

Cheltonian Care (UK) Ltd

Cedar Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

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 15 people living at the home, with an additional two people currently in hospital. Care is provided across two floors. A communal lounge and dining area were located on the ground floor. People's bedrooms were ensuite and there were 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 concerns related to the management of risks, management of staff recruitment, systems to monitor deprivation of liberty safeguards and effective oversight of the service which did not meet the regulations. At this visit, we found some improvements had been made but further improvement was still needed.

In response to our last inspection the provider told us additional staff were trained in fire safety checks and systems to monitor fire check completion was improved. They also said the management team had created a new checklist to audit monthly as well as reminders to ensure checks were completed which included better oversight of staff recruitment files.

However, we found a continued lack of oversight to ensure standards were maintained. Some areas previously identified as a concern, remained.

Audits such as medicine management, identifying environmental and health risks were either not completed or they were ineffective in identifying where improvement was needed. Several improvement actions we found during our visit had not been identified through any provider checks at the service. The provider's response to our last inspection and action plans had not always been implemented or effectively followed through.

Not all medicine records lacked detailed information to confirm safe management, especially around pain patch medicine application and PRN protocols. Systems to monitor safe medicine storage in refrigerators was not effective.

Environmental risks such as fire safety required improvement. Some fire doors did not close at all, while others closed at varying speeds. Staff who completed fire safety checks had not received sufficient training to identify and rectify potential issues.

People were involved in consenting to day to day life choices, however consent for the provider to use CCTV in communal areas had not been considered, consented too or reviewed. On the second day of our visit, the registered manager turned the CCTV system off to consider its ongoing use and consent from people.

People spoke positively about their experiences living at Cedar Lodge Care Home and the quality of their

care that was provided by a consistent staff team. People's feedback was sought through meetings and surveys as well as through conversation when care was provided.

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.

Staff told us face masks were worn when providing personal care and staff wore masks when they supported people around the home. The home was clean and tidy and good infection control practices were followed.

Staff understood their responsibility to report any concerns to protect people from the risk of abuse. There were enough staff on duty to support people, and people told us they felt safe living at the home.

Staffing levels met people's needs. People told us staff supported them in an unrushed manner and staff were able to respond to requests for support without minimal delay. People felt staff were trained because they knew what to do when supporting them.

Staff completed an induction process and were confident in their role. The registered manager promoted staff development and encouraged staff to attend additional training to enhance their skills and knowledge.

The registered manager and provider welcomed the inspection and following our visit, had begun to take steps to address some of the issues identified. This included seeking support from an external consultant and they were awaiting a fire authority visit planned for end April 2022.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 September 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show us how they would improve and by when. At this inspection we found some improvements had been made, however, the provider remained in breach of regulation.

Why we inspected

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, Effective and Well-led which contain those requirements. 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 not changed. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedar Lodge Care Home on our website at www.cqc.org.uk.

Enforcement

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 COVID19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified a breach in relation to safe care and treatment and a breach related to good governance. 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 from 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 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective 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 was carried out by one inspector who visited Cedar Lodge Care Home on 7 April 2022. Two inspectors returned on 8 April 2022.

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. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means the registered manager 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 first day of the inspection was unannounced. The second day was announced.

What we did before inspection

We reviewed information we had received about the service. We used any information the provider had sent us from their annual Provider Information Return. 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 also reviewed the information we held, such as people and relatives' feedback and statutory

notifications, as well as information shared with us by the local authority. We also reviewed the action plan the provider sent us following our last inspection where the provider told us what improvements and ways they would ensure, actions were taken and continually monitored. We used all this information to plan our inspection.

During the inspection

We spoke with seven people to get their experiences about the quality of care received. We spoke with six members of care staff and a cook. We also spoke with the registered manager and two directors.

We reviewed a range of records. This included three people's care records and samples of medicine records and daily records. We also looked at records that related to the management and quality assurance of the service, fire safety and environmental risks, three staff recruitment files and records for infection control and risk management.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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 stayed the same. This meant people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks related to the health and safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The environment and systems in relation to fire safety had not been identified and updated where required. Staff were not trained to correctly identify potential safety risks.
- Informal checks of the building and equipment safety were completed, however those checks failed to identify where improvements or action was needed. For example, requiring suitable window restrictors.
- The provider audit processes did not include a robust system to ensure such checks were completed by trained staff, therefore safety issues had been left unnoticed.
- Risks associated with some people's care and support, did not fully explain or tell staff, how to mitigate those risks. For example, risks around people smoking or for people who had a catheter, risk assessments had not always been recorded or those specific risks considered.

