

Nexzen Care Ltd

The Cedars

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Cedars is a residential care home that provides accommodation and personal care for up to 28 older people. People who lived at the home access nursing care through the local community healthcare teams. At the time of the inspection 18 people were living at the home.

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

Since the last inspection of 7 and 8 June 2022 improvements had been made. However, the systems in place to monitor and audit the home needed to be fully embedded. The systems in place to capture all of the actions needed improvement. We spoke to the provider about implementing one action plan for the whole home. The provider had liaised with a consultancy company to help them make the required improvements from the last inspection.

At the last inspection, the provider had failed to identify or act to mitigate the risks to people. Improvements had been made to the information within people's care records and risk assessments.

Some improvements had been made to the environment. Further improvements were needed to ensure this was maintained. The provider had liaised with contractors to have the bathroom suite fully replaced. A fire risk assessment remained outstanding. Some further improvements were required in relation to fire safety. An action plan was in place.

Safeguarding incidents had been reported by the provider to the local authority safeguarding team. The provider, trainee manager and staff had a good understanding of how to report safeguarding concerns. Improvements had been made to the home's medicines system. We reviewed medicines records and found they had been completed effectively.

The homes occupancy was low at the time of the inspection. Staffing levels had been increased since the last inspection. The manager showed us a dependency tool which they used. Some further improvements were needed to the tool, to ensure it took into account the design of the building. We received feedback from staff and people that staffing levels were good at the home. Further improvements were needed to ensure staff were safely recruited. The provider was in the process of auditing staff files.

Since the last inspection statutory notifications had been appropriately reported to the Care Quality Commission. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

Rating at last inspection

This service was registered with us on 14 July 2021.

The last rating for the service was Inadequate, published on 23 August 2022, the service was in special

measures. The service remains overall Inadequate.

Why we inspected

This inspection was prompted by intelligence, which we had received about the home since the last inspection in respect of people's safety.

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.

We have found evidence that the provider needs to make improvements. Please see the key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

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. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

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?

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 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.

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

Inspection team

The inspection was carried out by three 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

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 used the findings from the last inspection of 7 and 8 June to help plan the inspection and inform our judgements.

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 six people who lived at the home.

We spoke with four staff members, the trainee manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included people's care records, medication records, one staff file in relation to their recruitment, maintenance records and a variety of records relating to the management of the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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 that people could be harmed.

At this inspection we found some improvements had been made since the last inspection. Further ongoing improvements were needed to address the shortfalls which we identified at the inspection of 7 and 8 June 2022. Systems that were put into place since the last inspection still needed to be fully embedded.

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

At our last inspection the provider had failed to manage and assess potential risks to people. This placed people at risk of avoidable harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Since the last inspection 13 people's care plans and risk assessments had been reviewed. However six people's care records were still in need of review. This included risk assessments.
- Improvements had been made to capture information in how to minimise the risks to people which we identified at the last inspection. However, further improvements were required to ensure risk assessments were in place where risks had been identified. One person for example who had fallen on three occasions, did not have a risk assessment in place in relation to minimising the risks in relation to falls. Another person liked to vape and had been observed vaping in their bedroom at times. No risk assessment was in place to capture the associated risks.
- The fire service had revisited the home to check on actions of improvements since they last visited. Although improvements had been made some actions remained outstanding. This included for example, the fire risk assessment remained outstanding and the emergency evacuation plan was in need of review. The provider had liaised with a local fire safety company who had visited the home on the 26 July 2022. They were in the process of putting together the fire risk assessment and evacuation plan whilst addressing the other outstanding actions.

The provider failed to manage and assess potential risks to people. This placed people at risk of avoidable harm. These shortfalls were a continual breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We looked at the care plan for the person identified at the last inspection of 7 and 8 June 2022 who had epilepsy and who was at risk of seizures. The plan had been updated and contained information about the

type of seizures the person had and the triggers and what to do in the event of a seizure to keep the person safe.

- One person's care plan had been updated and contained information about the management of their diabetes. Information was recorded about their blood sugar levels and what to do if their levels changed. Staff had undertaken diabetes training.
- We spoke to the trainee manager about separating information recorded in people's care plan from risk assessments creating separate risk assessment documentation.
- One person was on a pureed diet due to choking risk. Their care plan had been reviewed and it contained information about the risks to the person and how the risks should be reduced. Staff were aware of the associated risks and what they had to do to keep people safe.
- The checks associated with Legionella were regularly being undertaken by the provider.
- Water temperatures had been checked weekly by the maintenance person to ensure the temperatures remained in range. The trainee manager was able to show us records of water temperature checks which had been consistently carried out since April 2021 and were within a safe range.
- The food standards agency had revisited the home on the 31 July 2022. The home had now been awarded 5 stars.
- Fire door checks were now being undertaken by a person who was trained.

