

Cedar House Sunderland Limited

Cedar House Care Home

Inspection report

3-4 The Cedars
Sunderland
SR2 7TW

Tel: 01915655385

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cedar House Care Home is a residential care home providing personal care to up to 31 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 29 people using the service.

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

The new provider had developed a comprehensive action plan when they purchased the home, to which significant progress had been made. They had plans to address some outstanding issues, including improving the availability of activities and consistency of care staff. Some care plans and risk assessments lacked detail about people's personalised care needs. Further improvement was needed to the culture of the home to improve staff morale and develop a positive ethos. A vision and values statement had been developed with opportunities for staff to contribute.

People were happy with the care they received and said they felt safe. The provider was confident staffing levels were at the correct level, some staff disagreed. We have made a recommendation about this. Safeguarding concerns were investigated and recommendations were implemented. Staff knew about the whistle blowing procedure and could raise concerns, if needed. Health and safety checks and risk assessments were carried out to keep people and the environment safe. Medicines were managed safely and staff followed good IPC practices.

Staff supported people to have enough to eat and drink and to access health care appointments. Improvements were needed to ensure staff received regular formal supervision and a more in-depth induction programme. We have made a recommendation about this.

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.

Complaints were logged and investigated. There was a structured approach to quality assurance.

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

Rating at last inspection

This service was registered with us on 16 February 2022 and this is the first inspection. The last rating for the service under the previous provider was good, published on 23 August 2018.

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.

Recommendations

We have made recommendations in relation to staffing and inducting new staff.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Cedar House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the 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

An inspector carried out this inspection.

Service and service type

Cedar House Care Home 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. Cedar House Care Home 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 not a registered manager in post. The manager had applied to register and was awaiting a decision.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 5 October 2022 to help plan the inspection and inform our judgements. We also reviewed information we had received about the service since registration. We sought feedback from the local authority. 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 with 7 people who lived at the home and 8 relatives about their experience of the care provided. We spoke with 5 members of staff including the nominated individual, a newly employed manager; 1 care co-ordinator and 2 care workers. We also received email feedback from 5 staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 including care records and medicines records. We also reviewed 5 recruitment files and a range of other records related to the safety and management 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to protect people from the risk of abuse. Safeguarding concerns were referred to the local authority and investigated.
- People and relatives told us the home was safe. Relatives told us their family members were safe and well cared for. A person commented, "Oh I feel safe, it has been canny [nice] up to now."
- Staff knew about the whistle blowing procedure and said they would raise concerns to keep people safe. A staff member told us, "I've never had to whistle blow, I would report any incident that involved my residents immediately."

Assessing risk, safety monitoring and management

- The provider effectively managed risks and acted to help keep people safe.
- Health and safety checks were completed to keep the environment and equipment safe.
- Risk assessments were carried out and measures identified to help keep people safe from harm. The manager was reviewing risk assessments to in order to make them more personalised.
- Staff supported people sensitively when they were anxious or distressed.
- The provider had policies for dealing with unforeseen emergency situations, this included personalised plans to support people in an emergency.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. The provider monitored staffing levels to ensure enough staff were available to meet people's needs. Although the provider was confident staffing levels were appropriate, we received mixed feedback from staff about this. The tool used monitor staffing levels was quite general and did not take account of specific factors relating to the home. In particular, the layout of the building and the views of people, relatives and staff. Therefore, it provided limited assurance about the appropriate levels of staff.

We recommend the provider reviews the tool used for determining staffing levels to ensure it is robust enough to evidence staffing levels are appropriate.

- Staffing levels were maintained. However, some people and staff told us high turnover of staff adversely impacted on the ability to fully meet people's needs. A person told us, "Staff turnover is ridiculous. There is a big staff turnover." A staff member said, "Quite a lot needs to improve within Cedar House. The turnover of staff is terrible at the minute."
- The provider was aware of staffing issues and had acted to address them. This included working to

improve staff morale and an on-going recruitment programme to recruit new staff.

- New staff were recruited safely.

Using medicines safely

- Medicines were managed safely. People confirmed they received their medicines when they were due. A person said, "Oh yes they give me my tablets every day. I get them when they are due, three times a day." Relatives also said medicines were given on-time. A relative said, "When [family member] was at home they weren't taking their medication correctly. [Family member] gets their medication at the right times now."
- Records showed people received their medicines when they were due. The provider had recently implemented additional weekly audits to ensure staff followed the correct medicines procedures.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The provider was following Government guidance about visiting care homes, which meant there were currently no restrictions.

Learning lessons when things go wrong

- The provider investigated accidents and incidents and acted to keep people safe.
- The provider had improved the systems for monitoring and reviewing incidents. The findings were analysed to identify learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed on admission to the home. This included considering social, cultural and religious needs people had.
- The assessments were used as the baseline for developing care plans.

Staff support: induction, training, skills and experience

- Improvements were required to ensure all staff felt supported. We received mixed feedback about staff support, with some staff saying they did not feel supported. The provider was aware staff morale was currently low and had clear plans to improve this moving forward.
- The provider had recently implemented regular one-to-one meetings with staff and group supervision sessions. Staff also received the training they needed for their role.
- Evidence was not available to show new staff had completed an in-depth induction programme and had reached the required standards.

