

Acer Healthcare Operations Limited

Cedar Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cedar Court is a nursing home providing personal and nursing care for up to 75 older people some of whom were living with dementia. The home is a large adapted building. At the time of the inspection there were 37 people living at the service.

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

People's records were not always up to date or accurate. We have made a recommendation around this. However, since the last inspection there had been improvements of the management of the service and people and staff were complimentary about this.

The deployment of staff at the service had improved to ensure people were supported with their needs. Staff were aware of the risks associated with people's care and ensured that people were provided the most appropriate care. People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received appropriate training in relation to their role and were encouraged to progress. Staff were valued and this was evident in the care they provided to people. Staff were confident in when they needed to gain advice from health care professionals in relation to people's care. There was a robust system in place to assess the quality of care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was Inadequate (published 17 December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations 11, 12, 17, 18 and 18 of the registration regulations. However, we have made a recommendation relating to ensuring records are accurate and up to date.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 22 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve need for consent, safe care and treatment, good governance, staffing and notification of incidents.

We undertook this focused inspection to check they had followed their action plan and to confirm they were now meeting legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection. The service is no longer in special measures.

Please see the Safe, Effective and Well Led sections of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedar Court on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cedar Court Care 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

Our inspection was completed by three inspectors.

Service and service type

Cedar Court 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 no registered manager. There was a manager in post who had submitted an application to become registered with the Care Quality Commission. This meant that until the manager is registered the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the clinical commissioning group and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the manager, a nurse and care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and quality assurance records. We spoke with one health care professional and two relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection of the service, we found the provider had failed to robustly assess and manage the risks relating to the health safety and welfare of people. Assessments of people's needs in relation to health conditions; pressure damage and food and fluid monitoring were not being reviewed in line with people's care plan guidelines. Accident and incident records did not identify or record the actions taken to reduce the risk of reoccurrence. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

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

- Staff were able to tell us about the individual needs of the people they cared for and any risks associated with their care. They told us they were kept up-to-date about any changes to the care people required by sharing information at handover and reviewing the care plans. One member of staff said, "We need to know how the resident has been, I need to have a detailed handover on the resident's health condition."
- If risks were identified, clear support plans were in place detailing the care people needed to minimise these risks. For example, one person was identified at risk of developing a pressure ulcer. A plan had been developed setting out how their care should be provided and any equipment they needed, such as pressure-relieving mattresses or cushions. Care plans also detailed how often people should be repositioned to reduce this risk if people were unable to move independently. One member of staff said, "We are there for the residents now and feel people are safe."
- To reduce the risk of falls and the risk of people entering other people's rooms, sensor mats were in place to alert staff when people stood up or had left their rooms.
- Equipment was available to assist in the evacuation of people in the event of an emergency. Fire exits are clearly marked and free from obstruction and fire evacuation plans were displayed throughout. Staff understood what to do in the event of a fire. One told us, "We have an assembly point and a fire marshal, and we all meet there."
- Records relating to repositioning charts and food and fluid charts were kept up-to-date, which demonstrated that people were receiving the care they needed. A senior member of staff signed off the records to ensure they were complete. They also ensured where there was a concern with people's food and fluid intake steps were taken to address this for example contacting the GP.
- We found improvements in the learning identified when accidents and incidents occurred. Any accidents and incidents that occurred were reviewed to identify actions that could be taken to reduce the likelihood of a similar incident happening again. These actions included reviewing people's individual risk assessments and support plans to identify and respond to any changes in need. A relative said, "One time her (their family members) skin was caught a bit in the hoist sling and it pinched her, it was an accident, we both talked to the staff and it was all resolved."

- Staff were knowledgeable on what they needed to do in the event of an accident and incident. One told us, "If staff report to me that a person fell or had a cut or bruise, I will assess the person. Assess them for injuries. I would do an incident form and get statement from the witness." We saw that this was taking place.

Using medicines safely

- Medicines were managed in a safe way and people told us that they received their medicines when needed. One person told us, "I will ask staff if I need some pain relief. Whatever I ask for its supplied." A relative said, "She (their family member) has a GP review and they (the GP) speak to the staff about any possible changes to her medication."
- At the previous inspection stocks of homely remedies was low and did not correspond to the audit of medicines the service completed. At this inspection this had been addressed.
- People's medicines were recorded in the Medicine Administration Records (MARS) and reflected people's current medical treatment. There was evidence that 'the use when required' (PRN) medications were being given appropriately. For example, when people were in pain.
- The medicine room was securely locked, and the fridge temperature was checked daily to ensure it was at a safe temperature.
- Staff undertook training around medicines and their competency was observed and assessed before they were signed off.

Preventing and controlling infection

- At the previous inspection there were concerns with the cleanliness around the service and how staff were adhering to infection control practices. At this inspection we found this had improved. One person told us, "Staff come and clean in here (their room) every day."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

At our last inspection of the service, we found the provider had not ensured there were sufficient staff deployed at the service to provide safe care to people and robust recruitment was not undertaken. This was a breach of regulation 18 (Staffing) and regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 and 19.

Staffing and recruitment

- People and relatives fed back there were enough staff. One person said, "There is always usually someone (staff member) to help you." Another said, "They are always available if I need them." A relative said, "At the moment I think they are well staffed." Another said, "There is always someone (staff) around, the staff are around."
- The manager had reduced the reliance on agency staff, which meant people received their care from staff who were familiar to them. The number of staff needed on each shift was determined by assessing

people's individual needs. These assessments were regularly reviewed to ensure staffing levels remained appropriate.

- During the inspection we saw that where people needed support this was provided by staff straight away. We overheard people call out from their rooms and staff responded promptly. Staff said that they were enough staff to support people. One told us, "There are enough staff now. We work well together." Another said, "When I come on to the unit, I feel there is enough staff to answer bells and attend to people needs." We noted from the call bell audit record that people's calls bells were answered quickly.
- Records of recently-recruited staff demonstrated that the provider carried out appropriate pre-employment checks. References were checked and a Disclosure and Barring Service (DBS) certificate obtained before staff started work at the home. The DBS allows employers to find out if a potential staff member has any criminal convictions or they have been barred from working with adults receiving care.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe at the service. One person said, "There are people (staff) here all the time. You don't feel unsafe." Another said, "I'm very comfortable, I do feel safe and cared for." A relative said, "I know she loves being there, she knows the staff and smiles at them a lot. She would be able to let me know if she was unhappy."
- The provider had a policy regarding the prevention of abuse, including a whistle-blowing procedure, on which staff were briefed in their induction. Staff attended safeguarding training, including regular refreshers, and understood the different kinds of abuse people could experience and what they would do if they suspected abuse. One told us, "If I saw anything that's not right like a resident not being cared for, not eating, not communicating, I would report straight away to the manager." Another said, "If I see any abuse, stop it immediately and report to the manager. Call the Police and report to LA Safeguarding if needed depending on the type of the abuse and write down what happened."
- If safeguarding concerns were raised, the provider took appropriate action in response. For example, concerns were raised in June 2020 following an incident in which a person was given the incorrect dose of medication. We found the provider had investigated the incident and took action to ensure the risk of the medicine errors was minimised in the future.

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 last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection of the service, we found the provider had failed to ensure that the requirement of The Mental Capacity Act 2005 (MCA) and consent to care and treatment was being followed. Assessments of people's capacity were not always being undertaken when required and staff lacked understanding of the principles of MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

The 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- During the inspection people were offered choice and informed of what was happening throughout the day. For example, staff asked people where they would like to sit, asked if they could move people so others could get by, gave choices regarding food, choosing snacks and drinks. A relative told us, "They (staff) always ask her (their family member) because she understands she just can't talk, they ask her first and then come back to me."
- Since the previous inspection staff had received updated MCA training. Staff were aware of the principles of MCA. One member of staff told us, "It's about assessing levels of capacity in different areas such as welfare and safety and then making best interest decisions."
- Where people's capacity was in doubt MCA capacity assessments were completed and these were specific to the particular decisions that needed to be made. For example, in relation to receiving care, and having bedrails. We also saw applications that had been submitted to the local authority where the registered manager believed that people's liberties may be restricted.

