

Your Health Limited

# Cedar Court Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection visit took place on the 20 and 21 June 2016 and was unannounced.

Cedar Court Nursing Home provides nursing and personal care for up to 30 older people and younger adults with physical disabilities. There were 28 people who used the service at the time of our visit.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous visit on the 13 November 2013 the service was meeting the regulations that we checked.

People told us and we saw there were sufficient staff available to support them. Staff had knowledge about people's care and support needs to enable support to be provided in a safe way. Staff told us that they were supported by the management team and were provided with the relevant training to ensure people's needs could be met.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Systems were in place and followed so that medicines were managed safely and people were given their medicine as and when needed. Thorough recruitment checks were done prior to employment to ensure the staff were suitable to support people.

Assessments were in place that identified risks to people's health and safety and care plans directed staff on how to minimise identified risks. Plans were in place to respond to emergencies to ensure people were supported in accordance with their needs. Care staff told us they had all the equipment they needed to assist people safely and understood about people's individual risks. The provider checked that the equipment was regularly serviced to ensure it was safe to use.

Staff gained people's verbal consent before supporting them with any care tasks and helped people to make their own decisions. People received food and drink that met their nutritional needs and preferences, and were referred to healthcare professionals to maintain their health and wellbeing.

People were supported to socialise and take part in activities to promote their wellbeing. People told us that they liked the staff and we saw that people's dignity and privacy was respected by the staff team. Visitors told us the staff made them feel welcome and were approachable and friendly.

Staff listened to people's views and people knew how to make a complaint or raise concerns. There were processes in place for people and their relatives to express their views and opinions about the service provided. People felt the service was well managed and they were asked to express their views and be

involved in decisions related to the planning of their care. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood their responsibilities to keep people safe and were confident any concerns they raised would be listened to, and appropriate action would be taken by the registered manager. There were sufficient staff to support people and risks were identified and managed to ensure staff could minimise the risk for people. People were supported to take their medicine in a safe way. Recruitment procedures were thorough to ensure the staff employed were suitable to support people. There were arrangements in place to support people's safety in relation to the premises and equipment.

### Is the service effective?

Good ●

The service was effective.

People received support by suitably skilled and experienced staff. Assessments were in place to demonstrate that decisions were made in people's best interest when they lacked capacity to make decisions for themselves. People's nutritional needs were met and monitored and they were supported to maintain good health and access healthcare services when they needed them.

### Is the service caring?

Good ●

The service was caring.

People's privacy was respected and staff supported people to maintain their dignity. There was a positive relationship between the people that used the service and the staff that supported them. Staff knew people well and understood their likes, dislikes and preferences so they could be supported in their preferred way. People were supported to maintain relationships with their relatives and friends

### Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met and they were provided with

opportunities to participate in activities. People and their representatives were involved in discussions about how they were supported to ensure their individual needs were met. The provider's complaints policy and procedure was accessible to people and complaints made were addressed.

**Is the service well-led?**

**Good** ●

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the manager was approachable and staff felt supported in their work. There were quality assurance checks in place to monitor and improve the service.

# Cedar Court Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 20 and 21 June 2016 and was unannounced. The inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with eight people who used the service and the visitors of four people. We observed how staff interacted with people throughout the day. We spoke with the registered manager, one nurse, two care staff, the activities coordinator, the quality manager and an external consultant that was working with staff at the home to drive improvement. We looked at three people's care records to check that the care they received matched the information in their records. We reviewed five staff files to check that staff were recruited in a safe way and see how staff were trained and supported to deliver care to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

