

Orion Healthcare Limited

Cedar Lodge

Inspection report

Culford
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cedar Lodge is a residential care home providing personal care to up to 25 people. The service provides support to older people, people living with dementia and younger adults. At the time of our inspection there were 18 people using the service. Accommodation is over two floors and there is a shaft lift to access the upper floor.

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

The provider's governance systems in monitoring the quality and safety of the service were still ineffective. The provider was reactive to events that arose and did not use effective systems to proactively identify risk with planning for improvement of the service and meet challenges that arose. One example was a risk posed to people and staff in obtaining timely insurance. There was a reliance on other system partners such as the local authority to support the service to resolve this.

Since our last inspection the registered manager has worked along with the support of partner agencies to improve Cedar Lodge. However, the provider has continued not to have effective oversight of the service. There continued to be a lack of provider audits with action plans and timely completion of essential works needed. For example, in relation to repairs and upkeep of the premises. There was minimal evidence of provider input in monitoring the service.

Risks to people identified at our last inspection had been mitigated to a degree. With support from the local authority a system was now in place. Risk management plans had been reviewed and updated, but action to keep people as safe as they could be had not been appropriately taken. For example; to mitigate the risk of falls over low banisters, whilst we were told by the registered manager wood had been purchased, banisters had not been installed.

The environment was cleaner. A deep clean had taken place. Additional staff were employed to maintain cleanliness at weekends. However, we had to point out to the registered manager continued cleanliness concerns, such as dirty toilet raiser seats, a soiled shower chair and stained bedding. The registered manager responded to our identified shortfalls and ensured these were dealt with.

The environment had not been upgraded to maintain cleanliness. There were still damp and mould in a bathroom, flooring had not been replaced in any bathroom, en-suite or toilets. Flaking paint was still evident in an en-suite shower. The laundry room still had no wash hand basin. This meant people and staff were still at risk of cross infection. Basic maintenance had taken place such as painting five bedrooms. Additional care staff have been recruited and resident numbers have reduced. This had led to people being more appropriately supported and cared for.

The registered manager had worked well with the local authority safeguarding team and had acted upon their recommendations. This had led to more effective safeguarding systems in place to protect people from

the risk of harm or abuse. Best interest assessors have been involved in review of people's needs and up-skilling staff which meant consent was better understood and documented.

People were better supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the provider had accessed systems of support through the local authority to better address their responsibilities under the Mental Capacity Act.

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 inadequate (published 24 March 2022).

At our last inspection we found breaches of the regulations in relation to keeping people safe from avoidable harm, a lack of staff and records such as risk assessments and care plans were not adequate. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

Outcome

This service has been in Special Measures since 24 March 2022. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate in safe and well led. Therefore, this service is no longer in Special Measures.

At our last inspection we recommended that people should have individual information relating to medicine administration. At this inspection we found people had medicine profiles that explained to staff how best to support each individual with their medicines.

Why we inspected

We carried out an unannounced targeted inspection of this service on 1 August 2022.

We undertook this inspection as we had been made aware that the service was struggling to obtain insurance and to check if the provider had made improvements to meet the legal requirements from our last inspection. This report only covers our findings in relation to the key questions safe and well-led.

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 inadequate to requires improvement. 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 Lodge 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.

Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have found ongoing breaches in relation to ineffective management and governance of this service and ineffective management oversight of cleanliness and hygiene at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cedar Lodge

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 carried out by one inspector.

Service and service type

Cedar Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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 gained feedback from partner agencies within the local authority. We examined the monthly information submission received since our last inspection. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information

about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We toured the whole premises. We observed care and support between people and care staff supporting them. We spoke with two people. We examined a number of records relating to recruitment, staffing, care plans, auditing and management oversight.

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 inadequate. At this inspection we have rated this key question requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection we found the provider had not mitigated risks to people receiving unsafe care and treatment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulation 12.

