

Embrace (England) Limited

Cedar Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This focused inspection took place on 12 September 2017 and was unannounced. This meant the staff and provider did not know we would be visiting.

Cedar Court provides personal care and accommodation for up to 69 people, some of whom have a dementia type illness and/or nursing needs. On the day of our inspection there were 46 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. However, the registered manager was no longer employed by the service. A new manager was in post who was managing the service and had commenced their application to be registered with CQC.

We carried out a comprehensive inspection of this service in October 2016 and rated the service as 'Good' overall. We carried out this focused inspection to look into concerns raised with the Commission that a number of safeguarding incidents had occurred within the service and had not been reported to us via statutory notifications. A notification is information about important events which the service is required to send to the Commission by law. This report only covers our findings in relation to these concerns. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk

At this inspection, we checked to ensure accidents and incidents had been appropriately recorded and dealt with, appropriate procedures were in place to protect vulnerable adults, staffing levels were sufficient to keep people safe, and people were protected against the risks associated with the unsafe use and management of medicines. We also checked to ensure the service was well-led. The ratings for safe and well led have remained 'Good' in line with the ratings allocated to these domains at our last comprehensive inspection of this service. We will check the ratings against these key questions again during our next planned comprehensive inspection of the service.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service.

The provider had taken seriously any risks to people and put in place actions to prevent accidents and incidents from occurring.

Staff were aware of how to protect vulnerable adults and clear instructions were provided on out of hours reporting.

The home was clean, spacious and suitable for the people who used the service.

Appropriate procedures were in place to ensure people received medicines as prescribed.

Records were kept securely and could be located when needed.

The service had a positive culture that was person centred and inclusive. Family members told us the manager and staff were approachable.

Staff felt supported by the manager and they were kept up to date via staff meetings and supervisions.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

Staffing levels were appropriate to meet the needs of people who used the service and to keep them safe.

Accidents and incidents were appropriately recorded and investigated.

The manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service well-led?

Good ●

Staff felt supported by the manager and regular meetings took place between the manager and staff.

Family members told us the manager was approachable.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.

Cedar Court

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 focused inspection took place on 12 September 2017 and was unannounced. This meant the staff and provider did not know we would be visiting. One adult social care inspector and a specialist advisor in nursing took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law.

During our inspection we spoke with two people who used the service and two family members. We also spoke with the manager, the peripatetic manager, a manager from one of the provider's other locations, a nurse and five staff.

We looked at the personal care or treatment records of four people who used the service. We also looked at medicines records, records related to the operation of the service and carried out observations around the home.

Is the service safe?

Our findings

We discussed staffing levels with the manager and looked at staff rotas. A dependency tool was used to calculate staffing levels. We discussed this with the manager and saw that staffing levels for all four of the units at the home were higher than the dependency tool had calculated. We observed sufficient numbers of staff on duty to keep people safe and call bells were answered in a timely manner. However, we did identify that the nurse on duty was extremely busy in their role. One of the care staff at the home had recently undertaken an extended training course to develop as a nursing assistant and when utilised in this role, it should reduce the workload of the nurse.

We asked staff whether there were plenty of staff on duty. They told us, "It's ok although we could do with more", "Staffing is ok" and "We are mostly fully staffed." People who used the service and family members told us, "There's plenty of staff", "Definitely safe" and "I'm well looked after, very safe." This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

We saw a copy of the provider's 'Safeguarding adults at risk policy', which described the procedure for when abuse had occurred or was alleged to have occurred, definitions of abuse and adults at risk, and the role of staff in reporting and investigating the incidents.

Following our last comprehensive inspection of this service in December 2016 the Commission received information which suggested that the provider had not appropriately safeguarded vulnerable people within their care. At this inspection we were able to corroborate this information and found there had been a number of incidents between January and April 2017 where vulnerable people had not been protected from abuse or improper treatment, because of the provider's lack of referral to the local authority safeguarding adults team, and the Commission. However, we also found at this inspection that these previous failings had been addressed.

Any incidents, or alleged incidents, of abuse were now appropriately recorded and a log was maintained by the manager of all safeguarding related incidents. The log recorded the date and time of the incident, who was involved, the type of incident and details of action taken. For each incident we viewed there was a copy of the safeguarding alert sent to the local authority and details of any actions or investigations that had taken place. For example, two recent medication errors had been identified. Appropriate action had been taken once the manager was made aware, the local safeguarding team were informed and internal investigations were taking place. Neither of the incidents had resulted in any harm to the people concerned.