People who used the service and their visitors told us they felt safe. One person told us, "The staff are nice here, I always feel safe with them." Another person said, "I wasn't safe at home so I had to come into a care home, which I didn't like at first, as I wasn't used to it but now I am happy here and I am safe. The staff are here if I need them." A visitor told us, "I visit a lot and I have never had any reason to worry that [Name] isn't safe. It was a worry at first as you hear so much negative press about care homes but here the staff take very good care of [Name]." Another visitor said, "[Name] is safe here, they are looked after very well." The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "I would tell the manager if I had any concerns and if the manager wasn't here I would go to the nurse in charge." Staff told us they were aware of the whistleblowing policy. Whistleblowing is a way in which staff can report misconduct or concerns about poor practice in their workplace. Staff knew they could contact external agencies such as the local authority or the care quality commission.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided staff with information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. Staff told us they had all the equipment they needed to assist people, and we saw that the equipment was maintained and serviced as required. We observed staff supporting people with moving and handling equipment and this was done in a way that showed us that people were supported safely. Where risks were identified the care plan described how care staff should minimise the identified risk. For example falls were monitored and actions taken as needed to reduce the risk of further falls. We saw that one person who was at risk of falls from their bed was provided with specialist equipment to reduce the risk of injury from further falls. Staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely.

People told us that staff were available to support them as needed. One person said, "The staff help me when I need them to, I can walk short distances on my own but if I need them I can press the call bell." Another person told us, "I can't walk so the staff hoist me into my wheelchair when I need to go anywhere, they are very good." Another person said, "There is usually staff in the lounge but we can press the call bell if we need anything and they come pretty quick." We saw that there were periods of time throughout the day when staff were not present in the lounge, however staff did attend to people in a timely way when the call bell was used. Staff we spoke with told us that the staffing levels in place were sufficient to meet people's needs. One member of staff told us, "We were struggling a bit in the morning, as it is the busiest time but there is an extra member of staff on duty now and it does make a difference." We saw that staff assessed situations on an ongoing basis to ensure people were not put at risk of falls. For example one person that was new to the service, attempted to walk independently in the lounge and but they were unsteady on their feet. We saw that the staff supported this person and ensured that a member of staff remained in the lounge with them to maintain their safety and provide reassurance to them.

The registered manager checked staff's suitability to deliver care before they started work. Staff told us they

were unable to start work until all of the required checks had been completed by the provider. We looked at the recruitment checks in place for five staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files we saw had all the required documentation in place.

People told us they were supported to take their medicines and confirmed that they received these as prescribed. We observed staff administering people's medicines and saw that they were given a drink and time to take their medicine. The staff member stayed with them to ensure medicine had been taken before recording this. We saw that medicines were stored safely and records were in place to demonstrate that people received their medicines. One person was able to manage their own medicine and had a lockable facility for the storage of medicine in their room. We saw that the registered manager had assessed this person's ability to manage their own medicine and had appropriate checks in place to ensure their medicine was taken as prescribed. This demonstrated that safe medicine practices were in place.



## Is the service effective?

### Our findings

We received positive comments about the staff team. One person told us, "The staff are brilliant. They are always supportive to me although I don't need much help but I see them with other people and they look after them very well." Another person told us, "The staff are very nice, they work hard and are always friendly and helpful to me and they understand what I need help with."

People received care from staff that were supported to be effective in their role. Staff we spoke with told us their induction included reading care plans, training and shadowing experienced staff. Staff told us they received training and support that enabled them to meet people's needs. One member of staff told us, "We get a lot of training that covers everything and we get a handbook that has all the policies and procedures in as well." Another member of staff told us, "I get regular supervision meetings and the manager is very easy to talk to, so if I have any questions I feel comfortable going to her." Staff understood people's needs and abilities. Staff's descriptions of how they cared for and supported people along with our observations of the care provided, matched what we read in care plans.

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 Act 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. Where people lacked capacity, assessments were in place that clearly identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. We saw that staff gained people's verbal consent before assisting them with any care tasks and supported people to make decisions, such as making choices of food and drink and asking them if they wanted to participate in activities. This demonstrated staff respected people's rights to make their own decisions when 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the registered manager confirmed that no DoLS authorisations were in place, but they had made applications to the Supervisory Body for five people that used the service. This demonstrated that the registered manager ensured that where people were being restricted in their best interests, this was done in accordance with the MCA.