Using medicines safely

- Risks related to safe administration were not always followed. This was because safe practices were not incorporated or considered.
- For example, patch application medicines were recorded when administered, but not where. This meant if a staff member had to reapply a patch medicine, there was no record of where the next patch was required.
- We found two people did not have an 'as and when' protocol to tell staff, when to give these medicines, why it was required and in what dose.
- Regular checks of medicine administration records were completed; however, these checks had not identified the issues we found. The lack of effective systems had potential to put people at risk of harm.
- Not all medicines were stored safely. Some medicines required refrigeration, yet daily temperature checks went unrecorded.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to complete effective checks to ensure fit and proper persons were employed. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- We looked at three staff recruitment files during this inspection visit. We found some improvements to the systems which directed the provider with what they had to check and record.
- However, employment gaps still existed in some files and following our discussion, the provider agreed to be more specific with recording dates of employment. References were on those files we reviewed.
- We found one recruitment file had not recorded whether a DBS check had been completed. Disclosure and Barring Service (DBS) checks provide information including details about criminal convictions. The information helps employers make safer recruitment decisions. The director said it had been requested but was not on file. The director told us there was a recorded conviction and whilst they had considered any risk around this, those risks and actions were not recorded.
- There were enough staff to support people and people said they got on well with staff who knew them. One person said, "We are treated like a human being. What more could I want? The staff have a laugh with you. The staff all work together and there are enough of them. I am never left waiting for help. I've got a bell upstairs. You've only got to pull it and the staff are there. I am ever so safe."

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 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 somewhat assured that the provider's infection prevention and control policy was up to date. We reviewed the providers business contingency plan and COVID-19 plans. We signposted the provider to sources of information to ensure there was a clear structure of responsibility and accountability, and to include information about other infectious diseases or outbreaks and which agencies would need to be notified.

Learning lessons when things go wrong

- Incidents were followed up and where appropriate, measures were put in place to mitigate the risk of reoccurrence. We saw evidence from that analysis, increased support from other external health professionals or obtaining additional equipment, helped support positive outcomes for people. Individual incidents were followed up but the wider analysis of themes of trends across the service was an area the provider had plans to improve.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they were happy with their care and support and that they felt safe when staff supported them. One person told us, "I am absolutely content here and I have good friends." Another person shared their experience, "It is lovely here - everyone tries to help you and it is a happy home. There is

always a happy atmosphere. The staff are lovely and very helpful." This person went onto tell us, "I feel very safe here -never any concerns about safety in this place."

- Staff told us they had received training in how to keep people safe. Staff were confident to raise concerns with the registered manager.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to appropriately assess people's capacity and to make necessary applications under the deprivation of liberty safeguards, especially when restriction periods had elapsed. At this inspection, we found some improvements had been made.

Assessments had been completed for people in relation to their care and support needs. This meant that people's rights were fully protected.

- MCA assessments were completed for those people who lacked capacity. In four examples we saw, best interests' meetings for people were held. Records showed involvement of the person, family members, staff and/or professionals.
- Where people had restrictions placed upon them, authorisations were approved. However, we found one person's restriction period had expired with no application made to reapply or reassess. The registered manager agreed to complete this immediately.

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

- People had their needs assessed before they moved to Cedar Lodge Care Home. Assessments formed the basis of their care plans.
- People's needs were known and guidance on how staff met them was recorded. People told us staff were consistent with their delivery of care and their choices were respected. During our visit, we heard and saw staff asking for people's consent, particularly in relation to food and drink, where they wanted to sit and what they wanted to do. One person told us, "I can have bath or shower whenever I want to. I choose when I

get up and when I go to bed."

- Staff understood the importance of consent and seeking people's involvement in their care choices.

Staff support: induction, training, skills and experience

- The provider used a bespoke training and induction programme that was similar to the care certificate. (The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors). Staff's induction included face to face and online training, plus shadowing opportunities.
- Staff received support through supervisions and competency checks on their practice.
- Staff training was refreshed at key intervals and some additional learning was provided through guidance on specific health conditions, such as Parkinson's or diabetes.

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

- People were supported to have enough to eat and drink. One person said, "We always have a drink here. I am never left thirsty and always with meals."
- We saw mealtimes were relaxed. Tables were arranged into small groups across the dining area and people were offered a choice of drinks to have with their meal. People could have their meals in other areas of the home if they preferred.
- People could choose an alternative food choice if they did not want what was on the menu. One person explained, "Food is very good usually... the option they offer is always something I like. I know they would make me something else if I asked but I don't need to."
- The cook told us people could have whatever they wanted if they changed their mind about their meal.
- People's individual preferences along with dietary needs were known by all staff. The cook knew which people required specialist foods or diets.