Preventing and controlling infection

- The provider had worked hard to ensure that measures to protect people from COVID-19 were being adhered to. When we arrived at the home, we were asked to show proof of a negative LFT test results. The staff took the temperatures of the inspection team and recorded this.
- There continued to be a COVID-19 policy in place but this had not been updated and remained an area of improvement.
- All of the staff team had now completed infection control training.
- Since the last inspection the provider had made some improvements to the building. The wipeable chairs around the home which were worn had been thrown away. Flooring had been replaced in the bedrooms that had been identified as worn in places.
- The provider showed us quotes he had received to have the bathroom redecorated. This included a new bathroom suite, tiles and flooring.
- We looked at the daily cleaning schedules. This showed they were being completed and checked. Some of the tasks were being completed by the maintenance person. The night staff also helped with cleaning tasks during quiet times during the night.
- The clinical room was now clean, tidy and well organised.
- All of the staff we observed had short unpolished nails as required for good infection control practice.

Visiting in care homes

- Since the last inspection visitors were no longer asked to complete a COVID-19 lateral flow test before each visit. Visitors were able to visit people without a pre booked appointment.

Using medicines safely;

- Since the last inspection significant changes had been made the medicines system. This included the storage of medicines.
- We found the medicines room to be clean, tidy and well organised. An air conditioning unit was in use at all times and the room was cool. Records were maintained in respect of the room temps and the medicines fridge, which had been recorded daily.
- Medicines records were accurately maintained. We looked through people's medicines records and found these had been completed correctly, with no gaps in signatures. We were told there had been meetings with

the medicines trained staff regarding policy and procedures that must be adhered to.

- Staff medicine's competencies had been reviewed since the last inspection. This was to fully assess the staff's abilities to administer medicines safely.
- Where staff had transcribed instructions onto medicine administration records (MAR) sheets they had been consistently signed by staff and counter signed by another.
- The staff member who administered medicines each round now checked for gaps in signatures. This was so the staff they could address missing signature without delay. This has been implemented since the last inspection.
- All topical medicines were now kept in the medicines trolley. Creams were handed to care staff when administration was due to people and they were handed back in after being applied.
- Some people had been prescribed additional medicines on an as required (PRN) basis. Protocols were now place for people. Some further information was being added to some people's protocols.
- The staff now recorded the date of opening on bottles and tubes and also the date of disposal. This helped the staff to identify when medicines were due to expire.

Staffing and recruitment

At our last inspection the provider had failed to ensure that staff were recruited in line with legislation. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19

- We were told by the provider that since the last inspection one new staff member had been recruited from overseas. We looked at the person's recruitment record, which had not yet been put into a staff file. This showed two references had been sought, the right to work in the UK checked along with the person's employment history.
- Further improvements were needed to ensure that a safe system of recruitment was in place. We did not find enough evidence to feel assured this had been fully embedded.

The provider failed to ensure that staff were recruited in line with legislation. This continued to be a breach of regulation 19 (Fit persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- All staff continued to have an enhanced Disclosure and Barring Service (DBS) checks. DBS checks ensure that people barred from working with certain groups such as vulnerable adults would be identified.
- We spoke to the provider about introducing a staff recruitment check list. This would help the provider to fully understand the recruitment process. It would help them to monitor the checks undertaken for new potential staff and the date completed.

At our last inspection the provider had failed to ensure sufficient numbers of suitably qualified staff were deployed across the service. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- We found that since the last inspection that the provider had made amendments to the dependency tool used. This took into account the number of staff needed to support each person, activities and engagement.

The calculation included the type of care people received. Some further improvements were needed as the tool did not take into account the layout of the building.

- The provider told us they were not taking on any new admissions at this time. They were recruiting further care staff in preparation of increasing the occupancy in the near future. They then planned to increase the staffing levels further.
- The housekeeping staff worked daytime shifts until 15:00hrs. After this time the day care staff helped with the cleaning of high touch point areas. The night staff had been allocated housekeeping tasks to complete during quiet periods at night.
- Staffing levels had been increased with one full time and one part time activity coordinator role introduced. This helped to ease the daily pressures within the home. The activity staff also helped to assist people at mealtimes.
- We spent time observing people and the interactions between them and staff. It was evident the staff had a caring approach. We observed staff spending time with people in the lounge and dining areas. The inspection day was calm and well organised. The dining room tables had been laid ready for lunch. Call bells were answered promptly.

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

At our last inspection the provider had failed to safeguard people by not reporting potential abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- We found evidence that since the last inspection, the provider had reported safeguarding events when they occurred. Systems and policies continued to be in place to safeguard people from abuse.
- Incidents and concerns had been reported to the local safeguarding authority in line with legislation.
- The staff team had a good understanding of safeguarding and how this should be reported. Their comments included, "I have reported concerns in the past and they were acted upon" and "I know if I have any concerns that they would be dealt with".
- The provider demonstrated they had learnt from incidents. For example, in response to concerns around food safety the staff team had undertaken food hygiene training. The provider recorded and investigated any incidents and safeguarding concerns, which took place.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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.