People we spoke with said they enjoyed the meals and were happy with the quality and quantity of food provided. One person told us, "The food here is very good." Another person said, "I'm not a big eater and I often just have a jacket potato at dinner time, as I like them and they always make me one in case I prefer that. Sometimes I have something off the menu, depends how I feel. The food is always cooked nicely." Another person told us, "I love the meals, they are good quality and there is always plenty." We observed the lunch time meal and saw that people's dietary needs were met. We saw that where people needed help to

eat, this was done in a respectful and unhurried way. Staff were attentive to people's needs and checked throughout the meal that people were satisfied and enjoying their meal.

The care plans we looked at included an assessment of the people's nutritional risks. Where assessments identified people were at nutritional risk, care plans provided clear instructions to staff on how to support people. We saw that people's weight was monitored to ensure they could be referred to specialist service if needed. For example one person had been prescribed supplements as they were nutritionally at risk and we saw that staff encouraged this person to take them. The person told us, " I don't really like them but I drink them because I know I need to keep my weight up and I don't have much of an appetite, so they do help." This person's relative told us, " [Name] has never been a big eater but at home they weren't eating much at all. The staff are very good and encourage [Name] to eat which I am very pleased about."

We saw that people's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed. Visitors we spoke with confirmed that their relative's health care needs were met. One visitor told us, " I am always kept informed about any health issues straight away. The staff are wonderful and make sure any concerns with [Name's] health are dealt with quickly." Another visitor told us, " The doctors come in once a month and in-between if needed. I don't think [Name] has ever seen a doctor so much as they do now, it's reassuring to know that their health is monitored so well."

## Is the service caring?

### Our findings

We observed a positive and caring relationship between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. One person told us, "It's a nice place and the staff are kind. I get on well with all of the staff, we have a laugh and joke together." Another person said, "All of the staff have been nice to me, I don't have any complaints about them."

Staff knew about people's likes and dislikes which enabled them to support people in their preferred way. For example, we saw that two people ate their meals in the smaller dining room and they told us that staff respected this. One said, "We always eat in here together, we like the radio on and we chat with each other, the staff know that and it's our routine now." We saw that some people preferred to spend time in their room and others in the communal lounges. One person told us, "I prefer to be with company, I don't really join in with activities but it's nice to sit and chat or read the paper and see what's going on." We saw that people were supported to wear accessories, such as jewellery to demonstrate their individual style and preference.

We saw that people were supported to maintain their independence. For example one person was able to walk small distances with the aid of a walking frame. They told us, "The staff know that if I want to go any distance I use the wheelchair, but just pottering about in the lounge I can do on my own." Staff understood the importance of promoting people's independence. One member of staff told us, "There are a lot of people here that can do more than they realise. I encourage people to try and do as much for themselves as possible. Even people that do need a lot of support can do some things for themselves, like wash their face with a flannel. I think it's important to help people be as independent as they can be."

People and their visitors confirmed that the staff respected their privacy and ensured their dignity was maintained when supporting them. One person told us, "The staff always make sure I have privacy when I need it, when they help me with my wash, the door is closed and they cover me over, it's all done properly." We saw that when people were supported to move using equipment or cared for in bed, the staff helped them to maintain their dignity by ensuring they were appropriately covered.

Visitors confirmed that they were involved in reviews of their relative's care. One visitor told us, "There is a review every year for [Name] and I always get an invite and attend, although if there are any changes throughout the year the staff let me know." Another visitor said, "We have care reviews every year and the manager is very good, she keeps me up to date and is very accommodating."

People told us their relatives and friends could call at any time. One person told us, "My daughter comes in about three times a week and the staff ask her if she wants a drink and they have a chat with her." A visitor told us, "I visit every day and I am always made to feel welcome by the staff." This showed us that people were supported to maintain relationships that were important to them.

