London Residential Healthcare Limited

Cedar View Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
Cedar View Care Centre is a residential care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 65 people over three floors in one adapted building which includes one floor specialising in care for people living with dementia. At the time of our inspection the ground floor was closed for refurbishment.

People's experience of using this service and what we found
People did not always receive care that protected them from foreseeable harm, because risks such as those from choking and diabetes were not always managed in a personalised way.

There was a clear assessment process so people's care could be planned and delivered in line with good practice standards. However, although the provider was in the process of making care plans more personalised, there was not always enough detail for staff to provide person-centred care that took into account people's preferences and backgrounds. This included a lack of information about people's communication needs. We also found planned activities did not always take these into account, although there was a variety of things for people to do.

We have made a recommendation about making care plans more person-centred.

People and their relatives felt the service was safe. Staff discussed known risks regularly, including safeguarding people from abuse. There were enough staff to care for people regularly and they were recruited in a safe way. We found some errors in medicines records but judged that medicines were managed safely on the whole. The provider took appropriate measures to protect people from the risk of infection, in particular those related to the spread of Covid-19.

Relatives described staff as "amazing" and "excellent." People appeared well-kempt and there were systems to ensure people received the personal care they needed. Staff kept people informed about changes to their care and what was happening in the home, and supported people to stay in touch with relatives while they were unable to visit for infection control reasons.

There was an open culture where people and staff were free to express their views about the service. There were systems to ensure staff were aware of their roles and responsibilities.

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

Rating at last inspection
The last rating for this service was requires improvement (published 12 February 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
We undertook this inspection to check on specific concerns raised with us about neglect and poor standards of personal care. A decision was made for us to inspect and examine those risks. CQC have introduced targeted inspections to follow up on previous breaches or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

As a result of receiving this information, we undertook a focused inspection to review the key question of Safe only. We undertook a targeted approach to review parts of the key questions of Effective, Responsive and Well-led.

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

The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe section 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 Cedar View Care Centre on our website at www.cqc.org.uk.

Enforcement
We have identified a breach of the regulation in relation to safe care and treatment. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question good.

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question requires improvement.

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Inspected but not rated

At our last inspection we rated this key question requires improvement.

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Cedar View Care Centre

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team
This inspection was carried out by two inspectors working on-site and two inspectors working remotely.

Service and service type
Cedar View Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced. However, we contacted the home by telephone on arrival to check whether it was safe for us to conduct the inspection due to Covid-19 risks.

What we did before the inspection
Before the inspection we looked at previous inspection reports and notifications the provider is required to send to us about significant events at the service. We reviewed information and concerns we had received from relatives, staff and local authorities. We discussed the service with the local safeguarding team. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-
We spoke with three people who used the service and four relatives of people who used the service. We also spoke with eight members of staff, a senior manager and the provider's head of quality and compliance.

We reviewed a range of records. This included four people's care records and a selection of medicines records. We looked at staff recruitment records and other documentation such as minutes from meetings and policy documents.

After the inspection
We reviewed additional evidence we had asked the provider to send to us, including maintenance records and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

After our last inspection in November 2019 we recommended that the provider made risk assessments more personalised in order to understand better how risks may impact on individuals. At this inspection we found the provider had not made significant improvements to this.

● Risks were not always managed safely, because risk assessments were not always thorough enough to include details of how specific risks might impact on individuals. For example, one person needed assistance to eat but did not have a choking risk management plan. We were concerned about this because the person's bed was not functioning correctly meaning they had to eat while lying flat. Another person's care plan stated they had diabetes but there was no plan for managing the associated risks to their health, such as information about what should or should not be included in their diet. Although some risks were managed in a personalised way, we saw several other examples where important information was missing or had not been considered in risk assessments.

We judged the provider was not doing all they could reasonably do to reduce risks to people's safety and this placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff had regular meetings to discuss known risks, such as people who currently had wounds or infections, behaviour that challenged and management of people's health conditions.
● People and relatives felt the service was safe. One relative told us, "[My relative] is definitely safe." Another told us, "I am not worried about [relative's] safety. I trust the staff." They described how people were free to move around the home and take positive risks but were protected from foreseeable harm.

