Interhaze Limited

Cedarwood Care Centre

Inspection report

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Date of inspection visit:
15 February 2017
16 February 2017

Date of publication:
04 May 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 15 and 16 February 2017 and was an unannounced comprehensive rating inspection. The location was last inspected in February 2015 and was rated as Good overall although some improvement was needed regarding staff's understanding of Deprivation of Liberty Safeguards (DoLS) this lack of understanding about DoLS was still found to be the same at this inspection.

Cedarwood Care Centre is a residential care home providing care and accommodation for people with a range of care needs including people living with dementia and people with mental health needs. The provider in recent years had extended the service and increased its registered numbers to 33. At the time of our inspection 23 people were living there.

The manager was registered with us as is required by law and was present on the day. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were processes in place to monitor the quality of the service although they had not been effective as these had not identified issues that needed improvement in a timely way.

People were not always supported to take their medicines as prescribed by their doctor. Staff had not always ensured that the processes in place to ensure that people received care in line with their best interests had been followed and understood. Activities for people were not always offered and encouraged.

Staff were recruited and inducted safely into their role. However, staff had not received all the training they needed to meet people's needs and keep them safe.

Processes were in place to prevent people from the risks of accidents and injuries and to protect people from harm and abuse. There were enough staff available to meet people's needs and to keep them safe.

Staff supported people to have sufficient diet and fluids to prevent them experiencing ill health due to malnutrition and dehydration. People had mixed views about the quality of the food. People received assessment and treatment when needed from a range of health care professionals which helped to promote their health and well-being.

People were supported and cared for by staff who were kind and caring. People were encouraged and supported to undertake daily tasks and attend to their own personal hygiene needs.

People were enabled to make some decisions about their care and were involved in how their care was planned and delivered. Staff supported people to keep in contact with their family as this was important to

them. People and their families were asked to give their view on the service provided. Complaints processes were in place for people and their relatives to access if they were dissatisfied with any aspect of the service provision.

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.

People did not always receive their prescribed medicines as and when
required.

People were supported by adequate numbers of staff on duty so that their needs were met.

People were protected from the risk of harm and abuse because the provider had systems in place and staff were aware of the processes they needed to follow.

Risks to people was appropriately assessed and recorded to support their safety and well-being.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights were not always protected because key processes had not always been followed to ensure that people were not unlawfully restricted.

People were not always supported by staff who were trained and well supported to carry out their role.

People's dietary needs were assessed and monitored to identify any risks associated with their diet. Some people, on some occasions did not think the food was served in a way that they liked.

People were supported to maintain good health because they had access to other health and social care professionals when necessary.

Is the service caring?

Requires Improvement

The service was not always caring

People's confidentiality was not always promoted and

opportunity to promotes people's independence was limited.

People were supported by staff that were caring.

Is the service responsive?

Requires Improvement

The service was not always responsive

Not all people were actively encouraged and supported to engage in activities that were meaningful and accessible to them.

People were supported to maintain positive relationships with their friends and family.

People were supported to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well led

The provider had systems in place to monitor the safety and quality of the service but these had not always effective when identifying areas in need of improvement.

There had been some leadership changes. Staff did not always feel supported and guided in their role.

Cedarwood Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection was unannounced and took place on 15 and 16 February 2017. The inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned within the required timescale.

We asked the local authority for their views on the service provided. We reviewed regular quality reports sent to us by the local authority. These are reports that tell us if they have any concerns about the services they purchase on behalf of people. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with 12 people who used the service, five care staff, kitchen staff, the registered manager, senior manager and the provider. We also spoke with three relatives and five health care professionals. We looked at four people's care records and medicine records, four staff member's recruitment records, complaint records, health and safety records and the staff training records. We looked at systems in place to monitor the quality and management of the service.

Requires Improvement

Is the service safe?

Our findings

We saw that a person had not received an antibiotic medicine prescribed for a chest infection for three days. Staff told us that they were not able to administer the medicine until the pharmacist had corrected the label however, staff did not take proactive action to address this issues which meant that the person did not get the medicine they needed in a timely way. We saw that another medicine had not been administered for a day because it was out of stock which meant that medicine management processes were not always robust. Some people had medicines that had been prescribed on an 'as needed' basis. Some people would be able to ask for their medicines when they needed them for example, for pain relief. However, some of the medicines were for managing agitation. Although staff spoken with had some understanding about when this would be given they were not really clear about the circumstances and there were no written protocol's to ensure that these medicines would be given consistently. Staff told us that they had received medicine training. However, some staff told us that they did not feel that the training had been sufficient to ensure they had the required competency to administer medicines safely. The registered manager told us that in response to recent medicine errors additional training and support had been provided to all staff responsible for medicine administration.