## Is the service responsive?

### Our findings

Opportunities were provided for people to participate in recreational activities if they chose to. One person told us, " There is always something going on if you want to join in. I played dominoes earlier, there was a few of us and we often have a game." We saw that a schedule for activities was displayed in the home. The activities coordinator told us, " I do a schedule but it isn't always followed, it depends on what people want to do, rather than what's planned." An external entertainment company provided some singing and dancing during our inspection visit. One person said, " They are so good, it isn't the first time we have had them. I enjoyed every minute of that and I joined in as well." We saw that people were supported to access the garden if they chose to. One person told us, " I am outside most days, I love being outside and the garden is nice."

People and their visitors told us that the staff met their needs and supported them in their preferred way. One person told us, " They [staff] know what I can do and what I need help with and they are always asking me if everything is alright." Another person told us, " I am happy here, I can make my own decisions about things and I get the support I need when I need it." A visitor told us, " I would recommend this home to anyone [Name] is looked after so well. The staff know how [Name] likes things done and I am very impressed with the care they get."

People's care records showed that pre admission assessments had been completed before they used the service. This had been done by gathering information from people and their relatives. This demonstrated that the provider had assured themselves they were able to meet people's needs. People's care plans and daily records were up to date and fully completed. We saw that staff monitored people's health and welfare so that any changes in well -being were monitored to enable the appropriate action to be taken. One visitor told us, "I can't fault the staff on the care they provide, they make sure the general welfare of [Name] is maintained."

People and their visitors that we spoke with did not have any complaints about the service and told us that they would speak to the registered manager if they had any concerns. We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to promptly and addressed.

## Is the service well-led?

### Our findings

People that used the service and their visitors told us that the registered manager was approachable and accessible to them. They confirmed they were asked for their views on the service. One visitor said, "I am asked for my views through questionnaires every year but on a more informal basis throughout the year. I feel fully involved, the staff stop and chat with me and I speak to the manager regularly." Another visitor told us, "We get a survey to complete every year to get our opinions, I know that there has been some changes in the laundry to improve that."

The registered manager told us that satisfaction surveys were sent out to people that used the service and their visitors annually. The responses from the last surveys showed that where areas for improvement had been identified, actions were in place to address these. For example we saw that improvements had been identified regarding the laundry and a new clothes tagging system had been implemented. Improvements had been identified regarding the menus and menus had recently been reviewed with input from people that used the service. Discussions with senior management also confirmed that work was being undertaken with care staff to promote people's preferred choices at the evening meal. Work was also in progress to improve communication between the kitchen staff and care staff. This had been identified by the registered manager and senior managers as an area that required improvement, to ensure all teams worked together to enhance the experiences of people that used the service.

Staff had a clear understanding of their responsibilities and accountability within their role. A registered manager was in post at this service and they were supported by a team of nurses. Senior care staff were in post to support care staff on each shift. Monitoring from the registered provider was also in place to support the registered manager. This meant that people were cared for by staff that were appropriately managed.

Staff confirmed that the registered manager was available and easy to talk to. One member of staff said, "The manager is very good, very approachable and very fair. We all work together as a team and help each other out, it's a nice place to work." We saw that staff performance was monitored and issues or concerns were addressed as needed. Staff were supported in their role and provided with opportunities to professionally develop.

Audits were undertaken by the registered manager to monitor the quality of the care and services provided. This information was fed back to the provider and actions were taken as required to drive improvement. These included audits of people's weight to ensure any significant weight loss could be addressed. Pressure relieving equipment was audited to ensure it was used correctly and in a good condition. Care plans were reviewed monthly to ensure they remained up to date and valid and maintenance issues were recorded and reported, to ensure the home was maintained in a good stated of repair.

We saw staff kept records of incidents and accidents which the registered manager reviewed, to identify any trends or patterns and take action where needed. We saw when patterns were identified action had been taken to reduce risks. For example we saw that specialist beds and sensor mats had been purchased for people where needed to reduce the risk of falling. This demonstrated that the audits and information were

used to make continued improvements for people that used the service.

We saw people's confidential records were kept securely which ensured only authorised persons had access. Staff records were kept securely and confidentially by the registered manager. The registered manager and provider understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.