



# Inspection Report on

**Cedars**

**Usk**

## **Date Inspection Completed**

20/04/2023

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## About Cedars

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Achieve together Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">25 January 2022</a>
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are happy, settled and enjoy close relationships with each other having lived at the service for a number of years. Improvements are needed to people's personal plans to make sure they reflect individual's current needs and are explicit in directing staff as to how to support them. Up to date risk assessments are needed to support individuals with their needs and positive risk taking. Generally, people are supported by familiar staff who know them well although, agency staff are increasingly being used to supplement the staff team which reinforces the need for information about individuals to be reliable. During our visit, we were unable to view any records for agency staff to check their fitness. The responsible individual (RI) has failed to update Care Inspectorate Wales (CIW) about significant events. The storage of people's medication requires attention as room temperatures continue to exceed safe limits. Areas for improvement have been identified and it is expected the service provider will take the necessary remedial actions before our next inspection.

## Well-being

People live fulfilling lives supported by staff who enable them to make everyday choices. People have regular routines and patterns to their daily lives. They participate in the running of the service including meal preparation, cleaning, and other domestic chores. We found the atmosphere at The Cedars is warm, welcoming, and friendly.

People are supported with their health and emotional needs. They are registered with the local GP surgery and receive community healthcare services in the form of opticians, dentists, and podiatry. Individuals are supported to attend medical appointments as and when needed.

Generally, people are safe and protected from harm although, improvements are needed to fully safeguard them. People's plans need to reflect their current needs with up-to-date risk assessments to support positive risk taking. Staff are trained to report accidents and incidents and have access to the organisation's policies. The RI has failed to report significant events about an individual and the management of the service to the regulators (CIW). The safe storage of people's medication needs attention.

People take part in leisure activities that reflect their individual choices. They attend regular clubs and events which allows them to meet up with friends. Staff support individuals to maintain relationships with their family and friends. Individuals use the local community to shop and use services. Individuals go on an annual holiday which they help chose and plan.

People live in a homely, comfortable, and well-maintained environment. The property is suitable for people's needs and is fully accessible to them. There is sufficient communal space for individuals to use for recreational purposes. On the day of our visit, individuals had been taking part in arts and crafts and we saw people's artwork displayed. To ensure people's safety cleaning and other control of substances hazardous to health (COSHH) products needs secure storage.

## Care and Support

People's plans should reflect their current needs. We looked at two people's care documents and found they both contained old and outdated information. Personal plans are person centred but are vague and lack sufficient detail to direct staff how to assist individuals. People's health needs are separated into a health profile which does not fully reflect their on-going health conditions and any management. Whilst we recognise the staff who usually support individuals know them well; there has been an increase in agency staff's use and clear instructions are needed to ensure people receive consistent care and support.

In addition, plans should include the risks to an individual's wellbeing and how this will be managed. Again, the risk assessments viewed to support individuals with their day-to-day needs are outdated. Staff reported individuals no longer display the specific behaviours set out in the assessments on file. However, individuals have on-going health needs and take risks as part of an independent lifestyle. Whilst there is no immediate impact to the individuals, this is an area of improvement, and we expect the provider to take action.

At our last inspection, we identified the review of people's personal plans as an area for improvement. Following the inspection, the organisation introduced a review document to ensure people's personal plans are routinely reviewed in line with the regulations. We consider this action has been met.

Arrangements need attention to ensure the safe storage of medication. Staff are trained to administer people's medication safely and internal audits take place on a regular basis. At our last inspection we identified the room temperatures where medications were stored were in excess of 25 degrees. Such temperatures can alter medications. We found the risks continue for one person's medication storage. Temperature checks are in place but are not taken during the highest temperature of the day. The organisational policy recommends corrective action is taken. Whilst there is no immediate impact to the individuals, this is an area of improvement, and we expect the provider to take action.

## Environment

The premises and facilities are suitable for the provision of the service. Its location, design and size are as described in the Statement of Purpose. We found the environment to be clean and well maintained. The service provider continues to invest in the service and its renovation; at the time of our visit the kitchen had recently been refurbished. There is a maintenance schedule in place and this work is carried out by a maintenance team.

People's bedrooms reflect individuals tastes and preferences with personal mementos and photographs on display. The layout of the service, together with relevant adaptations, promotes people's independence, privacy, and dignity. Individuals have access to a garden which is suitable for their needs although, we noted the need for a general tidy up as the lawns needed cutting and rubbish removed.

The service promotes hygienic practices and manages the risk of infection. Health and safety policies and in-house risk assessments are in place. However, we note that some key risk assessments require revision as they have not been reviewed since 2021. Fire safety and general health and safety checks are routinely carried out.

During our visit, we found several COSHH products in an unlocked cupboard in the kitchen. The services in-house risk assessment details this cupboard should be locked. We discussed the risks with the RI who provided assurance remedial action will be taken.

## Leadership and Management

Governance arrangements support the running of the service. The manager is experienced and registered to carry out the role. They manage a second service and are supported by a deputy manager. Staff told us they feel supported by the managers who are approachable. It has been difficult to fill the vacant staff posts at the service and recruitment is on-going. In the meantime, bank staff, staff working across the organisation and regular agency staff provide cover. We asked to view the personnel records for agency staff and told they were unavailable. Personnel records for all staff working at the service should be accessible to demonstrate their fitness to work with vulnerable people.

The RI has failed to notify the regulator (CIW) of significant events as per regulations. Since our last inspection, a manager was appointed to work at the service. CIW was not informed of this change in leadership and management which is a regulatory requirement. During this time, we found people's care documents were not sufficiently updated, and spoke with the RI about maintaining systems to ensure people receive consistent care and support. In addition, the regulator was not informed that a resident was in hospital receiving care. Whilst there is no immediate impact to the individuals, this is an area of improvement, and we expect the provider to take action.

There are suitable arrangements in place for regular review and audit of the service. Quality and audit systems which review progress and inform the development of the service are taking place although, we were unable to view them. The organisation seeks people's views and opinions of the service. Following the inspection, we were provided with copies of the service's quality report and the RI's last visit to the service.

Staff are trained and developed to perform their duties. We were provided with the training statistics for the staff team. Staff can update skills and knowledge via online and face to face training. Staff receive supervision from their line manager which provides an opportunity to discuss their development. Staff told us they have the necessary training to support them to carry out their role. Care workers are registered with Social Care Wales (SCW – the social care staff regulator).

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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15	People's personal plans failed to clearly set out how individuals would be supported on a daily basis. In addition, risk assessments did not identify how the risks attached to day to day living/ people's health were to be managed.	New
58	People's medications are not being stored in accordance with national guidance	New
60	The regulator was not informed of significant events about the service	New
60	The Regard Partnership Ltd changed their name to Achieve together in Dec 2021. The regulator was not informed of this change in name. The RI left the company in Dec 21. A replacement RI has been nominated who is being considered. The service did have discussions with CIW during registration in Nov 21.	Achieved
16	The personal plans of three residents viewed had not been received within three months- last dated August 21	Achieved

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