Preventing and controlling infection including the cleanliness of premises

- After our last inspection the provider did a deep clean of the premises and employed an additional cleaner. During this inspection we identified areas which we informed the registered manager of that were not clean.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We toured the premises and found four commodes/raised toilet seats/shower chair with brown matter underneath them. We were informed by the registered manager that was because the cleaner had yet to complete their tasks. However, later in the day, upon reinspection two were still found to have brown matter underneath. Flooring in toilets, bathrooms and en-suites was still heavily stained and a lack of repair and refurbishment meant they were unable to be cleaned. This meant the risk of cross contamination remained and people were at risk of acquiring infections.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The laundry room where soiled laundry was processed by care staff continued not to have handwashing facilities such as a wash hand basin, paper towels and liquid soap facilities. Laundries are a high-risk site for cross infection. The registered manager was asked by the Inspector to mitigate the risk identified that day and place hand gel in the room as a preventative measure.
- We were not assured that the provider was preventing visitors from catching and spreading infections. The inspector had entered the premises and visited communal areas without staff following the correct procedures on arrival, of signing in, temperature taken, and lateral flow test shown and confirmed as negative.
- We cannot be assured that the provider's infection prevention and control policy was followed given the above concerns found.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk from falls had been assessed. We observed a person, who was living with dementia, walking around the home and up and down stairs following repeated routes. We had identified this person at the previous inspection. An assessment, weighing up risks, was now found in their care plan. Whilst paperwork was now in place, a key mitigating action had not been taken. The main stairs with low banisters had yet to be altered

as planned to prevent a person from falling from height. The registered manager informed us wood had been purchased but had not been installed. There was not a firm date for actioning this. Therefore, people were still placed at risk of avoidable harm.

Systems were either not in place or robust enough to demonstrate the management of risk was effectively managed. This placed people at risk of harm. This demonstrated an ongoing breach of regulation 12 [Safe Care and Treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Risks to people's safety had been reduced following support received from the local authority and safeguarding staff. Care plans with individual risk assessments were more informative and guided staff with matters such as diabetes, catheter care and epilepsy.
- Previous elements of concern such as people with distressed behaviour had been developed. We did not see any incidences during the inspection. Care records had assessed people's needs and involved advice from dementia specialists. Clear advice was in place to guide staff to how to de-escalate incidents with the individual person.
- Every person now had a care plan with risk management plans in place that were regularly kept under review.
- People were no longer at risk of scalding, as thermostats had been installed on hot water outlets identified at the last inspection. People were no longer at risk from toppling furniture because wardrobes had also been secured to walls to prevent potential injury. Previously people living with dementia had access to items such as razors and beauty products as items were not secure. These were no longer found in open shared bathroom cabinets.

Visiting in care homes

- People were able to have family and friends visit them. The previous weekend there was a barbeque with families and friends who were able to join in the entertainment and refreshments provided. A risk assessment was in place to mitigate any potential risks to people.

At our last inspection we found the provider had not mitigated risks to people receiving unsafe care and treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk from abuse

- At our last inspection we found safeguarding incidents which had not been referred to the local authority safeguarding. Incidents such as violence between people and a person going missing. Since that time we have been informed by the local authority and have seen evidence that the registered manager has co-operated with investigations and has supplied any information requested.
- The registered manager spoke of a positive professional relationship with the local authority safeguarding team. They had cooperated with investigations and findings to ensure people were kept safe.
- With the support of the guidance and support of the local authority there were systems in place to safeguard people at risk of abuse. Staff had received training and knew how to identify concerns and report them.

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. Applications for DoLS had been made and best interest assessors were visiting to assess.

At our last inspection we found the provider had not ensured safe care and treatment. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was no longer in breach of regulation 18.

Staffing and recruitment

- At our previous inspection we identified a breach of regulation 18 because there were insufficient staff to meet people's needs. At this inspection visit there were enough staff available to meet people's needs. Care staff and a cleaner had been recruited. There remained one vacancy for a full time cook. This was covered by a permanent agency cook. The provider has changed their stance on employment of agency staff and now has a system in place to allow access to this resource.
- People told us that there were enough staff. We could see that people were supported to start their day in a timely way. People looked well cared for with staff and people looking relaxed.
- Rosters showed that the registered manager was not part of the care support staff and had time to manage the service. During the day there was a minimum of three care staff, with most days having a fourth staff member. At night there was two care staff. Care staff were supported by a cook seven days a week and domestic staff six days a week, rising to seven days two weeks in four. [As seen on rosters provided] This level of staffing was much improved since our last inspection.
- The registered manager was on permanent 'on call' duty. We recommend this be reviewed to allow the registered manager to have meaningful time off.
- Staff had been safely recruited. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- We had previously recommended that people had a medicines profile in place. This had been acted upon with each person having a medicine profile that told staff what medicines were prescribed and what support people required to take their medicines as required.
- Staff had received training to administer medicines.

