

Interhaze Limited

Cedarwood 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?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cedarwood Care Centre is a residential care home providing personal care for up to 38 older people and/or people with dementia. At the time of inspection 22 people were living in the home with 16 vacancies.

Cedarwood Care Centre accommodates up to 38 people in one adapted building. The accommodation is over two floors with a lift connecting the ground floor to the first floor. There is a dedicated managers office located on the ground floor and a staff room located in the converted loft area. There are usually five staff on day shifts including a senior carer as well as the registered manager. Nights are covered by three staff with managers available 'on-call' as required.

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

The quality assurance checks in place to drive improvement were not robust. They had not ensured the safety of care was sufficiently monitored. The provider told us that they had not completed audits since June 2021.

People told us staff were kind and caring and treated them with dignity and respect and we observed some examples of staff working in a caring way. However, there was a lack of systems in place to ensure the home was consistently caring and people were fully involved in their care.

People did not always receive person centred care and there were not always enough activities available for people to enjoy. People and relatives were not always consulted about their wishes about the end of their life and were not involved in reviews of their care. People, relatives and staff were not always given the opportunity to provide feedback.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests.

People, staff and relatives knew how to complain. The nominated individual understood their responsibilities under the duty of candour.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Rating at last inspection

The last rating for this service was good (published 08 June 2021).

The service was registered on 14 February 2014.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

The inspection was prompted in part by notification of a specific incident. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led 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 Cedarwood Care Centre on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to regulation 12, safe care and treatment and regulation 17, governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our effective findings below.

Requires Improvement ●

Cedarwood 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.

Inspection team

The inspection was undertaken by two inspectors on site and a pharmacist inspector off site.

Service and service type

Cedarwood Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider completed a provider information return on 10 March 2021. 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. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We also spoke

with five members of staff; a senior care worker, a cook and three care workers. Additionally, we spoke to the registered manager, the area manager, and the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records as well as audits and policies. We spoke with one relative and three professionals who regularly have contact with people who use the service.

Is the service safe?

Our findings

Assessing risk; safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risks to people's safety were not always assessed and action taken to manage identified risks. Care records and risk assessments did not always hold sufficient and up to date information on how to support people safely. We saw seven case plans and noted that three did not have reviews since April 2021. The reviews that we did see were very minimal stating 'case plan reviewed', without providing any further information or actions for staff to follow. This meant staff could not always manage risks and provide care people needed.
- We saw that one person's daily records showed that they 'ate well'. However, we observed that the person had eaten a very small amount from their plate. This was relayed to the area manager, who told us that this was a recording error and that they would investigate the matter with the member of staff involved.
- Weight monitoring records had not been maintained consistently for people who were at risk of weight loss and when people could not be weighed alternative ways to monitor their weight had not been explored. An incident occurred previously whereby a person who lived at the service had lost a substantial amount of weight and staff failed to identify and address this. As a result of the incident, the area manager has recently implemented a new system to monitor weight, nutrition and fluid intake.

There was no evidence that anyone had been harmed. However, people were not fully protected from the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) Health and Social Care Act 2008 (Regulated Activities).

The provider took action during the inspection to start driving improvements on matters that were brought to their attention. The area manager discussed training staff on recording quality and care plans were being updated with relevant information. The registered manager told us that communication support would be provided to staff.

Preventing and controlling infection

- We were somewhat assured that the provider's infection prevention and control policy was up to date. The provider's contingency plan and risk assessments for staff had not fully explored or mitigated all risks. For example, a storage room held two mops in standing dirty water which could pose a risk of infection. The provider took immediate action to remedy the matter.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. People had been supported to have named visitors coming into the home. The home had a separate dedicated 'visiting room'.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Staffing and recruitment

- People told us care staff were available when they needed help.
- Staff we spoke with told us they had verbal supervisions and felt supported. However, we saw no formal supervision records. The area manager told that they are in the process of implementing a formal system of supervision.
- Staff records were completed appropriately.
- Our observations during the day, indicated there were enough staff on duty to meet people's identified needs.
- We were told by the provider that- where needed- staff with English as a second language would be supported to improve English language skills prior to working 'one to one' with people living at the home. This was not evident during the inspection.

Using medicines safely

- Arrangements were in place to ensure medicines were stored safely.
- Staff explained to people why they were offering their medicines and supported people to take them safely.
- Staff completed medicine management training and competency checks were completed.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told that there has not always been training available ,however since Jan 2022 more opportunities for training and refresher training had become available.
- The training matrix showed that seven staff members had been identified by the manager as needing further training in areas such as care planning, risk assessment and manual handling/HOIST. Some staff had been identified as requiring Safeguarding training. The registered manager told us that training is a priority for them and now it is getting easier to source good quality training as they had difficulty previously.
- All staff we spoke to told us that they had received induction according to their job roles.
- Formal staff supervisions were not taking place. This meant that staffs concerns may not be addressed in a timely manner. Additionally, staff were not receiving feedback upon their performance and progression in their roles was not discussed formally.
- Staff told us that they enjoyed working at the home . One staff member said, "Things are getting better. [Registered Manager] is really taking an interest in us and how we are doing". This was in the context that the home did not have a registered manager for seven months until January 2022. The staff member explained that a lack of regular management support previously had meant support had been limited. They now had a registered manager who was available to answer questions at the service on a full time basis.

