

Cedarwood House Limited

Cedarwood House

Inspection report

Hastings Road
Battle
East Sussex
TN33 0TG

Tel: 01424772428

Website: www.cedarscaregroup.co.uk

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18 August 2022

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22 September 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cedarwood House is a residential care home providing accommodation and personal care for up to 20 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 17 people using the service.

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

Risks to people had not always been safely managed. Improvements were needed to ensure that people with diabetes were supported safely by staff. Care plans and risk assessments were not up to date and did not always reflect people's needs. Medicine processes were not always robust. Systems were not in place for checking that staff had given people their medicines as prescribed and medicines had not always been stored correctly.

The management team and most staff were new to the home. More time was needed for this new team to be able to identify issues at the service and take action to make improvements. Audit systems were in place but had not been completed recently. Improvements were needed to documents to ensure that staff were accurately recording the support people received.

There were enough staff to support people and staff were recruited safely. Staff followed infection, prevention and control procedures and the home was clean and hygienic. Staff spoke to people with kindness and respect and people seemed comfortable around staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (Published 26 March 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 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 safe care and treatment and 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cedarwood House

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 Health and Social Care Act 2008.

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.

Service and service type

Cedarwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cedarwood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. The manager was new to the home and intended to register with CQC following completion of their probation period.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 August 2022 and ended on 22 August 2022. We visited the location's service

on 16 August 2022 and 18 August 2022.

What we did before the inspection

We reviewed information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to three people that lived at the home and four people's relatives. We spent time observing the care and support people received from staff. We spoke to eight members of staff including the manager, deputy manager, kitchen assistant, maintenance person, head housekeeper and carers. We reviewed four people's care plans and multiple medication administration records. We saw a range of records relating to the quality assurance of the service.

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.

Assessing risk, safety monitoring and management

- Risks to people were not always managed safely. One person received support with their medicine for diabetes. This person did not have a diabetic care plan in place and there was no information recorded about safe blood sugar levels for this person. There was a gap in recording this person's blood sugar levels between December 2021 and August 2022. There was no information for staff on how to identify risks to this person from their diabetes, such as how to recognise and what to do if the person experienced very high or very low blood sugar. This lack of information meant the provider could not be assured that this person was receiving their medication safely.
- During the inspection, the manager contacted the GP and requested health information for people and specific diabetes care plans for people in the home with diabetes. We received evidence that a diabetic care plan was put into place for staff to follow which contained information on how to keep the person safe. Further clarity was needed, and the manager intended to speak to the district nurse team following the inspection.
- Staff did not always follow people's care plans and risk assessments and there was some confusion around the support people should receive. For example, we saw that one person was supported to mobilise using a stand aid by one member of staff. This person's care plan stated that two staff were required to support this person to ensure their safety. Management were initially not sure what the person's assessed needs were. This was clarified on the second day of our inspection and staff had been reminded during handover to ensure manual handling plans were followed.
- Accidents and incidents had been recorded by staff. However, details of incidents were not always recorded clearly enough to understand what had led to the incident, and what action had been taken following the incident. We saw examples where people had accidents resulting in head injuries, but accident forms did not detail whether any action had been taken to seek health care for people. This lack of information meant that the manager was unable to effectively analyse accidents and incidents for trends to prevent them from reoccurring. The manager agreed to discuss with the local authority ways of recording information effectively in order to appropriately investigate and minimise accidents and incidents.
- We identified issues with fire safety at the home. People are required to have personal emergency evacuation plans (PEEPs) which tell emergency services how to safely evacuate someone in the event of a fire. One person did not have a PEEP in place and the grab bag which would be used for emergency evacuation did not contain up to date information about people that lived at the home. People's PEEPs were updated during the inspection and were correct on the second day of our visit.

