Voyage 1 Limited

Cedar Road

Inspection report

48 Cedar Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Cedar Road is a residential care home providing personal care for up to nine older people, some of whom are living with dementia. At the time of inspection seven people were living in the home.

Cedar Road accommodates people in one adapted building. The home has a 'training kitchen' adapted for use with wheelchairs and a communal seating/dining area. People had en-suite bedrooms. There are usually five or six staff on day shifts including a senior care worker, care workers, and the registered manager. Nights are covered by two staff with management on-call as required.

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

Staff used handover notes to record the contact and support given to people. This meant that staff coming onto the shift had access to up to date information about the care and support provided. Care plans and risk assessments identified people's support needs and staff had a good understanding of the support people needed.

Medication audits were regularly completed, however we found inconsistencies in how, 'As and when required' medication (PRN) was given.
Feedback about the service, from people who lived at the home and those close to them, as well as professionals was mostly consistent and positive. However, some people told us that they were not happy with the quality of food available in the home.
Infection Controls were not always in strict accordance with good hygiene practices.
Leadership decisions about encouraging independence meant that people were encouraged to do as much as possible for themselves to promote independence. We saw a training kitchen which had been designed specifically for people living at the home and equipment that raised and lowered to accommodate wheelchair access. People and their relatives were encouraged to be involved in care planning and reviews.

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.

People were treated with kindness and compassion. People felt well-supported. People were listened to and could express their views. People's privacy and dignity was maintained.

People, relatives and staff expressed confidence in the registered manager, and were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

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

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

This service was registered with us on 7 August 2014. .

Rating at last inspection
The last rating for this service was Good (published 11 August 2015).

Why we inspected
We received concerns in relation to complaints made to the CQC. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and well-led only. The complaints focussed upon a lack of care within the home as well as allegations regarding Safeguarding.

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 remained Good based on the findings of this inspection.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedar Road on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we 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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Cedar Road

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.

Service and service type
Cedar Road 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 nominated individual 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 regularly visit the service. The provider had completed a provider information return on 07 June 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 three people who used the service and one relative about their experience of the care provided. We also reviewed complaints, compliments and surveys, which gave us further insight into the quality of people's care and what it was like to live or work at Cedar Road. We also spoke with seven members of staff including the registered manager, the deputy manager, and five care workers.

We also spoke with the Operations Manager. The Operations manager supports the registered manager to manage the home.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five 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.
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.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The registered manager sent us additional information including people's individual stories and activities which were specifically designed to support people manage the concerns around COVID-19 and the sense of isolation. We spoke with one healthcare professional who regularly visits the service and one person's social worker.

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment;

● There were enough staff to meet the needs of people and we saw that people did not have to wait long to be assisted when they required help. However, we were concerned that a high number of staff vacancies meant there were not enough staff available to cover staff time off or absences. Staff told us, "We always do overtime as we feel bad for the people living here if there are not enough people who know them well, they could be at risk". They said that they were not forced to do overtime, and that it was a choice. One staff member said they felt 'demoralised and tired' and others agreed.

● The registered manager told us that they were finding it increasingly difficult to recruit new staff after a large number of staff had left to take up other positions. They told us that they would be able to use agency staffing in case of staff sickness and people leaving the role.

●There were opened food items in the fridge were not always clearly labelled with dates of opening. This meant people and staff could not be sure if they were safe to eat.

● The provider was completing Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS)and work history checks and references alongside matching appropriate skills and experiences to roles.

● Staff understood their responsibilities in relation to medicine management. Staff told us, and records confirmed, they had received medicines training. Staff had their competency assessed to ensure they followed safe medicine practice. Spot checks were completed regularly by senior staff to ensure that training was effective and appropriate to the needs of staff.

Preventing and controlling infection

● Toilet brushes in people's bathroom's had soiled matter in the drip tray and this had not been cleaned or replaced.

● Used lateral flow devices were left in a sealed box in a communal area. We were assured this was not usual practice and the waste was removed.

● Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment (PPE) was available to them when they needed it.

● 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.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely;
● Some people had medicines prescribed 'as required' (PRN) medicines. However, protocols in place to ensure staff took a consistent approach when supporting people with these medicines were not always clear. This was discussed with the registered manager. The registered manager told us that they would ensure that RPN protocols would be revisited to make sure the directions for administration were clear.