We saw that the staff member told people what their medicines were and that people took their medicines willingly. One person told us, "They [staff] look after my medicines and I get them on time." Another person told us, "I get the medicines when I need them". We observed that medicines were stored securely within the home. We saw that policies and procedures were in place with regard to the administration of medication and medication audits were completed.

People we spoke with complimented the staff for being caring but expressed their concern to us about the high turnover of staff. One person told us, "There are lots of staff changes. I think they get fed up and move on. It's not very nice for us. We have to get to know the staff again". Records we looked at including the Provider Information Return confirmed that there had been a high turnover of staff in the last 12 months. The registered manager explained that there had been an unsettled time at the service. Some staff had chosen to leave and some staff were asked to leave because of performance issues. The registered manager and provider advised us that there was ongoing recruiting taking place including the appointment of senior staff to support the development of the service and to ensure that a stable staff team was provided.

The registered manager and staff told us that there were enough staff on each shift to meet people's needs. They told us that following feedback from staff they had increased the number of senior staff in the morning so two senior staff members were on duty and this meant a senior staff member was free to assist any visiting professionals. People we spoke with had mixed views about the staffing some told us that there were always staff around. Some people told us that staff seemed rushed. One person told us, "I don't think there is enough staff. Some people here need a lot of care and attention. They do check on people but they are rushing and then onto the next person". We observed that staff were available at most times to support people and respond to people's requests and we heard staff during the morning of our visit discussing between themselves who was 'on the floor' to ensure staff were available to support people. We saw after the midday meal time that staff were busy supporting people who were being cared for in their bedroom

and supporting people with personal care needs. However, there were no staff available in the dining area to observe and support people who were still completing their pudding and drink and may of needed staff support. We observed a disagreement between two people living at the service that was diffused by another person living at the service and no staff were present at that time to support and manage the situation.

We saw that some people had walking aids to prevent them falling. We heard that staff encouraged people to use their walking aids and encouraged people to walk. One staff member told a person who they were supporting to, "take your time". We saw that risk assessments had been completed regarding people's skin and the risk of them developing potential sores. We observed that other people who had been assessed as being at risk of developing sore skin had special mattresses and cushions to reduce the risk of this occurring. We found that equipment for fire detection and prevention was available and had been checked by staff regularly to ensure it worked properly. Staff told us and records highlighted that fire drills were carried out to promote staff knowledge on what they should do if a fire broke out. A staff member told us, "We had a fire drill this morning. We know what to do and we check that everything is working properly". These checks gave people assurance that the provider and staff knew that it was important to ensure people's safety.

The registered manager gave us an account of how they monitored incidents, falls and accidents and action they and the provider had taken to reduce the falls. A person told us, "I feel safe. I have the call button here and staff come to me as soon as they get a chance". The registered manager told us that in response to a recent investigation in relation to a fall and a delayed response they had reviewed their accident procedures to ensure that robust procedures were in place and that all staff were aware of what action they should take. Staff that we spoke with told us that they knew what to do in an emergency. A staff member told us, "If someone became unwell or had a fall I would call the emergency services if needed. I have had to do this before so I do know what to do". The PIR told us and staff confirmed that regular checks were carried out on people who preferred to spend time in their room or who were being cared for in bed to ensure they were safe and well.

People living at the home told us that they felt safe. One person told us, "I do feel safe living here, I have no concerns". Another person told us, "I feel as safe as I can be". Staff spoken with were aware of the home's policies and procedures in relation to safeguarding and what to do if they witnessed or suspected abuse. One member of staff told us, "I would report any concerns that I had to the manager or the owner. They would look into concerns and report it on. I know that we can also go to you [CQC] or social services if I needed to". Records showed how safeguarding's were recorded, reviewed and lessons learnt where appropriate. We saw that where appropriate, safeguarding referrals had been made to the local authority.

Staff spoken with told us that the appropriate recruitment checks had been carried out before they were employed to work in the service. A staff member told us, "They did all the recruitment checks and I didn't start my job until everything was in place". Employment checks were undertaken before staff started working and included a Disclosure and Barring Service (DBS) check, references and records of employment history. These checks helped the provider make sure that suitable people were employed and people who lived at the service were protected from unsuitable staff supporting them.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found that some improvement was needed regarding staff's understanding of Deprivation of Liberty Safeguards (DoLS). At this inspection it was found to still be the same.

he 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that they had applied for some DoLS authorisations. One application had been approved and some were still awaiting assessment by the local authority. Most staff were aware of the person who had a DoLS authorisation and the reasons for this. However, staff were unsure of who else applications had been made for and the reasons for the applications. We also witnessed a person asking staff if they could return to their bedroom and there was a practice in place with staff restricting the person to do so, as a way of managing the person's personal care needs. This did not ensure that all staff understood that people should not be restricted for reasons other than what has been approved and did not ensure that all staff were working within the principals of MCA.