At our last inspection of the service, we found the provider had failed to ensure staff had received the

appropriate training and supervision for their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- People and relatives told us that they felt staff were competent in their role. A person told us, "I am looked after well. What more could I ask for." Another said, "Staff know their job and they're very pleasant and approachable." A relative said, "They (staff) know the residents and what they are doing." A health care professional told us, "The nurses are great, I am certainly happy with the level of competence."
- Staff completed an induction before they started caring for people. One member of staff who recently completed an induction said, "It was really positive. They supported me. They explained about what we needed to do, introduced me to the residents." Staff also undertook the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- Staff were provided with training specific to their role and received regular refreshers to ensure they were up to date with the most recent guidance. One member of staff said, "We have access to e-learning and can ask for more if we want it." Another said, "I have done the train the trainer for moving and handling. It means I can train staff straight away and can observe staff daily and give guidance."
- Senior staff and the managers undertook regular supervisions with staff to assess their performance and to provide support. One member of staff said, "I feel 100% supported. We have supervisions and they are useful because it's a chance to get feedback on how I'm doing." Another said, "The support for the team is amazing. If we've done something wrong, they know how to frame it, so you understand but still feel good. It's the best way to help us learn."

At our last inspection of the service, we found the provider had failed to ensure people had appropriate access to external health care. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were able to access health care services when needed and that staff understood what care was required. One person said, "If you want to see a Dr, they will call him." A relative said about their family members mobility, "The (staff) are getting her to do so much more. I feel staff understand her needs." Another said, "If anything is wrong, they soon get the GP in, she doesn't have to wait. It's done straight away."
- There were improvements in how staff worked alongside healthcare professionals and other organisations to meet people's needs. One health care professional told us the referral information to them from staff was more detailed. They said, "It was an easy straightforward assessment. Everything I expected to see was in there." One member of staff said, "I speak to the GP from the surgery who is really helpful. I am confident in knowing when it's the right time to make referrals to health care professionals."
- Information recorded in care plans showed that people had access to all healthcare professionals. Including the GP, opticians and hospital appointments. We saw staff were following any guidance provided by health care professionals. There were detailed care plans in place to guide staff with dental support and contact details for dentists. A health care professional said, "Communication seems to be good, they email in queries and talk to me about problems in a timely manner."
- The service had not admitted people since the last inspection. However, people coming back to Cedar

Court after a stay in hospital had an assessment to ensure the service could still meet their needs.

- Staff worked well as a team to provide effective care to people. There was a handover at the end of each shift where staff shared information to ensure changes in needs were highlighted, or to confirm care had been given as required. One member of staff said, "Communication has improved 100% since the last inspection. We pass information about people to all staff." Another told us, "It's better now because we are all a team and work for the same purpose. There is a good vibe, so we all get things done and help each other." A third said, "We undertake care plan updates by the 'Monthly resident of the Day' process. We have good handovers and share people's preferences and changes; the system is fairly easy to use."

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

- Staff had moved people to two floors during the global pandemic so they could better manage the risk of infections spreading. People were happy with the environment with comments including "I have a nice room" and "The rooms are very satisfying."
- The corridors and rooms were spacious to allow people to move freely. Each person's room was tastefully decorated with modern fixtures and fittings. The lounge furniture was arranged in a in small sections to encourage socialisation.
- Some areas of the service had recently been refurbished and staff said they were able to contribute to ideas such as how rooms should be used and where to place furniture, so it best met people's needs.
- Signage for different rooms was in place and furniture was of a good design considering height and materials used. There were adapted bathrooms available and people had their own en-suites.

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

- People were provided with nutritious food and drink that met their needs. One person said, "I can't complain (about the food). I like it." Another said, "We have nice meals and a choice. They (the meals) are good quality." A relative said, "She (their family member) seems to enjoy her meals, she eats it eagerly."
- Throughout the day people were offered snacks and drinks. Staff actively encouraged people to eat and drink.
- During lunch the tables were laid nicely, and people were asked what drinks they wanted. There were choices of meals and if a person did not like what was on the menu an alternative was offered. Staff were attentive to people. For example, when one person mentioned about the skin still being on their potatoes staff offered reassurance and a different option.
- The chef had accurate information on the needs of people and whether they were on a restricted diet. They told us they worked closely with nurses for those people taking insulin to monitor and adjust their diet when required. A relative said, "He (their family member) looks well, lost appropriate weight, he's eating properly."