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 inadequate. The rating for this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found the provider had failed to monitor the quality of service on offer. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Following our last inspection, the provider still did not have effective systems and processes in place to ensure they had a good oversight of the service. The provider was reactive to events that arose and did not use effective systems to proactively meet challenges. One example was a risk posed to people and staff in obtaining timely insurance. Additionally, issues were not identified and addressed as noted in the safe section of this report.
- The provider had visited the service since our inspection but had not produced any report or actions based upon their visit. The infection control risks we have identified and risks relating to the main staircase had not been identified and noted for immediate action by the provider.
- At our last inspection, we found, when incidents occurred there was not a system in place to monitor and review these. There was a system in place now, but this remained ineffective. In July 2022 the records [called audit stats report] showed zero urinary tract infections (UTI) but we could see from care records that at least two people were diagnosed with a UTI. Therefore, this needed better oversight by the provider to develop and improve systems to ensure they effectively drove improvement for people and enhance their care.
- There was a reliance on other system partners to guide and resolve matters at Cedar Lodge. Whilst the registered manager had been quick to react to issues raised by system partners and the inspector throughout the inspection visit. There remained a lack of framework and sustainability in place to show continuous improvement. There was a lack of support for the registered manager. Improvements made have yet to be embedded and be tested.
- A nominated individual had been appointed. We were told by the registered manager they had spent many days at Cedar Lodge. However, they like the provider had not produced a report or actions based upon any of their visits. We were sent blank templates of the intention to complete and monitor quality.
- There were no minutes kept of management meetings to show actions agreed or action taken by those assigned as responsible. There remained a lack of action by those responsible for oversight to evidence clear planning to drive improvements in a timely manner to improve people's experience and keep them safe at this service.
- Following our inspection in March 2022. In response to our findings some action had been taken by the

registered manager. They worked with system partners and complied to the imposition of CQC conditions. We were informed of the immediate action taken to secure wardrobes, restrict hot water temperatures, reseal around bathroom furniture and complete a deep clean of the premises.

- An action plan had been sent to CQC. We examined the latest updates. This told us that care plans and risk assessments were completed. We sampled records of high-risk activities and found this to be the case. However, the main staircase did not have additional handrails installed to mitigate the risk of falls. People were not as safe as they could be as the stairs were accessible at the top and bottom of the stairs.
- The current action plan in place fails to address the environmental upgrades required for this service.
- The downstairs toilet nearest the front door still had a leak, (identified at our last inspection) from the down pipe with grey mould and damp to the ceiling and posed a health risk to older vulnerable people.
- The en-suites had not been upgraded. We saw a toilet on a wooden plinth that was perished and could not be effectively cleaned. Flooring remained in need of repair or replacement. Taps in en-suites were still found with encrusted limescale. Peeling paint was observed, from painted tiles in shower cubicles. These areas continued to pose a high risk of harbouring bacteria and potential illness to people. The lack of action to ensure repair and refurbishment of the premises also compromised the dignity of people to live in such conditions. Action had not been taken by the provider despite recently visiting and touring the premises.
- The underside of commodes, toilet raisers and shower chairs were not routinely cleaned. We had to point this out to ensure it was completed and the registered manager then added these areas to the cleaning schedule that had already been reviewed since our last inspection.
- Some new duvet covers had been purchased, but we saw one that had a rip, another stained and a valance perished and bleach stained. This meant respect for people's dignity was compromised.
- The most recent action plan identified just seven bedrooms for painting. Five bedrooms were said to be painted and furnishings replaced. This was general maintenance and should be ongoing. This did not constitute refurbishment as described in the action plan. The provider was not driving improvement of the environment in a timely manner.

There remains a failure to understand, assess, monitor and mitigate risks, to maintain accurate and fit for purpose care records with ongoing plans to ensure improvement of the service demonstrated an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection we were concerned that the registered manager did not follow their duty of candour and notify authorities of significant events. Such as safeguarding incidents and a COVID 19 outbreak that was current on the day of our inspection. Since that time, there has been an improvement of candour and working with others.
- Staff meetings have regularly been held with minutes kept and all staff have been informed of the actions required as they were given our last inspection report.

Working in partnership with others; Continuous learning and improving care

- The registered manager has accessed several professional services offered since our inspection in March 2022. This included the fire service who recommended some changes that have been acted upon. The local authority health and safety representative visited to offer advice.
- The registered manager worked in partnership with the local authority safeguarding department to facilitate their enquiries and listened and followed their recommendations.
- The registered manager refreshed their qualification in moving and handling people and their train the trainer certificate to cascade this training to staff employed at Cedar Lodge.