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

- Records show people were not always supported to eat and drink enough previously. There was an incident whereby a person who lived at the service was found by healthcare professionals to be underweight. However, since this incident new nutritional care plans had been introduced with a robust plan for all people living at the home which included weight management with ongoing fluid and food intake recording and monitoring.
- The food is centrally prepared at another service belonging to the provider and cooked in the home by a full time cook. We saw that there was enough food for all the people living at the service with two choices of main course as well as fresh vegetables. However, people were not regularly asked about what they would like to eat. The registered manager told us that every 'season' [3 months], a menu consultation was conducted with people who lived at the service and that this was used as the basis for weekly menus. We saw no evidence of a consultation with people who lived at the service. This is not conducive to providing people choice. One person said, "The foods great, but we don't have a say what's on the menu".
- People told us that the food was good. One person said, "I really enjoy some of the meals they give, it's

really tasty and filling".

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

- A healthcare professional who often visits the service told us that, "The registered manager and staff really take an interest in the people they support. They are always seeking advice and are willing to make changes as required regarding people's health".
- Oral care plans were available; however they had not been reviewed within the last year. This meant that the latest information regarding people's oral wellbeing had not been assessed and could lead to poor oral health.
- People told us, and records confirmed that the registered manager and staff work with other professionals to support people living in the home. We saw that people had been supported to attend external appointments, and that follow up appointments had been completed.
- People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the home did not support this practice. Mental capacity assessments had not been completed for some key decisions when people lacked capacity.

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

- The building was not dementia friendly. We saw pale and light colours used across the home on walls and flooring, which is not deemed suitable for people with dementia. There were no contrasting colours which helps people differentiate between surfaces. We saw no signage that supports a dementia friendly environment.
- During the inspection, we saw that the home was clean, and some parts of the building had been refreshed with paint and new fittings. We saw handrails were available and that the provider had installed a ramp between the dining room and main building. This meant that people with mobility issues had environmental support to help them move around the building easily.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that the provider was working within the principles of the MCA and that the registered manager had a good level of understanding around the principles. No people at the home were subject to DoLS at the time of the inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- While individual staff were kind and caring the providers systems and processes did not always mean that people always received a service that as caring.
- People felt well supported and relatives felt their loved ones were treated with kindness and compassion. A person said, "They (staff) are really good here. I moved here a (short) while ago and already they know what I like and hate." A professional told us, "They are really patient with (person with dementia)". They described a person who could get frustrated at times, and staff acted with compassion and respect.
- People and their relatives as well as professionals felt staff listened to them and they could talk to staff. A person told us, "They are very friendly, very caring and they listen to me. They know when I want to talk to them or don't".
- Staff knew people well and we saw a person taken outside to the garden area to visit with their dog who lives with the persons family member. The dog is brought to the service regularly and staff help the person stay safe outside whilst enjoying time with their dog.

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

- Residents house meetings did not happen. This meant that information was not always provided to people who live in the house effectively and people did not have a formal forum to discuss concerns or choices.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity. A person told us, "The staff always knock before coming in my room".
- People and their relatives felt staff encouraged them with independence. A person said, "Whatever I can do myself I do, but the staff encourage me. I sometimes try to clean my room myself and they don't take over but help me with difficult things".
- People told us staff took their time and did not rush them. A staff member said, "We have known some of the people living here a long time so know what their likes and dislikes are. This helps them trust us".

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

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

- Peoples goals were not always discussed with them at care planning and review stage. People and their relatives as well as professionals were not always involved in the development and ongoing review of their care. We reviewed seven care records and found no evidence in six records of discussions with people or their families. Reviews were not regular and the six records we saw simply stated 'Care plan reviewed', without any evidence of discussion with people. We saw one care plan which had been created recently that showed discussions with people around choices and the plan was person centred. The registered manager told us that they are in the process of updating all care and risk plans telling us "The previous manager had not completed them, but we are reviewing everyone now".
- Staff were not kept informed about changes in people's care and support needs by the registered manager, as all care plans had not been reviewed regularly. This meant that staff did not always have the most up to date information about people's choices to support them in the best possible manner. However, we were told by the registered manager that changes were discussed verbally and sometimes during staff handover.
- We saw no evidence of any discussions between the staff and people who lived at the home regarding activities. Care plan records did not list people's past interests and hobbies. We saw board games and colouring pads in the lounge, and we saw an activity of people creating cards. There were no activities calendar and two people told us that they usually just liked to chat. Staff told us that they would provide activities when people wanted to do something.

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.