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

- People had a summary of care needs, risks and communication needs. This 'snapshot' information could be used when transferring between services such as a hospital admission.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff. This meant people received up to date support to meet their health needs.
- People received health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors, district and community nurses.
- The registered manager and staff told us they worked well with all professionals and were comfortable seeking their input and advice when needed.
- Health and social care professionals were positive about how care was sought for people in a timely manner. One visiting health professional said, "The staff are very willing to take on things we advise. They managed very well in COVID-19. They were one of the few homes who responded well." They also shared with us, "Staff regularly check on people. Whenever we come the information about people is readily there. Because the observations prior to us coming have already been taken we can monitor people better."

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

- Cedar Lodge House was an older style building. Refurbishment improvements had been made where necessary and regular checks on utility services ensured it met people's needs. There was no lift but at the time of the inspection no one required the use of a lift. Stair lifts were in place should people need support to transfer between floors.
- Rooms were decorated and updated when they became vacant and as required. People were encouraged to bring in their own personal belongings with them; we saw people's rooms were personalised to them.

- There was access to the garden and various areas for people indoors and outdoors to enjoy.

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 stayed the same. 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.

At our last inspection the provider had failed to put in place robust systems to monitor the service, identify areas for improvement and take action to protect people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation.

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

- Systems and processes continued to lack effectiveness to sustain improvements and to maintain oversight of the service being provided.
- In response to our last inspection the provider told us additional staff were trained in fire safety checks and systems to monitor fire check completion was improved. The management team said they had created a new checklist to audit monthly as well as reminders to ensure checks were completed, which included better oversight of staff recruitment files.
- However, we found these improvements were ineffective or not maintained. Some areas previously identified as a concern, remained. For example, fire safety checks, environmental checks and reviews of risk assessments were not robust enough or where checks were delegated to staff, those staff told us they had limited knowledge or training to ensure those checks were effective.
- Environmental audits failed to identify other risks we found during this visit, some of which were unchanged from the last visit. Before we left the service, the regional manager told us the fire authority were completing a visit at the end of the month. They also confirmed they had contacted an external company to come and assess and change window restrictors to ensure people remained safe. The registered manager and two directors acknowledged the shortfalls we found in the service.
- Regulatory requirements and considerations for CCTV were not considered before monitoring and recording took place. The registered manager explained the reason for its use, but there was no ongoing rationale or policies to follow for whether monitoring needed to be in place or how this impacted on people's rights for privacy when in communal areas. There were no signs telling people and visitors they were being monitored. On the second day of our visit, the registered manager turned it off and said they would investigate the processes and procedures for its ongoing use.
- We could not be assured the provider had sustained systems in place for continuous learning. The regional manager acknowledged that action was taken immediately following our last visit. However, the registered manager also accepted there was a lack of evidence to show effective oversight of the service because those checks were not always completed or recorded.

At our last inspection the provider failed to implement, operate and monitor effective systems to quality assure the service they provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems continued not to be operated robustly and this was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and directors had voluntarily sought some support prior to our inspection because they had recognised post COVID-19 pandemic, they needed it. An external consultant had met with the registered manager and the registered manager had also engaged with external health and support agencies to help increase their knowledge and learning. The registered manager and directors showed a willingness to improve and to drive the standards within the home so they could demonstrate the quality of care people received.

At our last inspection the provider had failed to display their rating. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

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

- At this visit, the provider met their legal responsibility by displaying their rating on their website and in the home.
- Incidents and complaints were recorded and there was evidence to understand why they had happened and to take action.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, engaging and involving people using the service, the public and staff, fully considering their equality characteristics, working in partnership with others;

- The registered manager worked with us and were supportive to the inspection process and the feedback we provided. Immediately during and following our visit, they had put together an action plan to address those concerns.
- Staff said they felt valued by the new registered manager and were treated as an individual and with respect. Staff were complimentary about the management of the home. Staff all said the registered manager and provider were supportive, listened and helped on shift where needed. Staff really appreciated this help during the COVID-19 pandemic.
- All staff we spoke with said people received a good standard of care. Staff said they worked well as a team and they all worked at the service for the right reasons, because they wanted to help and support people.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not adequately assess and protect people against risks by doing all that was practicable to mitigate any such risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured robust quality systems or processes were fully effective to monitor the service appropriately, including people's safety.</p>