At this inspection we found some improvements had been made since the last inspection. Further ongoing improvements were needed to address the serious shortfalls across all key questions. Systems in place still needed to be fully embedded.

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

At our last inspection the provider had failed to ensure the quality of service provision through effective governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The inspection of 7 and 8 June 2022 identified serious failings in relation to the safety, quality and standard of the service. These had not been identified by the provider through their governance systems and rectified as required. Some audits were a tick box form and any actions identified did not have a clear action plan and checks on whether actions had been completed.
- This inspection identified improvements had been made to audits to help identify areas of improvement within the home. Further improvements were needed to ensure they were comprehensive. Some audits had identified actions and shortfalls. However, there was still a danger the actions identified from each audit could get lost and not followed up. This was due to the number of audits being undertaken.
- People's care plans were in the process of being reviewed and updated. The trainee manager told us, since the last inspection 13 people's care records had been reviewed and updated. A further six care plans were in need of review to ensure risks to people's health and welfare were mitigated.
- We did not follow up records in relation to people's fluids charts at this inspection. The provider told us the quality assurance system in place meant they were in the process of being reviewed.
- There continued to be no infection control audits in place. The provider told us they were in the process of putting this together. In the meantime, daily walk arounds of the building were taking place.
- An annual fire risk assessment was still outstanding although the provider had sought support from an external company. They had visited the home and were devising the risk assessment on behalf of the

provider. This will be followed up at the next inspection.

- The provider told us there had been not been any relatives meetings or surveys carried since the last inspection. They planned to hold a relative meeting once a registered manager was in post. The trainee manager and staff continued to speak to relative's by phone or in person at the home.
- The provider had looked at the surveys completed by people and staff. The survey was provided by the local authority regarding the standard of service. The provider told us they had looked at the themes around food, activities and staffing. Staffing levels had been increased, activity staff had started in post and the provider was engaging with a local company to look at the meals provided at the home. Improvements were needed to ensure this was fully embedded and to check if people were happy.

The failure to ensure the quality of service provision through effective governance was a continual breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- It was clear from speaking to the provider and trainee manager that they had taken on board the findings since the last inspection. Both felt positive that the home could be brought up to a good standard.
- The provider recognised that they required support to address the shortfalls following the inspection of 7 and 8 June 2022. They had made contact with a care consultancy company who planned to support the home.
- We spoke to the staff about the recent changes that had been made at the home. Their comments included, "Since last inspection many improvements have been made. All staff are working together. We are determined that home will not be seen as bad" and "We have good support here and lots of progress has been made. I have seen changes in the environment and also more structure".
- The home did not have a manager in post who was registered with the Care Quality Commission. The provider and trainee manager both had a presence and were managing the daily running of the home. The provider was in the process of interviewing for a registered manager.
- The provider had put together a staff training matrix since the last inspection. The training records in place were in the process of being transferred over to the matrix. This helped the provider identify the training which had been completed and the training that was outstanding.
- Improvements had been made to the oversight of the medicine management system. Audits were consistently being undertaken and identified any improvements that were needed.
- People were being empowered to lead meaningful lives. Staffing levels had been increased with the introduction of one full time and one part time activities staff member.
- A resident's meeting had taken place with further meetings planned.
- The people we spoke with were happy with how they were cared for. One person told us, "The staff are excellent. I know them all and get on well with them. All so friendly and kind".

At our last inspection the provider had failed to send statutory notifications about notifiable events to the CQC. This was a breach of Regulation 18 (Notifications) of the Care Quality Commission (Registration) Regulations 2009

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (notifications).

- Since the inspection of 7 and 8 June 2022 improvements had been made, with nine statutory notifications submitted to the Care Quality Commission. All services registered with the Commission must notify us about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The provider told us they were now aware of what needed to be

reported.

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

- We found the provider had improved its reporting of safeguarding referrals to the local authority. They had also submitted notification to the CQC.
- Throughout this inspection the provider acted with openness and transparency. It was clear they were keen to make improvements within the home and to put right any outstanding actions.

Working in partnership with others

- The service worked in partnership with the local district nursing team and GP surgery.
- The provider told us that they had engaged with the local authority commissioning team. The local authority had put together an action plan for the provider to follow since the last inspection. This showed the provider were completing actions. The local authority continued to visit the home. Some visits were unannounced.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to manage and assess potential risks to people. This placed people at risk of avoidable harm.</p> <p>These shortfalls were a continual breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 12 (2) 1 and 2</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems for monitoring the quality of the service and ensuring people and staff were kept safe were not always robust and had not identified obvious short falls in practice.</p> <p>These shortfalls were a continual breach of Regulation 17 HSCA RA Regulations 2014 Good governance. Regulation 17 2 (a)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure that staff were recruited in line with legislation.</p> <p>These shortfalls were a continual breach of regulation 19 (Fit persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