Systems and processes to safeguard people from the risk of abuse
● The provider had systems in place to protect people from the risk of abuse and escalate any concerns. Staff knew how to recognise and report signs of abuse and neglect.
● Staff told us they would be comfortable reporting any signs of abuse or poor care they witnessed. The provider reported and investigated concerns appropriately.

Staffing and recruitment
● There were enough staff on duty to provide people with the care they needed. Relatives told us there were always enough staff on duty, including qualified nurses, when they visited. Staff told us they were satisfied

with the staffing levels and did not feel rushed.
● The provider had adequate contingency plans to cover staff shortages in emergencies, including arrangements to provide cover in the case of an outbreak of infection.
● The provider used safe recruitment processes to protect people from the risk of being cared for by unsuitable staff. This included carrying out checks of identity and criminal records and obtaining references.

Using medicines safely
● Medicines were mostly administered and recorded in line with best practice. Although we did find mistakes on one set of medicine records, there was no evidence this was a widespread problem or indicated increased risk to people. We discussed this with the provider who demonstrated they carried out weekly audits of medicines to pick up and address such errors. We will check this again at our next inspection.
● Medicines were stored safely. They were kept in a suitable locked room at an appropriate temperature.

Preventing and controlling infection
● The premises appeared clean and free from unpleasant odours. Relatives were happy with the cleanliness of the environment. One said, "[Person's] room is always clean." Another relative told us, "It's so clean there. Everywhere is clean." Housekeeping staff used cleaning schedules to ensure every part of the home was cleaned regularly.
● Staff complied with Covid-19 infection control guidance with respect to, for example, social distancing and personal protective equipment (PPE). One person told us their relatives were always given PPE to wear when they visited during the pandemic. A relative told us about a socially distanced outdoor birthday party staff organised so a person could enjoy their special day with their family safely.
● The provider took additional precautions during the Covid-19 pandemic to keep people and staff safe. For example, staff had their temperature checked when they arrived at work and special policies and procedures were in place about additional infection control precautions. Staff told us they felt safe following the current procedures at work.

Learning lessons when things go wrong
● The provider had an effective system for learning lessons and improving safety in response to accidents and incidents.
● The system allowed the provider to identify trends in adverse events. This meant they would be able to anticipate when things might go wrong again and prevent this from happening.

Inspected but not rated

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.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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

- There was an assessment process to capture details of people's care and support needs, choices, likes and dislikes before they moved in so staff could provide them with the care they needed.
- The assessment helped staff gather the information they needed to deliver care in line with people's needs and choices, because it was used to create care plans and risk assessments.
- Relatives told us the assessment process was thorough. One person's relative told us the registered manager carried out an assessment that meant they "really know [relative's] likes and dislikes." Another relative described how the registered manager provided help and support with paperwork before their relative moved into the home.
- Staff had regular opportunities to discuss best practice so they would know how to deliver care in line with good practice and guidance.

Inspected but not rated

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

This meant people's needs were not always met.

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

● Care plans were not always personalised enough to enable staff to provide genuinely person-centred care. There was information about people's basic personal care needs, which staff were able to describe. However, information about people's preferences for how they wanted their care to be delivered, or how their background and experiences affected this, was often vague or missing. For instance, one person's care plan mentioned their family's nationality and stated, "I have a very rich cultural heritage" but there was no information about what this meant to the person. It did not look at which aspects of their culture were important to them or how they affected their day-to-day life, such as customs and food preferences. Another person's care plan stated they were "unable to communicate" and "just makes noise" but there was no exploration of whether or how the person used this noise, or other methods such as gestures, to communicate their feelings or needs. We found other examples where details that would have helped staff deliver personalised care were absent.

● Although more work was needed to further personalise care plans, there was evidence the provider was currently working on this. They had held a meeting with registered managers the month before our inspection to discuss how to improve personalisation of care plans, and showed us a recently updated care plan that contained more personalised information.