From our discussions with the manager, it was clear they understood their responsibility with regard to protecting vulnerable people. There was an out of hours safeguarding and incident reporting procedure in place. Staff had received training in safeguarding, incident reporting and how to deal with behaviour that may challenge. The manager told us all staff had received face to face training in safeguarding and safeguarding had been discussed at individual and group supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and

supervision in the workplace. We saw records of these discussions and training records showed all staff had received safeguarding training in May 2017, which was after the provider's failure to safeguard vulnerable people early in 2017. Staff we spoke with had a good understanding of safeguarding and who to report concerns to. They told us, "There has been a lot of emphasis on safeguarding recently."

The provider had a 'Reporting of accidents policy'. We found accidents and incidents had been appropriately recorded and investigated. An accident analysis log was completed monthly, which recorded a summary of the accident, details of action taken and whether there were any identified trends. Individual accident and incident forms were completed and people's care records had been reviewed to reflect any changes to their care and support following the incident. Records showed that CQC had been appropriately notified of any relevant incidents. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Care records contained appropriate risk assessments that were regularly reviewed and up to date. A review of records showed that where people who exhibited behaviour that challenged, appropriate guidance and interventions had been sought from health care professionals. 'Keeping safe' support plans were in place to support the person and staff in these challenging situations.

People who used the service had Personal Emergency Evacuation Plans (PEEPs), which meant appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

The overall environment was clean and no obvious odours were present. The home was spacious and the building was in a good state of repair, with evidence of maintenance being carried out to the premises and equipment as and when required.

We looked at the management of medicines and saw medicines were stored in a secure designated room that also served as a work base for the nurse. Temperature records were recorded daily to ensure medicines were stored at an appropriate temperature. Medicines were stored in secure trolleys that were fixed to the wall when not in use. It was noted that stock medicines were stored in a locked, wall mounted cabinet, however, some stock medicines were also stored in a ground level unlocked cupboard. This was highlighted to the manager who agreed to take action to address this immediately.

We checked the refrigerator for medicines that required cold storage. We found two bottles of eye drops within the refrigerator that did not have dates of opening recorded. We highlighted this to the nurse who addressed this shortfall immediately.

We looked at a sample of medication administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. These were found to be accurate and sample signatures of nurses administering medication were in place.

Protocol sheets were in place for as and when required (or PRN) medicines. None of the people who used the service were in receipt of covert medicines. Covert medicines are medicines administered in a disguised form. Controlled drugs, which are drugs at risk of misuse, were recorded in a controlled drugs register. We checked the register and stock and found it to be accurate.

An annual competency check for all staff administering medicines was undertaken by the manager and staff training was up to date. This meant appropriate arrangements were in place for the safe administration and

storage of medicines.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager was no longer employed by the service, however, a new manager was in post who was managing the service and had commenced their application to be registered with CQC.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's personal information could only be viewed by those who were authorised to look at records.

The service had a positive culture that was person centred and inclusive. Family members told us the manager and staff were approachable. They told us, "You can go to the staff with anything and know it will get done", "[Manager] is very open, you can go to her with any concerns", "We've had a lot of managers recently but [family member] is happy, that's what matters" and "[Manager] seems nice. Don't really know her yet."

Staff told us the manager was approachable and they were kept up to date via regular staff meetings and supervisions. At the most recent staff meeting we saw the manager had announced that rotation of staff between the different units at Cedar Court was going to commence because "Everyone works for Cedar Court" and to help staff get to know all the people who used the service rather than just the ones on the unit the staff normally worked on. We also saw safeguarding and whistleblowing had been discussed at the meeting in response to recent shortfalls and failings in this area. The manager had stressed the importance of whistleblowing and had reflected to staff that "Recording and reporting was everyone's business."

The manager held regular meetings with heads of department so they could be kept up to date with issues within the home. We looked at the minutes for two recent meetings and saw the importance of safeguarding and whistleblowing was again discussed.

Between January and April 2017, we found the service had not submitted some statutory notifications to CQC. These have now been submitted retrospectively. A notification is information about important events which the service is required to send to the Commission by law. We are dealing with this outside the inspection process. At this inspection, we found the provider was meeting the conditions of their registration and statutory notifications were now submitted in a timely manner.

We discussed duty of candour with the manager and looked at the provider's policy. Duty of candour means providers must be open and transparent with people who use services and other relevant persons in relation to care and treatment, and any errors that may be made. The manager told us family members and other relevant people were informed straight away of any incidents and records we saw confirmed this.