- Where people's communication abilities were limited, they did not have communication care plans in place to support staff to know how best to interact with them. However, we saw staff communicating well with people who had communication difficulties. Some staff knew people well and had a good level of awareness of people's communication needs even though there was no plan to support them. We saw a staff member using simple language and crouching so that the person could see their face easily. We also saw another instance where a staff member was standing and talking to a person who was seated. This meant that the person was unable to look at their face and communicate easily. A communication plan

would help all staff understand individual needs.

- The provider told us they would provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or using translation services to communicate with people who did not speak or understand English. There were no care plans in an alternative format, and the provider explained that it was not required for current people who lived at the home.

Improving care quality in response to complaints or concerns.

- People and their relatives were aware of how to raise concerns or complaints with the provider. The provider, registered manager and staff responded appropriately.

End of life care and support

- The provider was supporting one person at the end of their lives. There was no record of discussions having taken place about the persons end of life wishes. However, the person told us that they had spoken to staff about their wishes. Staff we spoke to knew that the person wanted their relative to deal with their end of life requirements. The person told us they were satisfied with the care provided.
- The registered manager told us that they would be looking at end of life planning in detail as part of the new care planning regime implemented since January 2022. However, this was not in evidence during the inspection.
- Where people had a Recommended Summary Plan for Emergency Care and Treatment (ReSPECT form) these were held in their files. Staff knew where the forms were able to tell us that they would be used in the event of an emergency with the registered managers approval to provide the best information.

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 requires improvement. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- There were no robust auditing systems to ensure care plans had adequate guidance for staff to follow. The provider told us that they had not ever completed any audits including care plan audits. Care plans for seven people were inspected and six did not include detailed guidance that would support staff to provide care, that considers people's personalised wishes and decisions. This meant that staff may not have guidance on how to meet people's needs.
- There was no system in place to monitor accidents and incidents. There was no oversight or systems in place to analyse information and use lessons learnt to reduce the likelihood of re-occurrence. Staff were not invited to share lessons learnt to facilitate better incident management.
- Systems in place had failed to identify that the provider was not following their own policies. We found that three out of the seven risk assessments we checked had not been updated since April 2021. Some had been reviewed, however the review notes state 'care plan reviewed' with no further information. The provider's policy stated these should be updated monthly or when there is any change in risk.
- Systems to monitor the home had not identified that Smoking risk assessments were consistently completed.
- The provider's systems not identified that they had not sought to find out people's views and wishes regarding their end of life wishes. However, the provider told us that the new care planning regime implemented in January 2022 would address this. This was not evidenced during the inspection.
- The provider's systems had not identified that all staff had received training and were knowledgeable about whistleblowing and safeguarding policies.
- Systems to ensure people were receiving person centred care and were engaged and involved in activities they enjoyed had been ineffective. We found no evidence of people taking part in activity decisions or planning.
- We saw that some chemicals such as hand sanitiser was stored in an unlocked cupboard and this meant that people could gain access to substances harmful to their health if ingested. The provider told us that the door was meant to remain locked and that staff had forgotten to do so. There was no signage on the door reminding staff to keep it locked.
- Environmental maintenance checks had not identified that an extractor fan in a first-floor shower room was not working. This had contributed to mould growing in the corner of the shower room.

- We found that there were that there were screws in door furniture that were protruding. The doors were in communal areas that were used by staff and people who lived in the home. This meant that staff and people were at risk of injury.
- There is no effective system to ensure that people's views on their service was regularly obtained. The last residents meeting was held in August 2021. The policy for 'residents' meetings' is that they should occur monthly. There is no evidence that any actions are taken from the meeting held in August when people expressed views.
- Systems to ensure that staff understood and implemented training were not effective. We noted that some staff did not fully understand Safeguarding and Whistleblowing.

The provider's failure to ensure that effective systems were in place was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Regular staff meetings were not held, however staff told us how the manager was making improvements to the service. One staff member told us, "This manager listens and knows what they are doing, the provider is a very kind person and always helpful". They explained that the registered manager had recently returned to the service after a period of other managers who they had found were not as responsive. They added that the registered manager had started implementing positive changes such as restarting team meetings, with one due to be held imminently. The registered manager told us that they communicate information verbally when they see people during the course of the day.
- People and relatives told us they knew who the registered manager was and that they were approachable.

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; Continuous learning and improving care.

- The provider and registered manager were open and transparent during the inspection and demonstrated a willingness to listen and improve. The provider, area manager and registered manager had begun to make changes and improvements to the service, however further improvements were required. They explained that there had been a period of seven months where the service did not have a regular manager and the provider told us, "Things went wrong", with regards to oversight of the home. The previous registered manager returned to the home in January 2022, and had started to make improvements. For example, they had started to update some of the care plans, were reinstating team and house meetings and had completed diet and nutrition plans with the area manager.

Working in partnership with others

- We saw that the provider worked in partnership with several different professionals to ensure that people's needs were met. For example, social workers, district nurses and pharmacists.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment failure to provide care planning effectively and review

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance failure to have systems in place to audit

The enforcement action we took:

WN issued