

HC-One Limited

Cedar House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cedar House is a nursing home for up to 42 older people. At the time of our inspection, 39 people were living at the service. The service is managed by HC-One Limited, an organisation providing care in over 300 care homes across the United Kingdom.

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

People were happy living at the service. They liked the staff and felt their needs were met.

People were safely cared for. They were given their medicines in a safe way. Risks were assessed, planned for, and mitigated.

Staff felt well supported and had the information they needed to care for people.

People's care had been planned to reflect their needs and choices.

There were suitable systems for monitoring and improving the quality of the service, including dealing with complaints, investigating when things went wrong and learning from these incidents.

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

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 February 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 provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 25 January 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, safe care and treatment and good

governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led which contain those requirements.

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. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedar House on our website at www.cqc.org.uk.

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.

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Cedar House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 2 inspectors, a member of the CQC medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cedar House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Cedar House is a care home with 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 looked at all the information we held about the provider, including their action plan, information from the local authority and notifications of significant events. 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.

During the inspection

We spoke with 8 people who lived at the service and staff on duty, who included care workers, senior care workers, catering and domestic staff, and the management team. We looked at the care records for 6 people who lived at the service and other records used by the provider for managing the service. These included audits, meeting minutes, records of complaints, accidents, and incidents.

We observed how people were being cared for and supported. Our observations included, 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 looked around the building, at the environment, equipment, and cleanliness. We looked at how medicines were being managed.

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.

Using medicines safely

At our last inspection, we found the arrangements to manage people's medicines were not robust and this meant that people were placed at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement and the provider was no longer breaching this part of Regulation 12.

- Medicines were managed in a safe way. They were stored securely at the recommended temperature. There was adequate stock of prescribed medicines. Waste medicines were recorded and disposed of appropriately.
- We observed staff administering medicines. The staff were polite, knew the people well, gained consent, and signed for each medicine on the electronic medicine administration record (MAR) after giving each medicine.
- Medicines were administered as prescribed including medicines to be given at specific times.
- Medicine care plans were in place, these provided guidance to staff about people's medicines and how to support them with their health needs.
- Some people living at the home were prescribed medicines for pain relief and constipation to be taken on 'when required' (PRN) basis. Guidance in the form of PRN protocols or information in care plans was in place to help staff give these medicines consistently.
- There was a process in place to report and investigate medicine incidents.
- The staff received training and were competency assessed to handle medicines safely.
- The staff worked with the local GP and other health professionals in the area. This helped with medicine reviews being carried out regularly and for medicines to be prescribed in a timely manner.

Preventing and controlling infection

At our last inspection, we found the systems for preventing and controlling infection were not robust and this meant that people were placed at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement and the provider was no longer breaching this part of Regulation 12.

- There were suitable systems for preventing and controlling infection. These included checks on the cleanliness of the environment and equipment. We found the building was clean and people confirmed staff

regularly cleaned their rooms.

- The staff had training to understand about good infection control procedures. The registered manager checked their knowledge and observed how they followed procedures.
- The provider had updated their procedures in line with government guidance regarding COVID-19. There was enough information about these for staff, people using the service and visitors.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from the risk of abuse. The staff undertook training to enable them to recognise and know when to report abuse. They demonstrated a good knowledge regarding this.
- People told us they felt safe. There was information within the service user guide and on display about safeguarding.
- The provider had worked with the local authority and others to investigate and respond to allegations of abuse to help protect people from harm.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and planned for. The staff carried out comprehensive and personalised assessments which set out how risks would be managed. These were regularly reviewed and updated.
- The environment was safely maintained. There were checks on building and equipment safety. Action had been taken when problems were identified.
- Staff undertook training to understand how to support people to move and eat in a safe way. We saw staff supported people well and in line with good practice.

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

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

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

Staffing and recruitment

- There were enough staff deployed to meet people's needs and keep them safe. People told us they did not have to wait for care. We saw staff attending to people's needs promptly.
- The provider mostly used their own permanent staff to meet the needs of the service. When temporary staff were deployed to cover staff absences, there were systems to help make sure they familiarised themselves with the service and people's needs.
- There were procedures to help make sure only suitable staff were employed. These included carrying out checks on them, a thorough induction, training and assessments of their skills, knowledge and competencies.
- The registered manager carried out additional training to help make sure staff knew how to provide good

care. For example, they had carried out training sessions about how to support someone to have a bath and with oral care. The registered manager observed staff and carried out additional training when needed.

Learning lessons when things go wrong

- There were systems to help staff learn when things went wrong. The staff recorded all accidents, incidents and other adverse events. These were discussed with the management team and investigated.
- Following any incidents or adverse events, the registered manager carried out a lessons learnt exercise, looking at what happened and whether things could have been done differently. This learning was shared with all staff. Changes to the service as a result of lessons learnt were implemented across the whole service, to help prevent reoccurrence of these incidents.
- The management team analysed all accidents to identify any trends or patterns. Through this work they had identified where specific improvements were needed and had implemented these.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, the care and treatment provided to people were not always appropriate, meeting their assessed needs, or reflecting their preferences. Additionally, they did not always have opportunities to take part in meaningful activities. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement and the provider was no longer breaching Regulation 9.