Systems and processes to safeguard people from the risk of abuse
●Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "We work with people who have had brain injuries. It can happen to any of us so we have to make sure we protect them as they often can't protect themselves".
● Staff were able to describe high risk situations and actions to take. The registered manager told us, "Safeguarding is key to a safe service. That is why we focus upon our processes in Safeguarding by ensuring staff are confident in reporting concerns".
● Appropriate safeguarding investigations had been carried out. The registered manager and operations manager analysed such events, as well as incidents and accidents.
● Staff were appropriately trained in safeguarding so that they had the skills to protect people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● People and their relatives told us they felt safe in the home. One person told us they, "I love fishing, but all the risk assessments had to be done before I could get my licence and go fishing. It took some time but staff explained why they needed to make sure I was safe".
● Risk assessments identified people's individual support needs and ways to help people stay safe. People had been involved in risk management. For example, one person's risk assessment identified that the sling they wore could get burnt when they smoked. The registered manager tried different methods to protect the person and the sling whilst ensuring that their wish to smoke was respected.
● Staff and the registered manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need and people and their relatives or professionals were involved in this process. One healthcare professional said, "Staff will always ask about how certain issues will impact upon the person, and how to minimise that risk".
● The registered manager had undertaken risk management related to the environment to ensure people were safe by having Personal Emergency Evacuation Plans (PEEPS) in place.
● Appropriate assessments had been made for one person who had difficulties swallowing or was at risk of choking. We saw detailed care and risk plans which identified the difficulties. Speech and language therapy (SALT) assessments had been completed for one person with appropriate actions such as support during eating and drinking.

● Systems were in place for all accidents and incidents to be reviewed. The registered manager and operations manager identified any patterns and trends to ensure people were safe and any future risk was reduced. The registered manager analysed incidents by tracking them to highlight trends and concerns to the operations manager. The registered manager identified actions to take to prevent reoccurrence and lessons learned were discussed at team meetings.

Good

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. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Several staff told us that they felt, 'demoralised and tired' due to the fact that the home did not have a full complement of staff on the rota. They stated that they did overtime shifts every week to meet the needs of people living at the home. Staff were able to choose not to do overtime, as the registered manager was able to provide agency staffing.
- Staff told us that they were supported by the registered manager, but they felt more could be done to alleviate the pressures felt by increasing pay or conditions. One staff told us, "We used to get higher pay for overtime, so it felt worth it. Now they have taken that away. The only reason we do overtime is for the people living here".
- People, relatives and professionals told us that staff had the right skills and knowledge to care for them well. One relative told us, "My relative is well looked after as the staff try to help them be more independent".

- The registered manager ensured staff had support to develop their skills through a flexible and robust approach to training. Staff told us that specialist knowledge such as Hoist usage was always face to face with a manager guiding and assessing competency.
- Staff told us they had a comprehensive induction process which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. They told us training was engaging and kept them interested.
- Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to commencing care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- People's needs and preferences were met by staff who knew them well. One person said, "The staff ask what I like, and dislike and they help me do it".
- One person had an interest in fishing and staff had supported them to obtain a fishing licence. They were very excited about going fishing and we saw staff supporting this activity on the day of inspection.

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

- Cedar Road is an adapted building which has two floors. The ground floor is used for people who have

higher needs and reduced mobility, whilst the first floor is for people who are supported to be more independent. All rooms are en-suite to promote dignity and privacy.

● The home was clean and generally well decorated with facilities specifically constructed around supporting independence. For example, the home had a 'training kitchen', which had work-surfaces including sinks and cooker which could be lowered for ease of accessibility for wheelchair users. A person told us, "This is great because I can make my own drinks and feel good about myself. I have learnt how to cook here, and this will help me when I move into my own flat soon".

● One person's room was in the process of renovation. The person told us that renovations had taken a 'several months'. The person told us that the renovations had not impacted upon their safety or security, however they did not like the state of the room. The registered manager told us that it was difficult to move the person to another room due to room suitability for the person's specific needs. However, another person was moving out imminently, and that the person would be moved to the other room whilst the remaining work was completed.

● Plans were underway to improve the garden area for people. Grass had been replaced with paving to improve accessibility and people had been consulted about how they would like the area to be decorated.

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

● The registered manager told us that the kitchen area and fridges were left accessible for people living in the home to access as they wished. This was to promote independence. However, we saw that there was very little food in the fridge. There some unhealthy options such as processed foods, both chilled and frozen. We saw no fresh fruit or vegetables. The registered manager told us that this was due to the fact that shopping had not happened that day. However, staff told us that there was regularly a lack of fresh fruit and vegetables with which to cook. The registered manager assured us that they would discuss the matter with people and staff and plan better shopping protocols. People living at the home did not complain about the food or lack of fresh fruit and vegetables.

