and understood the principles of the MCA and how this impacts on the people they support.
- The management team understood their responsibilities in relation to the MCA and DoLS and knew when and how to assess people's capacity, complete best interests decisions and to submit the relevant applications to the local authority.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke highly of staff. One person told us, "The staff will help me with anything I want, they are very, very good." Another person told us, "There's not anything staff could do better. It's the first time I've been in a care home and they certainly look after you."
- Staff supported people in a kind and caring way in line with their preferences. For example, we observed staff giving people time in the morning to get up at their leisure, returning to offer support at a time they wished.

Supporting people to express their views and be involved in making decisions about their care

- People's records reflected their choices and we saw where people were not able to decide, their chosen representatives had been involved in decisions around their care.
- Staff offered people choices throughout the day. For example people were offered choices around food, activities and how and when they received their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy. For example, staff closed people's doors and curtains when supporting people with personal care.
- People were treated with dignity by staff. For example, we saw staff supporting people who required support to eat to maintain their clothing in a sensitive and discreet way.
- People were supported to maintain their independence. For example, staff encouraged people to walk where they were able and to wash themselves.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People had end of life care plans in place. However, further work needed to be completed to ensure these fully explored people's preferences. We raised this with the management team and will check the necessary improvements have been made at the next inspection.

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

- People had personalised care plans which explored their preferences. For example, one person's care plan detailed their preferences around how they wish to be supported when bathing and showering.
- People's care plans explored their preferences for male or female staff during personal care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place which gave staff clear guidance to meet people's communication needs. For example, where people required glasses and hearing aids this was recorded to ensure staff supported people to wear these should they wish to.
- Staff supported people in a caring way to enable their understanding. For example, staff ensured they spoke with people at eye level and in a way they understood.

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

- People were supported to maintain relationships with those important to them.
- Staff knew and understood how people enjoyed spending their time. For example, we saw staff supporting a person to play a musical instrument. This made the person visibly happy.
- People had access to a range of group and personalised activities. For example, we saw people engaging in sensory activities one to one with staff and group craft activities.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint. One person told us, "If I did have any concerns, I'd tell one of the [staff] in here, they're all very good. Although I have never had to complain about anything."
- The management teams reviewed and responded to complaints in full and in line with the provider's

complaints policy.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team were making improvements to the quality monitoring processes at the service. Despite this, further improvements were required to people's care records, accident and incident documentation and medicines.
- Quality assurance tools had not always identified where further improvements to medicines were required. For example, current quality assurance tools had not identified where staff had not signed for people's medicines. The management team had responded to this by implementing a weekly audit of medicines.
- Quality assurance tools in relation to enhanced COVID-19 cleaning schedules did not consider whether all areas of enhanced cleaning were taking place.
- People's care records did not always reflect the care people were receiving and reviews on care plans had not identified this. For example, one person was sat on a pressure relieving cushion however their care plan had not reflected this. Despite this staff knew people's needs and were meeting these.
- The provider had sent us notifications which related to events at the service.

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

- People were not always aware of who the new management team were but told us they would raise any concerns with the staff. We raised this with the management team who told us and we saw they were present within the home.

We recommend the provider consider how they improve supporting people to understand who the management team are within the home in line with people's communication needs.

- Staff and professionals we spoke with told us the culture of the home has improved since the change in the management team. During our inspection we found staff to be open about improvements to the communication and the standard of 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

- The management team understood their responsibilities under the duty of candour and was meeting these. For example, we saw people and their relatives were consulted with following accidents and

incidents.

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

- People told us they felt comfortable sharing their feedback with the staff. One person told us, "I haven't had to complain about anything. If I was concerned, I would ask to see someone in the office but there hasn't been anything wrong yet."
- The management team sought feedback from people and their relatives through questionnaires. The management team had just received these back from relatives and were in the process of reviewing these. We will check these at the next inspection.
- Staff had supervisions and appraisals completed by the management team to share their views and assess their competency.

Working in partnership with others

- Professionals we spoke with told us the home had improved significantly since the change in the management team. One professional told us, "Since the new manager has come in it has been a breath of fresh air. The service is so much open now. The carers are very good, I can't sing their praises enough."