We recommend the provider reviews the induction programme for new staff and implements a system which evidences staff have the appropriate knowledge, skills and competencies for their role.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to have enough to eat and drink. People told us they had raised issues about the meals provided. They said the area manager had responded immediately to improve the situation. A person said, "I spoke to [area manager] and the menus have all been changed. [Area manager] is responsive to feedback. I can make suggestions to [area manager] and it gets done."
- Care plans described the support people required with eating and drinking. Where required, they had been referred to health professionals, such as Speech and Language Therapists and dieticians, for support and guidance.

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

- The provider was investing significantly in the home to provide a pleasant and stimulating environment for people to live in and enjoy.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services, where required. A person said, "If I am really bad [unwell], they will get in touch with my doctor. Everything is okay."

- Health professionals, such as community nurses, regularly visited the home to provide treatment and advice.
- Care records included information about health and social care professionals involved in people's care.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider followed the requirements of the MCA. DoLS authorisations had been approved where required. Where people lacked capacity, MCA assessments and best interest decisions had been made for restrictions placed on people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were treated well and supported to meet their needs. People confirmed they were happy with their care. A person told us, "You can ask them [care staff] to do anything and they will do it, no argument. They are fantastic."
- People had developed positive relationships with care staff. A person said, "I can't fault them [care staff], they are absolutely brilliant."
- Relatives gave positive feedback about the care their family members received and that there was good communication with the home. Relatives commented, "I think that the staff are great. I'm sure they're very caring and committed" and "The staff are friendly. They will always communicate if there's a problem. They're open and keep me informed."
- Care plans described the support people wanted with making choices and decisions.

Respecting and promoting people's privacy, dignity and independence;

- People confirmed staff treated them with dignity and respect, relatives agreed with this. A relative commented, "The staff genuinely care. I hear them dealing with other residents with care, I hear an affectionate voice and tone".
- People were supported to be as independent as possible. Care plans described how staff should support people to do as much for themselves as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care was not always planned to ensure people received personalised care and the provision of activities needed improving.
- The quality of care plans and risk assessments was inconsistent. They lacked detail about the person-centred care people required. Care plans and risk assessments for one person, who was prone to become distressed, lacked information about the triggers for their distress and the proactive strategies to support them consistently.
- The provider was currently reviewing all care plans and risk assessments as part of the process of moving to electronic care planning.
- There were no activities taking place during our inspection. People, relatives and staff confirmed the availability of activities needed improving. A person told us, "It is boring, there is no company just us two and the box [TV]. Someone comes to talk to us for 5 minutes, then just goes."
- The provider was recruiting a new activity co-ordinator to replace the one that has recently left and an additional co-ordinator to provide more engagement opportunities for people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed when they were admitted into the home. Care plans described the support people needed with communication.
- Information could be made available in different formats, if required.

Improving care quality in response to complaints or concerns

- The provider investigated complaints and used the findings to improve the service.
- People and relatives confirmed they could speak with staff or the manager if they had concerns. The said the manager responded quickly to address their concerns. A relative told us, "If I had a complaint I would ring and speak to anyone who is in charge on that shift. Otherwise I would speak to the manager. I'm not nervous speaking to the staff. They do listen to me."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had made good progress towards developing a positive and person-centred culture in the home. Some staff described how difficult recent months had been and that morale was currently low, whilst others had a different view. A staff member told us, "The morale with care staff is low at the moment and I can't see it getting any better." Another staff member commented, "Working at cedar house care home is a very nice place to work. I was made to feel welcome and appreciated in my job role when I joined the team."
- Although progress had been made, the provider and manager were open about the fact further work was needed to improve both staff morale and the culture in the home. They were also clear about the way ahead and had developed clear values and a strategic plan to deliver further improvement. They had deployed senior staff from their sister home to promote good practice and were recruiting new staff. A staff member commented, "They are putting things in place. They are trying to move forward with staffing levels. [Area manager] is approachable, she will help you."

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

- The provider understood the duty of candour and was open when things went wrong. A relative commented, "They always ring me if there's a problem."
- The manager was proactive in notifying the Care Quality Commission of any significant events or incidents at the home.

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

- There were opportunities for people, relatives and staff to share their views. The provider had adapted their approach to staff meetings as these tended to not be well attended. More regular daily 'huddles' took place to ensure more staff were able to give feedback.
- The provider had consulted with people, relatives, staff and health professionals shortly after taking over the service. This was due to be repeated. A relative said, "This home is a well managed. I always get emails and phone calls, they always keep me informed. I have had a questionnaire."

Continuous learning and improving care

- The provider had developed systems to identify learning and improve people's care. The provider had

made significant progress towards completing the comprehensive action plan developed when they took over the home.

- The provider had also implemented a full range of quality assurance checks and these were effective in identifying areas for improvement.

Working in partnership with others

- The provider was working with the local authority commissioners and health professionals to help promote good outcomes for people living at the home.