A staff member told us, "I had an induction and took part in some training when I first started and it was adequate". The registered manager told us that the new staff had commenced the Care Certificate. The Care Certificate is a set of nationally recognised induction standards for staff to work through to promote compassionate and safe care. Staff we spoke with had mixed views about the support they received to carry out their role. Some staff told us that supervisions were to discuss any mistakes they had made and were not in place to support and promote their development. Staff told us that they had completed some training but not all the training that they needed to carry out their role safely and effectively. Some staff told us that they were concerned that on some shifts there was no staff that had basic first aid training and this was a particular concern at weekends with no manager on site. Records we looked at confirmed that a number of staff had not completed training that the provider had identified as their core training and specialist training for their role for example, MCA and DoLS training, first aid awareness, safeguarding and dementia. There was no training plan in place to address the training needs. When we brought this to the registered manager's attention she confirmed that a number of staff required training updates and she told us during our inspection that first aid training had been arranged to take place within a week of our visit and that a plan would be put in place to assess and address staff training needs.

A person told us, "They treat me like a king here". Another person told us, "The girls [staff] work hard and are as good as gold to me". A relative told us, "I am very pleased with [person's name] care, the staff are very caring. I have no concerns". Staff we spoke with all told us that they thought that people received good care. We saw that staff supported a person appropriately when they were unsettled. We saw that staff used distraction techniques to try and divert the person and we saw that staff did this successfully.

We received mixed views from people about the food. Some people told us that they were very satisfied with the food. A person told us, "The food is lovely. I have a cooked breakfast every morning if I want to". Another person said, "I like the meals and we can choose what we want". Some people were however, less satisfied. Some people who chose to eat their meals in their own bedroom told us that sometimes the meals were not very warm. One person told us, "The food is not always heated properly and the vegetables don't taste hot or cooked". The provider explained to us that the food was cooked off site and that they had gone to great measures to ensure the food quality was of a good standard and nutritiously balanced. The registered manager told us and showed us that surveys were provided to people so that they could comment on the meals provided and these were used for menu planning. The provider told us that they would follow up on the comments received about the food and would look at the whole process of meals from preparation to finish to ensure that any problems with the meal time process were identified and dealt with. For example, ensuring that food was served at a hot temperature to people.

A person said, "There are staff around if you need help at meals time". We saw that staff were available during the meal time to support people. Staff we asked knew that it was important that people had adequate diet and fluids to prevent dehydration and malnutrition. We saw that hot and cold drinks were offered throughout the day and we heard staff encouraging people to drink and eat.

Staff told us and records that we looked at highlighted that people were weighed regularly to monitor their nutritional state. We found that where there were concerns about weight loss or difficulty in swallowing referrals were made to health care professionals for assessment and guidance. We spoke with the cook who knew about people's individual dietary needs including soft diets and people who were diabetic and gave us an account of how these were met. However, they were not aware of a person who required small portions to be served at meal time to promote their eating.

People told us that a range of health and social care services were made available to them these included, chiropody, eye tests and specialist health care staff. The optician visited people at the time of our visit and people and relatives commented that they were pleased to be receiving this service. We spoke with five health care professionals during our inspection and they told us that there was always staff available to assist them during their visit to the service and that staff followed any advice and guidance.

Requires Improvement

Is the service caring?

Our findings

We found that the provider had systems in place for ensuring that people experienced a service that was caring and compassionate. However, these had not always been implemented in a way that was effective to ensure that people experienced care that was consistently caring and empowering.

We saw that some conversations between staff were not always conducted in a way that ensured that people's confidentiality was protected. For example, some discussions about people's care took place in communal areas of the home and could be overheard by people living at the service.

People told us that they thought they had a keyworker but they were not sure now who it was because of all the staff changes. The registered manager told us that people were going to be reallocated a keyworker and this role would be re-established in the service. Some people told us that they had been involved in decisions about their care. One person told us, "The staff do ask me about how I want things done and I do let them know". Another person told us, "I can do most things for myself and I just get on with it". When we asked the person if they had seen their care plan they could not recall seeing it. The registered manager confirmed to us that the person had been consulted with about their care. The person had recently been supported to move into a shared room and the registered manager told us that this decision had been discussed fully with the person. They told us that the person was able to read and sign their care records however, when she checked the records they had not been supported to do this. The registered manager told us that she would ensure that this was followed up on.

