

Roseberry Care Centres GB Limited

Cedar Grange

Inspection report

Main Street
Cherry Burton
Beverley
North Humberside
HU17 7RF

Date of inspection visit:
14 February 2022
22 February 2022

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16 March 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

Cedar Grange is a 'care home' providing accommodation across two buildings for up to 31 people who require personal care; some of whom lived with dementia. At the time of the inspection 26 people were living at the service.

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

Areas of risk were not always robustly assessed and monitored. Some areas of the service and equipment were not appropriately cleaned, which placed people at risk of infection.

Systems to monitor safety and quality of care had not identified some issues which could negatively impact on people's experiences.

We found some improvements were needed around the administration and recording of medicines. We made a recommendation about this.

People and their relatives were happy with the service. People told us they felt safe living at Cedar Grange, and staff were familiar with the safeguarding procedure.

Staff were recruited safely. There were enough staff to meet people's care needs.

Staff were supported by the management team and worked closely with healthcare professionals to meet people's needs.

The service did not have a manager who was registered with the CQC as required. A new manager had recently been recruited by the provider.

The manager had sought some feedback from people's relatives following this inspection. Staff were updated about changes to people's needs and any changes to the service.

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

Rating at last inspection

The last rating for this service was good (published 22 March 2019).

Why we inspected

We initially carried out an announced IPC outbreak; this was to follow up on IPC arrangements. However, additional concerns were identified and it was agreed that the inspection would be expanded, as a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at IPC 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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We 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 Cedar Grange 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 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 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 breaches in relation to safe care and treatment and good governance of the service 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 for 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 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cedar Grange

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 Prevention and Control (IPC) measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

One inspector carried out day one, and two inspectors carried out day two of the inspection.

Service and service type

Cedar Grange 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 did not have a manager registered with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A newly appointed manager was in place and was being supported by the regional manager. At the time of the inspection, they had not applied to register with CQC.

Notice of inspection

We gave a short period notice of the original IPC inspection due to the COVID-19 outbreak and measures that needed to be in place for our visit. Once the inspection was expanded to a focused inspection, we announced that we would be returning.

What we did before inspection

We contacted the local authority safeguarding and commissioning teams for feedback and looked at information sent to us since the last inspection. We used the information the provider sent us in the provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the manager, deputy manager, regional manager, and three care workers. We also had email contact with the nominated individual who is also responsible for supervising the management of the service.

We looked around the environment to review the facilities available for people and the cleanliness of the service.

We reviewed a range of records including two people's care records, multiple medication administration records, and three staff personnel files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service, including policies and procedures.

After the inspection

We continued to review evidence that was sent remotely as well as seeking clarification from the provider and manager to validate evidence found. We looked at audit and governance data, as well as infection prevention and control policies and procedures.

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 good. At this inspection this key question has now deteriorated 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.

Preventing and controlling infection

- IPC arrangements and procedures were not always followed in line with the providers policy.
- COVID-19 screening arrangements were not complied with in one of the buildings. We saw one visitor had not been asked to complete COVID-19 declaration forms and temperature checks had not been taken upon entry.
- Some areas of the service were dirty which increased the risk of infection. We found catering equipment, a hot cupboard, and an oven glove used to serve peoples food were dirty.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm by the failure to effectively manage infection control risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised the infection control issues found with the manager, who started to address them during the inspection by implementing a pre entry system for COVID-19 checks, arranging cleaning and ordering easily wipeable furniture.
- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.
- PPE stock levels were well managed, and staff were observed wearing the appropriate PPE.

Assessing risk, safety monitoring and management

- Assessment of risk, safety monitoring and management measures were not always in place.
- Care records did not contain the most up to date information and risks were not effectively monitored or assessed. For instance, one person who was at risk of pressure damage to their skin did not have a care plan in place to guide staff on how to safely manage this risk.
- Animals lived at the service, and visited the service. We saw that the risks posed from these animals had not been identified and assessed in line with the providers policies.
- Systems were in place to check safety within people's own rooms. However, not all areas of safety had been fully checked to identify potential risks to people. For example, checks on profiling beds did not clearly consider potential risks associated with the use of bed rails.
- Environmental health and safety checks were completed. However, we found two rooms contained a significant number of combustible items stored at height, and in front of storage heaters.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as risks were

not effectively assessed, monitored or managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised the risk management issues found with the manager and regional manager, who started to address them during the inspection by addressing the storage issues in the two rooms with the support of the local fire brigade, and assessing the risks posed by animals in the service.

