

Cheltonian Care (UK) Ltd

# Cedar Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Cedar Lodge Care Home is registered to provide accommodation and personal care for up to 19 people, including people living with dementia. At the time of our inspection visit there were 18 people living at the home, with one person in hospital. Care is provided across two floors. A communal lounge and dining area are located on the ground floor. People's bedrooms are ensuite and there are further communal bathroom facilities located on each floor.

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

At our last inspection, we found improvements were required. Some people's health and physical risks were not always assessed and risks around safe medicines management were not managed effectively.

Environmental and fire safety risks were also not managed safely. The provider's systems of audits and checks had not always identified where improvements were needed.

Following the last inspection, we formally requested the provider to send us a monthly action plan telling us what they had improved and where improvements continued to be made at the service, with timescales. At this inspection, we found the provider's action plan had driven some improvements and risks associated with people's care were managed safely. Known risks relating to people's health and welfare and environmental risks were better managed.

The provider's quality assurance systems were improved and had begun to highlight where further improvements were needed. Management restructuring and reviewing their own audit systems through a critical eye had begun to identify improvement. With increased adaptations and improvements, the audit processes now need to become embedded into everyday practice to ensure its true effectiveness. This meant the provider was no longer in breach.

People received their medicines from trained and competent staff. We found improvements had been made in the management of 'patch medicines' and body maps were now in place to show where those medicines had been applied. However, we recommended the registered manager sought advice to ensure patch medicines were applied as directed when increased rotational administration to the body was required.

People who required 'as and when' medicines had a protocol in place to tell staff, when, how and at what dose, these medicines should be given safely.

Risks for some people were updated, reviewed and reflected the support people needed. Staff knew how to manage those risks. The provider told us they had spent time since the last inspection, updating people's care plans and they were more confident records supported positive outcomes for people.

People were pleased with the support and the quality of care they received. People were complimentary of staff and the management of the home and told us they felt safe receiving care and support from staff.

The provider had sufficiently trained and suitable staff on shift to meet people's needs. People told us they felt there were enough staff on duty to meet their needs. Where people had used their call bell to request a staff member, people said they did not wait long for assistance. The provider continued to follow safe recruitment processes.

During our visit, the home was in a COVID-19 outbreak which had impacted on staff availability. The management team stepped in to cover gaps in shifts to ensure people's needs continued to be met.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 12 May 2022) and there were breaches of regulations. Following this visit, the provider sent us an action plan telling us how they would improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced inspection of this service on 7 April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well Led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedar Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

**Good** ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

Details are in our well led findings below.

# Cedar Lodge Care Home

## 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 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 visit was completed by 1 inspector and 1 Expert by Experience. An Expert by Experience is someone who has experience of using this type of service.

#### Service and service type

Cedar Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Cedar Lodge is a care home without nursing care. Care Quality Commission (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 a registered manager in post.

#### Notice of inspection

This inspection visit was unannounced.

### What we did before inspection

We reviewed the information we held about the service, such as feedback from people and their relatives, statutory notifications, as well as any information shared with us by the local authority. 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. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people who received a service to get their experiences about the quality of care received. We spoke with 2 members of care staff, the registered manager and the owner. The registered manager was also 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 examples of 2 people's care records, samples of medicine records and associated records of people's care. We looked at records that related to the management and quality assurance of the service and risk management. We reviewed 2 staff recruitment files.

# 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 changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection, the provider did not demonstrate effective risk management to ensure people were protected from potential harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- At our last inspection, we found some people's health risk assessments required further information, so staff knew how to support people safely and consistently.
- At this visit, we found the management of risks to people's health and well-being had improved. Specific risks to people were identified, assessed and recorded. For example, for people at risk of falling, their care records provided staff with the right information to manage this risk. In one example, a person's health condition could contribute to increased falls. Staff had been provided with information to know what signs and triggers to look out for, to keep that person safe.
- Other risks for people around safe moving and handling were assessed and measures implemented to minimise those risks. For example, using specific sized slings and two staff where needed, to facilitate safe transfers.
- Staff we spoke with understood what might pose a risk to each individual person and shared with us the actions they took to reduce the risk of avoidable harm.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Using medicines safely

At our last inspection, the provider did not demonstrate effective and safe management of medicines to ensure people were protected from potential harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had

been made and the provider was no longer in breach of regulation 12.