- People received personalised care which met their needs and reflected their preferences. They, and their families/representatives, had been involved with planning their care. Care plans included information about their individual needs and wishes. These were regularly reviewed and updated.
- The provider had been responsive to people's changing needs. They had implemented good practice guidance to help with this. For example, reviewing how oral care was provided and updating care plans and guidance for staff.
- People told us their needs were met and they were happy with the care provided. People had regular showers and baths. They were happy with the laundry service and felt improvements had been made to the way they were cared for.
- People were able to participate in a range of social and leisure activities. There was a planned programme of group activities and staff also helped people with ad hoc events. People's individual interests and hobbies were recorded and, where possible, they were supported to pursue these. People told us they had opportunities to go on trips outside the home and take part in social activities they enjoyed.
- The provider had made special arrangements to help some people settle and feel safe when they had first moved to the home. For example, one person missed their pet dog. The provider had arranged for the dog to regularly visit the person and spend time with them at the home.

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 met. The staff had assessed these needs. Their care plans recorded

how people communicated, including any barriers to communication.

- The staff spoke a range of different languages. This meant most people living at the service had some staff who could speak with them in their first language. The staff undertook training to understand how to communicate with people who had dementia and those with sensory impairments.
- Information about the service was available in different formats for people who needed this.

End of life care and support

- People who were cared for at the end of their lives were given the support they needed. The staff worked closely with palliative care teams and other healthcare professionals to assess, monitor, and meet people's needs. People were supported to stay comfortable and have their pain reduced.
- Care plans included information about people's preferences for end of life care and funeral arrangements. These included any religious needs.
- Staff worked closely with families to help make sure they felt involved and had the support they needed at this time.

Improving care quality in response to complaints or concerns

- There were systems to investigate and respond to complaints and concerns. People were aware of the complaints procedure and knew what to do if they wanted to make a complaint or discuss a concern.
- The provider's records showed complaints had been investigated and learnt from to improve the service.

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.

Continuous learning and improving care

At our last inspection, we found systems and processes to monitor and improve quality and to monitor and mitigate risk were not always operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement and the provider was no longer breaching Regulation 17.

- Whilst improvements to the service had been made and these had a positive impact on people's safety and quality of life, the service was adversely affected by issues with internet connection. This had affected the way in which medicines were recorded and was a barrier for moving to other electronic recording systems. This had not impacted on people's care.

We recommend the provider review the provision of the internet to improve functionality of online systems and recording.

- There were systems and processes for monitoring and improving the quality of the service. These were implemented effectively. The staff and managers carried out a series of checks and audits. These helped to identify where improvements were needed.
- The registered manager worked with staff to have a good oversight of people's individual needs and changes in these. They monitored changes in people's health conditions. We saw these had been responded to and people had received the support they needed.
- The provider was developing the service as a specialist dementia care home. They had started to update and improve staff training and qualifications in dementia, as well as working with other organisations and professionals to improve the care and environment in line with best practice guidance. The specialist training was provided to all staff including those not directly involved in care provision, such as domestic and administrative staff.
- The provider had good systems for learning when things went wrong. They supported staff to understand what had happened and what could have been done differently.

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

- There was a positive and person-centred culture at the service. People felt well supported and had good relationships with the staff. Some of their comments included, "They are really good, the staff are

outstanding, and I get well looked after", "[Staff] are smashing", "We are lucky to be here" and "They spoil me. I love it here, if you want something they get it for you."

- Staff were kind, gentle and caring towards people. They involved them in decisions and were responsive when needed.
- Staff felt well supported and happy working at the service. They had opportunities to develop their skills and training. They felt the registered manager was open and transparent and they learnt from them.
- The registered manager had achieved a care home award for their work mentoring and providing pastoral support to overseas nurses who had worked at the service during 2022.

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 provider understood their responsibilities under the duty of candour. They had investigated, responded to, and apologised when things went wrong. They were open and transparent about this with people using the service and other stakeholders.

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

- The registered manager was suitably qualified and experienced. They were a registered nurse and had undertaken qualifications in care. They supported, trained, and mentored staff to help make sure they understood their roles and responsibilities.
- There was a range of policies and procedures which reflected legislation and good practice guidance. Staff were familiar with these and had access to these and a range of other relevant information.
- There were handovers of information for each shift and daily meetings of the heads of departments to discuss the service and how staff should support people.

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

- The provider engaged with people using the service and other stakeholders. They organised regular meetings to discuss the service and people were able to contribute their ideas during these.
- People's equality needs were assessed and planned for, including specialist diets, meeting religious needs and providing equipment to help overcome challenges associated with people's disabilities. People told us they felt their individual needs, culture, and preferences were respected.
- People using the service and their families were involved in regular reviews of their care. This meant they could speak up about what they wanted. The provider listened to them and made changes which reflected their wishes.

Working in partnership with others

- The staff worked with others to help make sure people's needs were met. They liaised with healthcare professionals, making referrals when needed and following their guidance and advice.
- The registered manager worked closely with other managers and the local authority to help share good practice and lessons learnt.