Risks to people's health and safety had not always been assessed and action had not always been taken to mitigate any such risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

The manager was responsive to the concerns we raised around people's safety and put measures in place during the inspection to protect people.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

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

Using medicines safely

- Medicines processes were not always robust. Medicines prescribed for a person to be used at the end of their life had been delivered to the home and had not been booked in or recorded. This had not been identified by staff. Medicines that needed to be stored in a secured way were not checked regularly.
- Medicines were not checked by staff frequently enough to identify issues. A monthly medicine audit was completed at times, but more regular checks were needed to ensure people received their medicines safely. Gaps on people's medication administration records (MARs) had not been identified before our inspection. Medicines were in loose boxes. Tablets were not counted to ensure that they had been administered correctly. We found discrepancies between how many tablets should have been in a person's medicine box and how many there were. Without regular checks, the provider could not be assured that people were receiving their medicines safely.
- Medicines were not always stored appropriately. The medicine fridge contained medication that was no longer in use as well as a medicine that should have been locked in a secure medicine cabinet. Temperatures of the room in which medicines were stored had been checked on a regular basis but there was no guidance as to what temperature would cause a risk to medicines or action to take if this happened.
- Staff were responsible for administering a medicine to a person that a registered nurse would usually be responsible for. Although staff told us they had received training from the district nurse to administer this medicine, due to changes in management team, there was no evidence of this.

The provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Concerns around medicines raised on the first day of our inspection had been addressed by the second day. The manager had implemented a system for a senior member of staff to check people's MARs and count tablets twice a week.

- Some people were given their medicines without their knowledge in the person's best interest. Correct procedures had been followed for these people such as contacting the person's representative, GP and pharmacist. People were always offered the choice to take their medicines before being administered covertly.

- People's MARs had clear information about each person's ability to participate in taking their own medicines as well as their individual preferences. For example, one person's profile stated that due to the person's visual impairment, staff are to tell the person how many tablets there are as the person likes to count the tablets as they take them.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The manager understood their responsibilities around safeguarding. When the manager started at the home, they identified some safeguarding concerns which had not been reported to the local authority safeguarding team and had reported these retrospectively. The manager was in the process of making improvements to systems to ensure that safeguarding concerns would be appropriately reported going forward in the absence of a manager.
- Staff we spoke to understood how to recognise the signs of abuse and knew how to report their concerns both internally and externally.
- Staff gave us examples of how they helped people to feel safe. One staff member told us, "[Person] can be upset about their past, I often take them for a walk and speak to them about their interests. This helps them to calm down and helps [person] to feel safe."

Staffing and recruitment

- There were enough staff to support people safely. Staffing levels were determined by assessments of people's needs. We saw that staff were able to spend meaningful time with people and worked together as a team.
- Staff received training in areas that were relevant to the support people needed. Staff told us they found training had prepared them for their role in supporting people and was useful.
- Staff were recruited safely. The provider had carried out checks before staff started working at the service. This included references from previous employers and DBS 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.

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 assured that the provider's infection prevention and control policy was up to date.

People were able to receive visitors to the home when they chose to. A relative commented on a recent survey, "There are excellent procedures in place to enable me to visit my relative."

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. At this inspection the rating 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.

