

# Review of compliance

Roseberry Care Centres UK Limited Cedar Grange	
<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	Main Street Cherry Burton Beverley East Riding of Yorkshire HU17 7RF
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	November 2012
<b>Overview of the service:</b>	Cedar Grange is a large detached building situated in the village of Cherry Burton which is on the outskirts of the market town of Beverley. The service is registered to provide personal care and support for up to 31 older people. The location comprise of a large detached house with a separate bungalow described as the annexe for eight people.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Cedar Grange was not meeting one or more essential standards.  
Action is needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 September 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

### What people told us

People told us what it was like to live at this home and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people living in care homes were treated with dignity and respect and whether their nutritional needs were met.

The inspection team was led by a Care Quality Commission (CQC) inspector joined by an Expert by Experience who has personal experience of using or caring for someone who uses this type of service and a practising professional.

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

### What we found about the standards we reviewed and how well Cedar Grange was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was not meeting this standard. We judged this had a minor impact on people

using the service and action was needed for this essential standard. People's privacy, dignity and independence were not respected.

### **Outcome 05: Food and drink should meet people's individual dietary needs**

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

### **Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. There were not enough qualified, skilled and experienced staff to meet people's needs

### **Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People's personal records including medical records were not always accurate and fit for purpose

### **Actions we have asked the service to take**

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

### **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is non-compliant with Outcome 01: Respecting and involving people who use services. We have judged that this has a minor impact on people who use the service.

### Our findings

#### What people who use the service experienced and told us

People who lived in the annexe part of the home told us that they were able to move around freely as they wished. They did not lock their doors and had free access to all areas of the home.

One person told us that they were aware of their care plan but that they had not been involved in the development of this. One person told us that they would like to go out more.

#### Other evidence

Is people's privacy and dignity respected?

When we spoke with the staff team they told us how they respected people's privacy and dignity in everyday practice. Examples of this included that staff made sure doors were shut and people were covered when receiving personal care. Another staff member told us that one person requested not to have male carers and that her wishes were upheld.

Staff also gave us examples of maintaining people's dignity. For example, they made

sure they were at the person's eye level when speaking to them and would always speak quietly if they were discussing something personal with the individual. Staff also said that they would never talk about a person in front of others.

There was information regarding 'Dignity Champions' in the home and a member of staff told us that this was something that was being developed in the home. We observed that one person was had palliative care needs, yet it had been decided at the service that this person could reside in a shared room. As the person required additional support with their health and palliative care, possibly over a 24 hour period, it was unclear how this could be discreetly provided in a shared bedroom. The provider may wish to note that sharing in these circumstances did not protect people's privacy and dignity needs.

We observed the interactions between the people who lived in the home and the staff team. We saw that these were respectful with staff speaking appropriately. However, staff did not always inform people what their lunch was when this was brought to them. Additionally we noted that although there was a pictorial menu board on display this did not record the meal of that day. The provider may wish to note that without this it was unclear how people were aware of or could remind themselves of the meals they were going to have that day.

Staff told us that they supported people to maintain their independence and encouraged individuals to do as much as they could themselves.

Staff responded in a timely manner to people's needs. We noted that one member of staff who had worked there for just a few weeks knew people's names and spoke to people politely. However we noted that over the lunchtime period a member of staff had to stop supporting one person with the eating of their meal to assist a second person, as there was no other staff in the dining room.

Are people involved in making decisions about their care?

When we spoke with staff we were told that all of the people who lived in the home had a care plan which recorded their preferences. We were also told that people had a pre admission chart which gave information about the person's needs in relation to their personal hygiene, mobility and nutritional needs.

When we looked at people's care files we saw that these did not contain details of people's needs in relation to the type of diet they required and there was limited information about people's dietary preferences or personal care needs. For example, there was a basic sheet that recorded 'A few of my favourite things', with limited examples. Additionally people's files included a 'Personal Preference Plan' that included significant dates for the person, their likes and dislikes regarding food, drink, when to get up and when to bathe or shower. Although this was again basically completed and some sections were blank.

The provider may wish to note that without comprehensive information regarding the person's choices it would be difficult to ensure that people's choices were fully met.

There was no evidence that people had been consulted about their care needs. However, one persons' representative had been involved in their relative's care review.