- At this visit, we found medicines were managed safely.
- Following our last visit, the registered manager ensured everyone who required it, had a protocol for their 'as and when required' medicines. This helped to ensure staff followed a consistent approach and people received their medicines when needed.
- Patch medicines were administered as prescribed. Staff completed a chart to show where the patch medicines had been applied. However, this was not always strictly in line with manufacturer's guidance. The registered manager agreed to seek health professional advice to ensure staff continued to administer these medicines safely.
- Staff told us they received medicines training and their competency had been assessed to ensure they put their training and knowledge into practice.
- Staff told us they completed regular checks on stock counts of medicines to ensure any errors were identified quickly.

#### Staffing and recruitment

- The provider had policies to ensure staff were recruited safely and were suitable for their roles by conducting relevant pre-employment checks.
- We reviewed two staff recruitment files and saw appropriate references and their Disclosure and Barring Service (DBS) checks.
- People told us there were enough staff to support them. One person told us staff came quickly when they pressed their call bell for assistance.
- Staff told us there were enough staff to meet people's needs. One staff member said a recent COVID-19 outbreak meant some staff had gone off sick at short notice, which had impacted on staff numbers on a shift. The registered manager and management team told us they supported staff to help cover the shifts, to ensure people's needs continued to be met.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

The registered manager kept updated with government guidance. At the time of our visit, the home had an outbreak of COVID-19. Families had been made aware and were encouraged not to visit until the home was out of outbreak. When we and other health professionals arrived, we were told of the outbreak. If anyone was at end of life, visits for those people were supported to take place safely. When visiting restrictions were in place, telephone and internet calls were encouraged and supported so families could maintain contact.

#### Learning lessons when things go wrong



- Following the provider's action plan from our last visit, we could see they had taken positive steps to improve the delivery of service. For example, the provider had reviewed the whole of their quality assurance systems and begun to revise audits and checks to make them more relevant, learning from what they had identified themselves.
- Reviews of accidents and incidents regularly took place so any patterns or trends could be identified, and appropriate measures taken, to limit reoccurrence.

# 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. At this inspection this key question has remained requires improvement. This meant the service management and leadership was inconsistent.

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

At our last inspection, the provider did not operate an effective and robust quality assurance system to identify areas for improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17, but further improvements were still required.

- At our last inspection, we found systems to identify and monitor improvements were not always effective. There was a lack of effective oversight of people's individual care and support needs, risks identified within their care and any environmental risks.
- At this visit we found the provider had implemented an improved quality assurance system.
- For example, in October 2022 systems and processes to monitor the quality of recording, medicines management, care plans, environmental risks and risks associated with people's care had been implemented. The registered manager told us, "We have put in a lot of work and I can see the benefit of having more oversight."
- We reviewed examples of completed audits and checks. We found some of these were more of a tick box exercise rather than driving the changes needed. This was because those staff who completed these checks, did not demonstrate they had the right level of knowledge to identify weaknesses in the systems. For example, senior staff ensured water temperature checks were completed, yet we saw some had exceeded safe ranges. The registered manager and provider had completed their audit and signed them off as safe when they were not.
- We found where the need for improvements had been identified, these had not always been actioned in a timely manner. For example, people's bedroom checks identified some maintenance repairs were needed in September 2022, but these had not been completed.
- We discussed these issues with the provider and registered manager. They told us some of these issues had already been identified through their own internal scrutiny, and changes to processes had been made in January 2023. We were shown new systems to support this.
- The registered manager told us they were reviewing their whole processes and making refinements where needed. More time was required to show the true effectiveness of audits and for their quality assurance processes to become embedded into everyday practice.

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

- People's feedback was of a service that met their needs and wishes. We saw and heard people engaging

with staff and management in a friendly and inclusive way. Where people said they had raised feedback, the majority of people felt listened to and confident actions were taken.

- We received positive feedback from staff. Staff said they were happy working for the service and felt the staff team worked well together. They told us management supported them on shift and with any concerns they had.
- The registered manager told us they had been on a course to understand the role and responsibility of being a nominated individual with CQC. The registered manager said this course had highlighted the personal responsibility of this role and how vital it was to demonstrate and evidence, openness and transparency at the service through strong quality assurance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working with in partnership with others

- The registered manager sought people's feedback through day to day conversations and through feedback and surveys. People told us they knew who the managers were and they were approachable. People said they felt listened to.
- The registered manager continued to improve their knowledge around the regulations and what their responsibilities were as a registered manager and a nominated individual.
- The provider told us they continued to work with external consultants and training providers to help them improve their knowledge and skills.

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 registered manager submitted to us monthly action plans as per conditions on their registration to show us how they were monitoring their service.
- The provider had met the legal requirements to display the service's latest CQC ratings on their website.
- The registered manager and provider responded positively to both this, and our previous visit, and took steps to address the issues we raised to drive and improve the overall quality of service.