We saw that there was limited involvement of people in day to day chores or activities. For example helping out with household tasks in the service or taking part in activities or interests. However, some people told us that they were given choices about their day to day routines. For example, what time they went to bed and got up and where they spent their time. One person told us, "I sleep until about eleven and then I have my breakfast". We saw that they were supported to do this. We saw that people were supported to move freely between the different communal areas of the service and chose where they wanted to sit and spend time.

People and their relatives we spoke with told us that staff were caring. One person told us, "The staff are fine." Another person told us, "They do talk to me and they do their best". Health care professionals that we spoke with told us that staff were kind and caring.

We saw some staff sit and talk with people and were kind and friendly. People we spoke with confirmed this. During our inspection we saw that some staff adapted their communication and interaction skills in accordance to the needs of individual people. For example, one person responded well to reassurance and gentle contact from staff when they became unsettled and another person enjoyed it when staff had a joke and a laugh with them.

People told us that they were given choices about their day to day routines. For example, what time they went to bed and got up and where they spent their time. One person told us, "I sleep until about eleven and then I have my breakfast". We saw that they were supported to do this. We saw that people were supported

to move freely between the different communal areas of the service and chose where they wanted to sit and spend time.

Some people invited us to see their bedrooms. We saw that bedrooms were individual in style and layout and had been personalised. One person told us, "I have got a lovely room. I like spending time up here". We saw that staff knocked on people's doors before entering and personal care was carried out behind closed doors. One person told us that they would like to be able to lock their bedroom when they were in there. The registered manager told us that most rooms were lockable and they were in the process of ensuring that all rooms had a privacy lock fitted so people could lock their room for privacy when they wanted to.

Staff supported people to maintain contact with their family members. We saw that family members were welcomed into the service and staff took time to greet people and made them feel welcome. Relatives that we spoke with confirmed that staff were friendly and welcoming.

We saw that staff supported people with their appearance to ensure that they were happy with this. We saw that people were dressed in styles that reflected their individuality. People had been supported to style their hair and wear jewellery and take pride in their appearance. We heard staff take the time to compliment people on their appearance.

We saw that some people were supported to express their individuality and staff were aware of how they could promote equality and diversity within the home. A staff member we spoke with said, "We treat people as individuals and encourage them to make their own choices and decisions about things". We saw that people were referred to by their preferred names. People had access to culturally diverse foods and care records detailed peoples spiritual and religious beliefs. We found that some people's personal profiles had information about them as a person, their likes, dislikes and preferences.

The PIR told us that the service had received letter of thanks and compliments from relatives and professional visitors to the service expressing their thanks and complimenting the staff. We saw some of these had been displayed in the staff office.

Requires Improvement

Is the service responsive?

Our findings

We received some mixed views from people about the service. For example, One person told us, "I can go to bed when I am ready and get up when I want". Another person told us, "The staff are good they try and encourage me not to lie in bed all day but to get up at a decent time and have some breakfast". A third person told us that although the staff were fine they didn't want to live there and they wanted to live in their own home. Another person told us that they hadn't been living there very long and they were not really sure what was happening and what the plans were. A relative told us that specific requirements around their relatives eating needs had been discussed and agreed prior to their admission but these had not been followed through in practice. We discussed this with the registered manager who told us that they had spoken with the family member and took the action needed to ensure that these specific requirements were being met.

We saw that a person being cared for in bed was given a large mug of tea to drink. Staff went and got a straw for them so they could drink the tea. They waited several minutes for the straw and during this time the person told us that if they had the drink in a smaller cup they would be able to safely hold the cup themselves and wouldn't need the straw. Again we spoke with the registered manager about this and action was taken to resolve this matter. However, it did not ensure that staff were asking people about their views about their care and ensuring that they were supporting people's strengths and levels of independence.

Most of the staff we met and spoke with had worked in the service for less than six months. Staff spoken with told us that they were given information about people's needs at the start of the shift so that they were made aware of any changes in people's needs. Staff told us that they did get the opportunity to read people's care plans and could tell us information about people's likes and dislikes and they were able to tell us about some risks and specific health needs and how these were managed for example people who were diabetic and people who were at risk of falling.

