

Anchor Hanover Group

The Cedars

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Cedars is a residential care home providing personal care to 42 people aged 60 and over at the time of the inspection, some of whom were living with dementia. The service can support up to 42 people.

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

People received their medicines safely from staff members who had been trained and assessed as competent. The provider had procedures in place to investigate any medication errors. People were supported by enough staff to meet their needs and who had been safely recruited. Staff members followed effective infection prevention and control procedures when supporting people. The provider looked at incidents, accidents and significant events to learn from them and to minimise the potential for harm or reoccurrence.

The provider had assessed the risks associated with people's care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm. People were protected from the risks of ill-treatment and abuse as staff had been trained to recognise potential signs of abuse and understood what to do if they suspected harm or abuse.

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

The provider, and management team, had good links with the local communities within which people lived. The provider had effective systems in place to identify improvements and drive good care.

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 9 June 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the location is now rated good.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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 changed from requires improvement to good, based on the findings of 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 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 The Cedars on our website at www.cqc.org.uk

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Cedars

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

This inspection was carried out by one inspector.

Service and service type

The Cedars 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. The Cedars 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service about their experience of the care provided and 2 relatives. Additionally, we spoke with 8 staff members including 1 carer, 1 team leader, the deputy manager, the registered manager, the director of care, 1 maintenance person and 2 care quality assessors.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 4 people's care plans and multiple records of medicine administration. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We reviewed the recruitment of 3 staff members.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. One person said, "I feel just fine here. I'm looked after and I haven't a care in this world." A relative told us, "They [staff] do everything to keep [relative's name] safe from harm. I can't thank them enough for what they do." The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- Assessments of risks associated with people's care had been completed. These included risks related to people's skin integrity, mobility, diet and nutrition.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe from avoidable harm.

Using medicines safely

- People received their medicines as prescribed and when directed. One relative said, "I have full trust in the staff. They are confident and I know [relative's name] gets all the medicines they need."
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- Guidelines were in place for staff to safely support people with 'when required' medicines including the maximum dosage within a 24-hour period. Staff members were aware of these guidelines.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse and ill treatment. One person told us, "I am very happy and I have no worries about anyone or anything." A relative told us they felt confident all staff worked in the best interests of their family member and there was never a concern about mistreatment.
- Staff members had received training on how to recognise and respond to concerns. One staff member said, "If I was worried about any form of abuse I would report it straight away to my manager or to the local authorities safeguarding team."
- Information was available to people, staff and relatives on how to report any concerns.
- The provider had systems in place to share information about any concerns with the appropriate agency. For example, the local authority, in order to keep people safe.

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.

- People were supported in accordance with the principles of the Mental Capacity Act 2005.
- Staff, and the management team, followed best practice when assessing people's capacity to make decisions and knew what to do to ensure any decisions made were in the best interests of the person concerned.

Staffing and recruitment

- People were supported by enough staff. One person said, "There is always one of those [staff] nearby." Staff were available to support people promptly when it was requested or needed.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Preventing and controlling infection

- Staff members had received training in infection prevention and control and knew how to minimise the risks of infectious illnesses. This included updated training in response to the COVID-19 pandemic. Regular checks and cleaning of high frequency touch points and communal areas were completed to minimise the risk of infection. Staff understood how to recognise and respond to signs and symptoms of infection.
- Staff members had access to personal protection equipment which they used appropriately when supporting people.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting visits in line with the Government's latest guidance.

Learning lessons when things go wrong

- The provider reviewed incidents and accidents reports to see if any further action was needed and to minimise the risk of reoccurrence. For example, following a report that one person had fallen a referral had been made to the falls prevention team

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

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

- The provider had made improvements to their quality monitoring systems and now had effective systems in place. These included checks of people's care plans and medicines. For example, the provider completed regular checks of people's medicines and stock levels. If an error or recording issue was highlighted, they took timely action to resolve this.
- The provider completed regular quality checks of the physical environment and made changes or improvements where needed. For example, the provider identified a broken fire sign and had taken action to have this repaired.
- A registered manager was in post and was present throughout this inspection. The manager, and provider, had appropriately submitted notifications to the CQC. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The last rated inspection was displayed at The Cedars, and on the provider's website, in accordance with the law.

Continuous learning and improving care

- The registered manager kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular updates from local authorities, the CQC and Government agencies. In addition, they received support through the providers care quality team who were able to advise and guide on improvements.

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

- People and relatives had positive relationships with the registered manager who they found to be accessible and engaging. One relative said, "I know I can go to anyone of the staff and get a positive response. I have a good relationship with the deputy manager and manager, and they help me out anytime I am worried about anything. We get regular meetings where we can give feedback on anything that bothers us or even if we want to make a suggestion. To be honest, I can't fault them."
- The provider regularly asked for people's feedback on their experiences of care and had set up meetings with relatives at a time to suit them. Everyone felt able and empowered to talk with any of the staff or the registered manager at any time if they wanted to raise anything with them. People and relatives felt assured their views would be valued and acted on.
- Staff members found the registered manager supportive and their opinions were welcomed and valued.

- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members told us about people's individual characteristics and knew how to best support them. This included people's religious beliefs, gender identification, disability and personal preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour. The duty of candour is a regulation which all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurses.