

Sanctuary Care (England) Limited

# Cedar Court Residential and Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Cedar Court Nursing and Residential Home is a residential nursing home providing personal and nursing care to older people and people living with a dementia. It can support up to 68 people in a single, purpose-built building. There were 55 people using the service when we inspected.

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

Risks to people were not always effectively recorded, monitored or acted on. Care records were not always consistent or person-centred. Improvements were needed in adapting the service to meet the needs of people living with a dementia.

We made a recommendation around activities for people living with a dementia.

Staffing levels were monitored and recruitment checks carried out. People were safeguarded from abuse. Effective infection control processes were in place.

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

People received kind and caring support from staff who knew them well. People and relatives told us staff treated people with dignity and respect and promoted their independence.

The provider had an established complaints process. Systems were in place to provide end of life care where needed.

Feedback was sought and acted on. Staff spoke positively about the culture and values of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 31 October 2017).

There was also an inspection on 8 May 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

### Why we inspected

This was a planned re-inspection because of the issue highlighted above.

### Enforcement

We have identified breaches in relation to premises safety, monitoring and recording risk, care plans and good governance processes at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Cedar Court Residential and Nursing Home

## **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 Care Act 2014.

#### Inspection team

An inspector, an assistant inspector, a specialist advisor nurse and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cedar Court Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was applying for their registration with the Care Quality Commission. 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. The manager was on planned leave during our inspection. We were assisted at the inspection by an area manager and a peripatetic manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the

provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 members of staff, including the area manager, a peripatetic manager, a deputy manager, nursing, care, kitchen and maintenance staff. We reviewed a range of records. This included five people's care records and six medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the inspection on 31 October 2017 this key question was rated as good. At this inspection this key question has deteriorated to 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.

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

- Fire risks to the building identified in July 2019 had not been acted on in a timely manner. Outstanding remedial action was not scheduled to be completed for up to a further three months from the date of our inspection.
- Fire drills took place regularly but did not consider or record how people would be safely evacuated from the service in emergency situations.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

- Risks to people arising out of their health conditions were not always effectively assessed, recorded or monitored.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Most people's medicines were managed and recorded safely. One person said, "I get my tablets on time."
- We found some recording and storage issues with some people's medicines. The peripatetic manager said immediate action would be taken to address this.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff received safeguarding training and said they would immediately act on any concerns they had.

Preventing and controlling infection

- Staff received infection control training and we saw them applying their knowledge when supporting people.
- The premises were clean and tidy. Staff had access to the equipment they needed to maintain infection control standards.

#### Staffing and recruitment

- Staffing levels were monitored to ensure enough were employed to support people safety. People and staff told us there were enough staff at the service.
- The provider's recruitment process reduced the risk of unsuitable staff being employed. This included seeking references and Disclosure and Barring Service checks.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the inspection on 31 October 2017 this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Detailed eating and drinking assessments were in place, but not always shared with kitchen staff to ensure they were aware of people's needs. After our visit we were sent evidence to show action had been taken to address this.
- Eating and drinking records lacked information on portion sizes, which limited their effectiveness at monitoring people's diet. Staff told us this information would be added in future.
- People spoke positively about eating and drinking at the service. People's meal choices were accommodated. One person finishing lunch told us, "That was lovely."

Adapting service, design, decoration to meet people's needs

- Communal areas were not always adapted for the needs of people living with a dementia. There was limited dementia-friendly signage or sensory stimulation in place. The peripatetic manager told us a refurbishment programme was underway and this would be addressed.
- People's rooms were customised to their personal tastes and preferences. We saw people enjoying time in communal areas.

Ensuring consent to care and treatment in line with law and guidance

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care records were transferred from paper to an electronic system in December 2019. Consent to care forms had not been updated since that time. The deputy manager told us this would be done immediately.
- Staff received MCA training and applied its principles when supporting people.

Staff support: induction, training, skills and experience

- Staff received a wide range of training to equip them with the knowledge and skills needed to support people.
- Newly recruited staff completed the provider's induction programme before they could work without supervision. This included training and learning about the provider's policies and procedures.
- Staff received regular supervisions and an annual appraisal. These were used to review performance and address any issues staff had.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service to ensure it was the right home for them.
- Advice from external professionals was sought and acted on to ensure people received appropriate care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with effectively with external professionals to ensure people received the healthcare they wanted and needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection on 31 October 2017 this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and caring support, and spoke positively about staff. One person told us, "We have a laugh and everyone is very kind."
- We saw lots of kind and respectful interactions between people and staff. This included staff offering reassurance when people were anxious.
- People were respected as individuals and told us they received the care they wanted. One person said, "I feel well looked after."

Supporting people to express their views and be involved in making decisions about their care

- Staff took steps to ensure people had as much choice about their daily support as possible. We saw staff supporting people to make decisions throughout the inspection.
- Feedback was regularly sought through informal chats, meetings and surveys. People were aware of meetings and said they would go if they had issues to raise.
- People were supported to access advocacy services where needed. Advocates help ensure that people's views and preferences are heard.

Respecting and promoting people's privacy, dignity and independence

- Staff offered people support that promoted their independence. One person told us, "They let me have my independence. As long as I can do something myself, I do."
- People were treated with respect, and told us how staff protected their dignity when providing personal care.

# Is the service responsive?

## Our findings

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

At the inspection on 31 October 2017 this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care records contained limited and sometimes contradictory information on people's support needs. Staff were knowledgeable about people's needs, but care plans did not reflect this.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate personalised care planning. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records did not always contain guidance on how people could be supported to communicate or access information effectively. The peripatetic manager said this would be reviewed immediately.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were available, but these did not always reflect people's preferences or meet the needs of people living with a dementia. Staff told us people living with a dementia sometimes lacked stimulation.

We recommend the provider seek advice and guidance from a reputable source about activities for people living with a dementia.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Complaints were addressed but the policy was not always followed in terms of sending people acknowledgments. The peripatetic manager said this would be done in future.

End of life care and support

- Nobody was receiving end of life care at the time of our inspection, but systems were in place to ensure this was provided in a way that reflected people's needs and wishes should it be needed.

# 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 the inspection on 31 October 2017 this key question was rated as good. At this inspection this key question has deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- A range of quality assurance audits were in place to monitor and improve standards, but they had not identified or addressed the issues we found in relation to risk monitoring and recording, care records, the premises and activities.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure good governance processes. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team promoted a positive and inclusive culture. One member of staff told us staff had requested more training, and that, "Management were fully supportive."
- People and relatives said they would be happy to approach management with any issues, and that people received the support they wanted.

Continuous learning and improving care

- Staff felt that management respected their views and used them to improve the service. One member of staff said, "We are listened to."
- The service was working to build and maintain working relationships with external professionals to share knowledge and ideas.

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

- People, relatives and staff were encouraged to give feedback on the service. Meetings took place regularly and a feedback survey was carried out to obtain their views.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to the safety of the premises had not been addressed in a timely manner. Regulation 12(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems in place to assess, monitor and mitigate risks to people. The provider did not have effective systems in place to maintain accurate, complete and contemporaneous records in respect of people. The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a), (b) and (c).