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

- The home had been through a period of change with a new management team and new staff. During this time, the provider had not ensured that quality performance of the service was continuously monitored and improved. The management team were new to the home and had identified many areas for improvement. More time and support were needed for staff to be able to address the issues found. The management team were regularly supporting the day to day running of the home and supporting people with their care needs to get to know people and work with the new staff team. This had impacted on their ability to address other issues at the home such as audits and care plans.
- The management team had not had time to fully complete quality assurance audits about the quality of the service provided. The manager was aware of the issues we found during this inspection but had not formally recorded this. There was not an overarching action plan being used to record and monitor all the different areas that needed to be addressed. The manager told us they would put an action plan in place in order to organise the changes needed.
- The provider had not ensured that care plans were up to date and contained relevant information about people's care needs. The manager had identified this and was working through care plans to make improvements. Staff knew people well which minimised the risk of care plans not being up to date. Issues we found with diabetes care plans at the previous inspection continued to be an issue at this inspection.
- Improvements were needed to documents relating to people's mental capacity. DoLS applications had been completed which showed that staff had carried out mental capacity assessments, but these had been prioritised over recording mental capacity assessments and best interest decisions. The manager was in the process of addressing this. This issue had not been identified by the provider.
- Staff were recording everyone's food and fluid intake regardless of whether they were at risk of dehydration or malnutrition. Food and fluid charts had multiple gaps in recording and fluid charts did not have goal fluid amounts for people to aim for. Food and fluid charts were not checked by senior members of staff and no action was recorded if someone had not eaten or drunk. We discussed this with the manager who agreed this system needed to be reviewed to ensure effective recording for those who were at risk.
- Issues identified around PEEP's had also been identified as a concern on a provider audit from May 2022. The provider had not ensured that once addressed from this audit, this system had been embedded to ensure people's safety. We discussed with the manager how they would ensure that this was kept up to date going forward. The manager told us it would be updated when people arrived at or left the home as well as a monthly check.

The provider had failed to assess, monitor and improve the quality and safety of the service provided in carrying on of the regulated activity. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been multiple changes to the management team which had impacted on quality assurance systems at the home. The manager was in the process of building a comprehensive action plan to effectively identify, record and action issues at the service. The manager and provider were in discussions about the best way to move forward to improve recording systems. Throughout the inspection, the manager was open and honest about what needed improvement and was open to our suggestions and advice.

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

- We observed staff interacting and spending time with people who lived at the home. Staff were kind and considerate to everyone they interacted with. Staff were understanding of how to support people living with dementia and how to reassure people who were upset.
- Staff understood people's communication needs and how to ensure people needing support with communication felt included and informed. For example, for one person with a visual impairment, staff told us how important it was to describe what was going on for the person and to offer choices by describing items such as clothes and food.
- Staff were positive about the people they supported and their role in supporting them. One member of staff told us, "It's all about putting a smile on people's faces. I always try to come across as jolly and try to have a laugh with people. It's all about how you approach people in an individual way."
- People were calm and relaxed around staff and enjoyed spending time with them. One person told us, "Staff are really lovely, they are helpful and make me laugh. We chat about everyday things all the time and they know all about me."

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; Working in partnership with others

- There had been no recent duty of candour incidents at the service, the manager was aware of their responsibilities around duty of candour and their requirement to be open and honest when something goes wrong.
- The manager had identified two incidents which had not been notified to CQC prior to them joining the service. The manager understood their responsibility around reporting statutory notifications and submitted these immediately.
- The manager and staff were open and honest throughout the inspection process and identified and told us what needed to be improved at the service. Concerns raised throughout the inspection were actioned quickly by the management team.
- People's relatives told us they found the management team to be transparent. One person's relative told us, "Things seem very positive at the moment and the new manager seems very open and honest."

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

- People's relatives had received surveys to ask about the quality of the care provided by staff. The results of this were analysed by an external company. The most recent survey was positive and included comments from relatives such as, "All the staff I have met are very friendly and caring." And, "I feel my relative is safe at Cedarwood House care home."
- Staff told us they felt supported by the management team. One staff member told us, "The management team have given me great support. They are already picking up on issues and making improvements. I'm

very confident they'd listen without question to what I had to say and any suggestions I have to improve things."

- Staff participated in regular meetings to discuss best practice and events happening at the home. The manager used these meetings to discuss regulatory responsibilities such as medicines and record keeping.
- Relatives we spoke to told us that communication had previously been an issue, but they felt that things had recently improved. One person's relative told us, "[Manager] and [deputy] are making the place better and getting things done." Another told us, "Things are much better than they were a year ago, communication has vastly improved and we are no longer worried. We are kept informed and up to date."

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>Risks to people's health and safety had not always been assessed and action had not always been taken to mitigate any such risks. Medicines had not been managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</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 failed to assess, monitor and improve the quality and safety of the service provided in carrying on of the regulated activity. This was a breach of regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>