When we looked at people's care files we saw that there was a section to address how the person expressed their sexuality. This included any areas of support, for example, for one person to wear make up and perfume.

**Our judgement**

The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. People's privacy, dignity and independence were not respected.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

One person who lived in the home told us that there was a menu for each day. However, if they did not want this could have the option of a sandwich. Another person told us that staff ensured that people had enough to eat and drink and that this was monitored.

People we spoke with told us that they did not have any strong religious dietary needs.

##### Other evidence

Are people given a choice of suitable food and drink to meet nutritional needs?

We were told by staff that people who lived in the home had a choice for breakfast and evening meals but there was only one option for lunch. However, the cook told us that if people did not want what was on the menu then they could have an alternative such as a baked potato or a sandwich. She also confirmed that snacks which included fruit, biscuits and cakes were given three times throughout the day. We observed that two people who did not like their lunch were offered toast and a jam sandwich respectively.

We observed in the annexe of the home that people were able to have drinks and snacks as and when they requested this.

The menu which was for a four week period looked varied and nutritious.

Are people's religious or cultural backgrounds respected?

We spoke with the manager who told us that no-one who lived in the home had specific needs regarding their diet in relation to culture, religion or gender. But that the home would be able to address this should this need arise. People's files included a section that addressed their religion and spiritual activities although the spiritual section was blank. The provider may wish to note that without this information it was unclear how people's spiritual needs were fully met.

Are people supported to eat and drink sufficient amounts to meet their needs?

Staff told us that they assisted people with eating and drinking and were able to tell us the number of people who required help with this. We observed two staff supporting people whilst they ate their meal. This was done in a dignified and quiet way.

We talked to staff about specialist diets and they told us how people received an increased calorie intake from milk shakes, porridge with added cream and adding extra butter and cream to potatoes.

People's care files included risk assessments regarding diet and nutrition. However monitoring of this was not consistent as fluid and diet charts were not consistently completed, again the records were unclear how fluid and dietary intake was adequately monitored to ensure that people's needs were fully met.

The service had assessed one person as high risk of malnourishment so needed their food and fluid intake monitoring. There were no food charts for this person and the fluid charts were filled in inconsistently. One day there was only three entries and other days 17, there was also no totalling of the fluid intake. It was unclear how this person's needs were adequately monitored.

### **Our judgement**

The provider was meeting this standard. People were protected from the risks of inadequate nutrition and dehydration

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People who lived in the home told us that they would raise any concerns they had to the staff team.

##### Other evidence

Are steps taken to prevent abuse?

We saw that there was a copy of the local authority policy for the protection of vulnerable adults available within the home. This offered advice to staff on the actions to take should an allegation of abuse be raised. Additionally we saw that there were records of all notifications sent to the CQC.

When we looked at the staff training matrix we saw that the majority of staff had undertaken training in the protection of vulnerable adults (POVA) within the last year.

We also looked at the systems in place to support people with the handling of their finances and saw that these were on the whole electronic records. However there were individual records with receipts kept for monies received and purchases made.

Do people know how to raise concerns?

When we spoke with staff who worked in the home they gave good examples of practice about which they would raise as concerns. These included speaking loudly to someone, leaving someone without a drink or not attending to their personal care

needs.

Staff told us they would report any abuse to their manager.

We received information of concern regarding the way staff spoke with people who lived in the home and how the manager handled information of concern. These concerns were referred to the provider and we received an action plan from the provider on how they would investigate these concerns.

Are Deprivation of Liberty Safeguards used appropriately?

We looked at people's care files and saw that one of these included records of a Best Interest meeting. Best Interest meetings were organised by social care professionals and included health care professionals, relatives and other interested parties. The people who attended the meeting were invited to make decisions about a person's health or wellbeing when the individual was unable to make the decision themselves.

When we spoke with the senior member of staff they told us that two people had been the subject of an assessment within the Mental Capacity Act (MCA) 2005 but that no-one had been subject to a deprivation of liberty safeguard.

When we spoke with staff the senior care assistant they were familiar with the Mental Capacity Act 2005 and discussed people's capacity for decision making. However none of the care staff were aware of the deprivation of liberty safeguards (DoLS).

### **Our judgement**

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is non-compliant with Outcome 13: Staffing. We have judged that this has a minor impact on people who use the service.