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 last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant leaders and the culture they created required more consistency around the support the delivery of high-quality, person-centred care.

At the previous inspection we found that there was a lack of leadership and systems and processes were not established and operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection sufficient improvement had been made and the provider was no longer in breach of regulation 17. However, there were some improvements required around the recording of care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The records at the service required some improvements to ensure that they were accurate and up to date. For example, there were gaps around the recording of topical cream being applied to people. Where one person was being supported with their daily exercises staff were not always recording when this had been done. Care plans were not always being updated when a person's care needs had changed. We spoke with the manager who told us they were aware of the shortfalls around recording and were taking steps to address this.
- Since the last inspection a new manager had been recruited. They had submitted an application to register with the CQC. People and relatives were positive about the new manager at the service. One person told us, "Things have improved here recently, I've been here two years, It's more stable now because of the manager." A relative said, "You can talk to her (the manager), very good if you have a need to talk with her." One health care professional told us, "I think they've turned things around what I think was a difficult place to a much better place."
- Staff were complimentary about the manager and the improvements at the service since the last inspection. Comments included, "It's far better here. When (the manger) came, things started to improve and become more organised", "She is very approachable, understanding and supportive. The whole atmosphere has changed" and "The new management is really good for supporting us to learn and receive the information we need."

We recommend the provider ensures that records relating to people's care is accurate and up to date.

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

At the previous inspection notifications were not always being sent to the CQC where required. This was a

breach of regulation 18 of the (Registration) Regulations 2009. At this inspection sufficient improvement had been made and the provider was no longer in breach of regulation 18.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
- Staff fed back how positive they felt about working for the organisation and the leadership and that this impacted on how they delivered care. One told us, "(Manager) is on the floor all the time. She is absolutely amazing. She helps and she is very committed and in turn we are very committed."
- We saw from the records people and relatives had been contacted where care that had been delivered was not to the standard the provider expected. One relative said, "They always ring me if anything happens."

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

- People and relatives had the opportunity to attend meetings to have input in what they wanted at the service. Meetings took place face to face with people and online with relatives. We saw from the minute's discussions around the meals, the home décor, staffing, activities, laundry and how to raise a complaint. There were actions plans from the meetings to follow up on any areas raised for improvement. For example, people wanted meetings to be more regular and for the hairdresser to return. We saw that this had taken place.
- Relatives were also updated through emails and newsletters. One relative said, "Weekly communication and weekly menu and activities all communicated to family for last five months." Another said, "The regular Newsletter is good at keeping us informed of changes."
- Staff were invited to discuss any concerns they had or raise useful suggestions to make improvements by attending regular meetings. A member of staff told us in relation to meetings, "They are very useful to talk through things." Another said, "We have staff meetings but to be honest we have meetings more or less on a daily basis. We are always sharing ideas. When the decorating was being done, we were involved in saying how to use the rooms and where furniture should be." A third said, "We have a suggestion box for anonymous feedback but I'm happy to approach the manager directly, I feel able to raise issues."
- Staff told us that they felt valued and supported. Comments included, "I feel valued. Whenever I have something to raise the manager listens. She comes to the floor every day and asks how I am doing" and "I have no complaints from people so that helps me feel valued. I get thanked from the manager and relatives."

Continuous learning and improving care; Working in partnership with others

- Staff fed back that the management team were keen on making improvements at the service. They said that having people moved to two units helped with consistency of care One told us, "It feels different to last year. It's not as stressful. You didn't have the team supporting you but now you have so we don't need to rush all the time."
- The manager reviewed accidents and incidents to look for trends. For example, where people had frequent falls, they were referred to the occupational therapists.
- Clinical audits took place to look at the care being provided that included daily walkarounds, weekly and monthly clinical meetings to look at people's skin integrity, hospital admissions, weight loss, wound care and requests to see the GP. Each audit had an action plan to address any areas of concern.
- Other audits were carried out such as care note audits, care plan audits and medicine audits. The manager would discuss any shortfalls with staff and record this in the event this needed to be raised again.
- The manager and staff worked with external organisations in relation to people's care. For example, they were working with the local authority and CCGs who provided clinical support where needed. Visitors were

attending the home to provide entertainment to people and infection control was considered in relation to this.