One person told us, "The staff are good and they do look after you. But there is not much to do. I like to keep my mind occupied but apart from watching the television there isn't much to do". We spoke with a person who liked to spend time in their bedroom. They told us they get the newspapers and liked to do word challenges and they told us. "I keep my self-occupied". Another person told us that they also preferred to spend the time in their bedroom and would occasionally go downstairs for, "A bit of a chat with people". We saw that promoting opportunities for people to take part in hobbies, interests and activities had been discussed in staff meetings and it had been acknowledged that staff needed to do more to promote opportunities for people. The registered manager told us that some new activity equipment had been bought including games and skittles equipment. However, we saw that these were stored in a locked cupboard and only available if staff gave access to them. We did see that there was a sitting area with a book shelf and a selection of reading material for people to choose and this was a quiet and relaxing area for people to access. However, we saw that access to this area was sometimes restricted as the medicine trolley was located in this area when staff gave out people's medicines and peoples were unable to get past.

Staff told us and records showed that there had been some trips out organised including a visit to the Black

County museum in the summer and the German Market at Christmas which people had enjoyed. People were supported to maintain the relationships that were important to them. One person told us, "[Family member's name] had visited me today. It was lovely to see them and we went out for a coffee and to do some shopping". Another person told us that their family could visit whenever they wanted to. A relative told us, "I am always made feel very welcome when I visit". The PIR stated that the registered manager planned to offer more opportunities for people to be supported on planned trips out in the local community and on day trips out and these will be planned in consultation with people and their relatives.

Most people we spoke with told us that they knew how and who to complain to. One person told us, "If I had any concerns I would tell the staff in a diplomatic way but I haven't needed to". Another person told us that they hadn't been happy with some of the maintenance matters in the home and they had spoken to the registered manager about this. They told us that they could see that improvements were now happening. Staff told us that they knew what to do if a person living at the service or a relative made any complaints and that they would be dealt with. We saw from looking at records that issues had been investigated and where needed action taken.

Requires Improvement

Is the service well-led?

Our findings

Since our last inspection in February 2015 there had been two changes of registered manager. In recent months there had been a number of staff changes. This had all taken place at a time when the service was growing and developing. The provider had identified that the registered manager needed support at the service to manage the changes and make the improvements needed. When we visited a registered manager from one of the provider's other registered locations and a quality manager was based at the service providing support to the registered manager. The provider had well established quality monitoring systems. However, these had not always identified the shortfalls in a timely way. For example staff training needs had not been identified and a training plan was not in place. Not all staff were clear about DoLS and why applications had been made for people. Medicine management arrangements did not ensure that people received their medicines in a timely way. We found areas of record keeping needed improvement. These included evaluations of care plans did not always include changes in people's care needs. People who were diabetic needed more information recorded in their care records about their specific needs in relation to meeting this health need to ensure they received consistent care.

We did see that some of the concerns we found during the inspection had started to be identified by the management team and were being dealt with. This included improving people's care records. The provider told us that they would be strengthening the management team and employing more senior staff with experience in care. The provider told us that issues in relation to staff performance were being identified and managed through their HR procedures.

We found that the provider had acknowledged some areas for development in the PIR demonstrating some awareness of their strengths and limitations. However, it also told us that staff training and care records were kept up to date, this was not what we found during this inspection. Which indicates the information provided may not be reliable.

The registered manager told us that staff were involved in developments at the service and we saw records of staff meetings and these showed that good practice and improvements in the service were discussed. Staff that we spoke with told us that they were clear about their roles and responsibilities. They told us that they would speak with one of the managers, the provider or CQC if they had any concerns about the service. They also knew that there was a whistle blowing policy and what this meant. Whistle blowing is when a person who works for an organisation raises concern about risk's to people's wellbeing without the fear of reprisal. However, some staff that we spoke with did not feel supported in their role and did not always feel that information was managed with in a way that ensured an open culture and some staff felt that feedback on their performance was not always constructive and motivating.

Professional visitors to the service spoke positively about the service. They told us that it was mainly care staff that they dealt with and that staff were caring and helpful and followed their guidance and advice about people's care.

We saw that people and their relatives had been consulted with. For example we saw that people had been

asked their views in a survey about the winter menu planning which had been acted upon. We also saw that meetings had been arranged with relatives. The registered manager told us that they were planning to have more frequent meetings and a schedule of these meetings and dates would be shared with people and their relatives.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and notified us about events that they were required to by law, including the submission of statutory notifications. The registered manager had informed us and the local authority safeguarding team of concerns and incidents that had occurred. It is also a legal requirement that the current inspection report and rating is made available. We saw that the rating and the report was displayed within the service.

We asked the registered manager if they were aware of the requirements of the Duty of Candour regulations and they were able to explain that this meant that they would be open, transparent and share information about incidents in the home with people that used the service, relatives and professionals. The registered manager told us that this is what she had done when incidents had happened in the service.