● Staff played an essential role in supporting those people who required it, to eat; helping people to live healthier lives, which included eating well and stabilising weight, following moving into the home or after staying in hospital. They told us they cooked with people and assisted some with cooking tasks, where this had been care and risk planned.

● We observed the support staff gave to people during a mealtime. One staff member offered a gentle, encouraging approach to a person and ensured they recorded what the person had eaten and drunk.

Staff working with other agencies to provide consistent, effective, timely care

● Staff knew people's needs well and ensured that any changes in a person's condition were noted and discussed with the healthcare professionals and the deputy managers, as well as keeping families informed. A healthcare professional told us, "The staff really make sure that every detail is taken into account and discussed. They know that brain injuries can cause behavioural changes and adjust their approach accordingly".

● Staff worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.

● We saw from records that staff work cooperatively with other health and social care professionals such as GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.

Supporting people to live healthier lives, access healthcare services and support

●All care plans included appropriate healthcare plans with details on appointments and assessments on future needs. Appropriate discussions with healthcare professionals were recorded in notes for ease of access.

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 Act 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 they were.

- The managers and staff were working within the principles of the Act.
- Best interests assessments were completed. These assessments were updated as required, and the registered manager arranged best interests meetings where needed. We saw examples of people being asked about their care and consent was always sought to provide personal care such as wiping a person's mouth.
- Relatives told us they observed staff gaining consent from their loved ones.
- People told us, "(staff) will always talk about my personal care and make sure they don't do anything I don't want." We observed a staff member ask if a person wanted a shave in the morning prior to going out for an activity.
- Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care.
- Staff had received training in mental capacity and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA. They knew that they would need to ensure any decisions taken are risk assessed and in line with care plan objectives.

Good

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 Good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Medication audits provided regular oversight of any irregularities with action plans. Medicines audits were completed by senior staff and overseen by the registered manager who compiled the action plans. However, there was a lack of consistency in the quality of auditing as it had not highlighted the inconsistencies, we found within PRN medication. Body-maps had not always been completed where required. However this was for 'over the counter' creams and would not have caused harm.

- We saw an extensive training matrix which showed staff were provided with effective training to meet the needs of the people living at the home. Training was selected according to the needs of people living at the home. We saw evidence of staff receiving training to support a person who had a hearing impediment.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. We saw notes and schedules that reflected this. This gave staff the opportunity for learning and development.
- The registered manager had notified CQC of events which had occurred in line with their legal responsibilities.

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

- The staff and registered manager demonstrated a person-centred approach for the people they supported. People and families told us they had choice and control and were involved in day to day decisions.
- Care plans considered how the environment may impact people with acquired brain injury. For example, people's perceptions of colours, smells and sounds were documented.
- Care plans showed that people were supported to explore activities they enjoyed and promote their independence. For example, it was documented that a person newly admitted to the home enjoyed cooking. Support plans detailed how therapy sessions could help the person to prepare meals.
- British Sign Language training for staff had been provided as one person living at the home was hearing impaired.
- People described the quality of the service as good with one person telling us, "Things have become better with the new registered manager. They have helped me move into my home soon as I want to live by myself".

● People felt well supported and staff, people and relatives expressed confidence in the management team.
● Staff practice, culture and attitudes were monitored. We saw from audit documentation that management undertook spot checks and competency assessments on the staff team. This enabled the registered manager to monitor the staff team and ensure the delivery of good care. Staff were very attentive to people's needs and used appropriate language in interactions.
● Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

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 and operations manager understood their responsibilities in relation to the duty of candour regulation and were able to discuss how they would meet this requirement. They did this by ensuring that their policies around whistleblowing were well communicated and understood by staff and families, and that staff were aware of safeguarding requirements.

Continuous learning and improving care
● The registered manager completed quality audits that looked at patterns of complaints, incidents and the training of staff and managers. They were supported and monitored by the provider's larger external training team. This meant that the home's leadership team were better informed of competencies and were able to call upon resources as and when required. Action plans were completed from audits, when concerns were highlighted. However, some audit documentation did not identify all concerning areas.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People, their relatives and staff were given the opportunity to give feedback via discussions. This gave them the chance to express their views and opinions. Feedback was used by the registered manager to inform decisions at the home such as menus and visiting.

Working in partnership with others
● Where people requested, the staff would communicate with external professionals on their behalf. Support plans evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.
● We saw that staff worked with local healthcare services as well as social services to deliver care that the person needed.