#### Our findings

##### What people who use the service experienced and told us

People we spoke with did not comment on this standard.

##### Other evidence

Are there sufficient numbers of staff?

We found one member of staff was allocated 10 hours per week for supporting people with activities and the service was currently recruiting another person for 20 hours per week. We saw that activities available included bingo, painting, ball games and manicures. However, staff told us that there was not enough time to do a lot of activities with people.

We observed that there were two staff to support 18 people at lunchtime. This included serving the meal and drinks and assisting people with the eating of their meal on an individual basis. We noted that at times there was only one member of staff in the dining room and at one point they had to stop supporting one person with the eating of their meal to attend to another person. We saw that one person had to wait to be given her lunch because there was not enough staff to adequately support those people already eating.

In the annexe area of the home there was one member of staff to support people with their lunch. By the time the lunch had been served some of it was cold and had to be re-heated. This did not ensure a nutritious meal was taken and that people's needs were met.

Two of the three staff we spoke with felt that there were not enough staff in the home. We were told that there were people who lived in the home who required the support of two staff and that this was a times difficult to manage.

One staff member told us that people did not always get drinks as there were not enough staff and that sometimes they had to support a person to get up on their own even if they required two staff.

We noted that the duty rota recorded four staff for 26 people. Eight of these people lived in the annexe part of the home.

We discussed the staffing levels with the senior member of staff and a visiting manager. We were informed that the amount of people living in the home had recently increased and staffing levels had not yet been amended to reflect this.

Do staff have the appropriate skills, knowledge and experience?

We looked at the staff training matrix held within the home and saw that staff had attended a variety of training courses. This included fire training, food hygiene, moving and handling, infection control and medication. We were shown details of a course regarding healthy eating and nutrition and were told that staff were to attend this in the near future.

When we talked with staff they were knowledgeable about the people they supported.

We observed that staff interactions with people were appropriate. When one person became upset the staff offered the correct levels of reassurance.

### **Our judgement**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. There were not enough qualified, skilled and experienced staff to meet people's needs

## Outcome 21: Records

### What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

\* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

\* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

### What we found

#### Our judgement

The provider is non-compliant with Outcome 21: Records. We have judged that this has a minor impact on people who use the service.

#### Our findings

##### What people who use the service experienced and told us

People we spoke with did not comment on this standard.

##### Other evidence

Are accurate records of appropriate information kept?

We spoke with staff who told us that there was not a nutritional screening tool in place in the home but that staff carried out 72 hour assessments when people were first admitted to the home and then they monitored people's food and fluid intake.

When we reviewed people's care files we did not find any information regarding a 72 hour assessment of people's needs. However there was a Malnutrition Universal Screening Tool (MUST) in place. We saw that the tool had not been completed fully as records of people's weight or Body Mass Index (BMI) measurements had not been completed for eight months. Another record had a BMI score recorded as 'under 20' but had no details of the accurate score or any actions taken. This did not ensure that accurate records were kept of people's malnutrition risks.

We saw that there had been referrals to, and input from the GP, District Nurse and Tissue Viability Nurse. People's records included information from health professionals who provided input into managing weight loss and maintaining people's wellbeing. There were records of people's weight and risk assessments in place. However we saw

that these had not been checked or reviewed lately so were not up to date. This did not ensure that people's latest needs were known and could be provided for.

There was limited information in people's care plans of their choices in relation to personal care, what time they liked to go to bed or get up, whether they preferred a male or female carer, food and drink likes and dislikes and what activities they enjoyed. Without this information it was unclear how people's choices could be fully met.

Are records stored securely?

We observed that there were lockable filing cabinets in the main office of the home. The senior member of staff on duty informed us that people's care files were stored in a lockable office on the ground floor of the home so that staff had easy access to these.

**Our judgement**

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. People's personal records including medical records were not always accurate and fit for purpose

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p><b>How the regulation is not being met:</b> The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. People's privacy, dignity and independence were not respected.</p>	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p><b>How the regulation is not being met:</b> The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. There were not enough qualified, skilled and experienced staff to meet people's needs</p>	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p><b>How the regulation is not being met:</b> The provider was not meeting this standard. We judged that this had a moderate impact</p>	

	on people using the service and action was needed for this essential standard. People's personal records including medical records were not always accurate and fit for purpose
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The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 7 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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