Using medicines safely

- Medicines were not always administered as prescribed. For example, people who were prescribed medicine to be taken with food, and medicine to be taken 60 minutes before food, received their medication at the same time.

We recommend the provider consider current guidance on administration of medicines to people alongside their prescribed medication and take action to update their practice accordingly.

- Care plans and risk assessments provided staff with information of potential risks to specific medicines.
- Protocols for 'as and when' medicines were detailed and provided clear administration guidance.
- Medicine stock checks were completed daily by staff and systems were in place to order, store and dispose of medicines safely.
- People told us they received their medicines in a timely manner.

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

- Systems and processes to safeguard people from the risk of abuse were in place.
- Staff were aware of how to identify and report abuse.
- People told us they felt safe. One person said, "I feel safe when I am here." All relatives expressed that they felt their loved ones received safe care.
- An accident and incident reporting procedure was in place. The provider's management team had reviewed and analysed information in response to an identified increase in falls; to check action had been taken to reduce the risk of recurrence.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Staff were safely recruited into their positions and the appropriate pre-employment checks were in place.

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 good. At this inspection this key question has now deteriorated to 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

- Governance systems were not consistently used to identify shortfalls and address concerns in a timely manner.
- Some risks which people faced were not being adequately assessed and checked by the management team to ensure information was up to date and effective in directing staff to keep people safe.
- Audits and monitoring arrangements were in place for a number of areas, including care plans, and infection control. However, these had not been regularly completed in line with the providers policies; and where they had been completed had failed to identify the shortfalls we found at the inspection. For example, the audit schedule indicated infection control audits should be carried out monthly. This had not been completed.
- Medicines management audits had failed to identify some medicines were not always administered following prescribers instructions.
- Peoples records were not kept secure at all times.

We found no evidence that people had been harmed. However, systems designed to monitor the safety and quality of the service and mitigate risk, were not effectively used. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had recently joined the service. They were open, honest and responsive to areas of concern we identified during our visits and began to make changes during and after the inspection. They told us, "I know I can go to [regional manager and area director] if I need to. [Deputy manager] has been fantastic."

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

- People told they were happy living at Cedar Grange. We found there was a warm and welcoming atmosphere.
- Overall people's relatives told us how they were kept informed about any issues and felt confident in the management team. Comments included, "I'm happy that [relative] is looked after. If there is anything they ring me straight away" and, "I would rate it a ten [the service]. They treat my mum like an individual."
- Staff had daily 'huddle' meetings to communicate any important changes.

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

- People were able to attend resident's meetings where they discussed activities, food and any changes within the home.
- Relatives views about the service were requested using questionnaires during our inspection.
- Staff had team meetings. One staff member told us, "I have had several meetings with new manager since they started to discuss how staff work and their visions going forward. 'Since they have has come the atmosphere has changed. There is a feeling of teamwork and we can make suggestions and they listen."

Working in partnership with others

- The management team and staff had positive relationships with other agencies and services to ensure people received the support they needed.
- Staff contacted other services, including primary care services that supported people. This helped to ensure people continued to receive support as they needed it.

Continuous learning and improving care

- The management team were keen to continuously improve the service and they accepted our feedback. They began to make improvements during and after the inspection and provided CQC with updates on progress made.

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 had failed to effectively assess and monitor risks to people's safety and wellbeing, including infection control risks.</p> <p>Regulation 12(1)(2)(a)(b)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Shortfalls were found in the oversight of safety and quality of the service. Peoples records were not kept secure at all times.</p> <p>17(1)(2)(a)(b)(c)</p>