We recommend that the provider seek further advice from a reputable source about how to plan and deliver person-centred care.

● There were systems to ensure people received the personal care they needed, as staff needed to make an entry in an electronic system to show care tasks were done. Staff told us the electronic care system was efficient and helped them ensure each person received the daily care they needed. People had en-suite shower facilities so it was easier for them to access personal care.

● We observed people appeared clean and well-kempt. People told us staff helped them have regular showers and always made sure they had clean clothes. Relatives told us people's personal care needs were met and records confirmed people received personal care as set out in care plans. One relative said, "[Person] has her hair done every two weeks and always looks presentable. She has a choice of a bath or shower. She never smells." Another relative told us their family member's health had deteriorated over the years but staff had kept up with their changing care needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Although staff were able to tell us how people communicated, this information was in many cases missing from care plans. For instance, staff could describe how one person who did not communicate verbally could indicate that they were feeling sad or in pain, but there was no care plan relating to this so there was a risk that staff who were less familiar with the person would not know how to support them if they were in pain. Another person told us they were in pain, but we found they had no pain management plan in place. We discussed this with the provider, who arranged for the necessary care plan and pain assessments to be put in place.

● Relatives told us staff listened to people and communicated well with them.

● Staff made sure people had access to the information they needed. We observed one person telling staff they were unable to read the lunch menu. The member of staff assured the person they would show them a plate of each option so they could see exactly what was being offered.

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

● Although there were activities to keep people occupied during the day, people did not always receive support to follow their interests and take part in activities that were meaningful to them, because this information was not always recorded in care plans. Particularly for people who were not able to express themselves verbally, staff often did not have information about people's hobbies, the types of music they liked, what television programmes they watched or what jobs they had had. This would help them provide personalised activities.

● However, one person's relative told us staff took an interest in the person's hobbies as they were able to talk about these. Another relative said the activities coordinator was "lovely" and told us, "It's a nice, happy environment." One person's relative commented there could be more physical exercise on offer as they felt the exercise classes "could be more taxing." We saw staff engaging people in activities such as knitting and ball games. Staff told us when they had free time they spent it chatting with people. One member of staff said, "Sometimes it is just nice to be silly and laugh with them."

● Staff supported people to stay in touch with relatives and celebrate important days such as birthdays. We saw staff wishing one person a happy birthday as they went to join a birthday celebration staff had organised with their family. The home had introduced creative ways for people to stay in touch with loved ones while visiting was restricted during the Covid-19 pandemic.

Inspected but not rated

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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.

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

- Relatives described the registered manager as "truly wonderful" and "very professional and genuinely interested." A member of staff said the registered manager was "straightforward and honest." Although the registered manager was on leave when we carried out this inspection, we heard from people and staff that leadership was generally visible within the home.
- Staff told us they had opportunities to express their views about the service and felt they could do this openly. They told us they would feel comfortable speaking up about any concerns they had and we saw evidence that they could do this in staff meetings and via surveys.
- The provider made an effort to promote a positive working environment. They wrote to staff to show appreciation for their hard work and spoke with registered managers about maintaining an open culture.

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

- People's relatives told us the provider was open and honest and communicated well with them. Open communication was discussed as part of senior staff meetings.
- The home kept people and relatives informed about changes within the home or to people's care. They did this via newsletters and telephone calls. This included information reassuring relatives about how the provider was keeping people safe during the pandemic.

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

- Managers were clear about their roles in relation to quality improvement. Leaders told us about the plans they had in progress to improve the personalisation of care documentation.
- The provider communicated well with the registered manager. This included sharing regular policy updates and sources of advice and guidance.
- There were clear lines of accountability and staff were aware of whom they should report to, and to whom they could escalate any concerns they felt were not dealt with adequately.
- Staff attended daily meetings to discuss people's care needs and ensure all staff were clear about their roles.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to adequately assess and do all that was reasonably practicable to mitigate risks to the health and safety of service users. Regulation 12(1)(2)(a)(b).