

HC-One 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

Cedar Court Residential and Nursing Home is a 52 bed purpose built residential care home providing personal and nursing care. The care home is split into three floors. At the time of the inspection 28 people were living at the service.

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

People received safe care and support. Improvements had been made to the assessment and ongoing review systems and processes of people's individual care and treatment needs. Additional monitoring of quality and safety had increased, and management oversight and leadership had improved risk management.

Overall, positive feedback was received from relatives about the care and treatment of their family members. Relatives reflected on improvements made at the service in relation to better communication, management, and leadership.

People received their prescribed medicines safely and when required. The provider's medicines management and monitoring procedures had been reviewed and improvements made.

Improvements had been made to the guidance provided for staff about how to meet people's needs. Where we identified minor shortfalls in relation to some inconsistencies in information, the management team took immediate action.

People were protected as far as possible, from avoidable harm and abuse. Staff had received safeguarding training and understood their responsibilities to protect people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way. Improvements were ongoing in relation to the assessment process of people's mental capacity.

Staff deployment was based on people's dependency needs and was regularly reviewed. Staff recruitment had increased, resulting in a reduction in the use of agency staff. This promoted increased consistency and continuity in care and treatment.

Staff had been safely recruited and had received refresher training and their competency assessed. Staff were found to be knowledgeable about people's individual care and treatment needs. Staff spoke positively about the improvements made at the service and how they felt well supported.

Observations of staff engagement with people was positive. There was a calm, organised and relaxed atmosphere at the service.

The service was overall clean and hygienic. Some shortfalls with storage of equipment and products were identified. This was discussed with the management team.

The provider had developed their procedures in reviewing and learning from accidents and incidents. Incident analysis identified learning opportunities, and this was shared with staff to support their learning and understanding.

Internal audits, checks, systems, and processes had been strengthened. Actions identified from monitoring procedures were added to an ongoing improvement plan. This supported the service to continually develop.

The management team were open and honest and had worked well at making the required improvements. The management team acknowledged further time was required for improvements to become fully embedded and sustained.

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 rated inspection for this service was inadequate (published 17 November 2022). Breaches in regulations relating to safety and governance were identified, and warning notices issued.

At this inspection, we found enough improvements had been made and the service was no longer in breach of regulation.

This service has been in Special Measures since the last inspection. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Please see the safe and well-led sections of this full report. You can read the report from our last inspection, by selecting the 'all reports' link for Cedar Court Residential and Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors, a specialist advisor who was a registered nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. At the time of inspection, the registered manager was on leave.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 family members for their experience of the care their family member received. We spoke with the interim area director, regional director, newly appointed home manager, nurse, regional nurse, interim clinical lead, a senior care worker, a health care assistant, 2 care staff, a domestic and maintenance person. We reviewed a range of records. This included 6 care records, 4 staff files in relation to recruitment and supervision and multiple medication records. We looked at a variety of records relating to the management of the service, including audits, staff training, meeting records and staff deployment.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

Using medicines safely

At the last inspection the provider had failed to ensure proper and safe management of medicines. This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- People received their prescribed medicines safely. Since the last inspection, internal medicines management systems and processes had been fully reviewed and changes made. Improvements included additional monitoring and oversight. Records confirmed medicines management procedures were more robust.
- We identified blood glucose monitoring checks did not record if these were taken pre or post food. We also identified, the procedure for the administration of medicines prescribed to be taken at specific times could be strengthened. No person had come to any harm. We discussed this with the management team and action was taken immediately to further improve procedures.
- Staff had received refresher medicines training and their competency assessed. A nurse told us, "I feel well supported by the management team, it's 100% improved since the last inspection."
- Relative's told us they believed medicines were managed safely. A relative said, "Medication is provided on a regular basis."

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At the last inspection the provider had failed to assess and mitigate risks to the health and safety of people receiving care and treatment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Not all areas of the service were consistently safe. We observed a bathroom and unused bedroom to have the doors open and were being used to store equipment. This was a hazard and potential falls risk. We also

identified the storage of incontinent products were a concern. The cupboard was unlocked, some products were on the floor and also stacked close to a smoke detector. This was a potential fire and infection control risk. We raised these concerns with the management team who addressed these issues.

- Risks associated with people's individual care and treatment needs had been assessed, monitored, and reviewed. At the last inspection, concerns were identified in how some people's individual needs were being met. At this inspection, we found the provider's pre-assessment procedure had been improved. This meant only people's whose needs could be safely met, transferred to the service.
- On the whole, we found people's care plan and risk assessment guidance used by staff to know how to manage and mitigate risks, were detailed and up to date. We identified some contradictory information in 1 person's care records, in relation to their cardiopulmonary resuscitation and their dietary needs. However, the clinical lead took immediate action. The person had not to come to any harm and staff were found to be knowledgeable. This was therefore a recording issue.
- Care plans and risk assessments that assessed and monitored specific health conditions such as diabetes, radiological inserted percutaneous gastrostomy (RIG – a tube inserted into the stomach to allow liquid feed, fluids, and medicines to go directly into the stomach) and catheter care was detailed, up to date and supportive to staff.
- Improvements had been made to the monitoring procedures that reviewed and checked how people's care and treatment was being met. Care records confirmed people's individual needs were met safely.
- Relatives were positive about the improvements made at the service. A relative said, "There is always a fresh jug of water in [relation's] room, nothing is too much trouble for the staff, they are considerate and put my mind at rest."
- Procedures were in place to assess, monitor and review risks associated with the premises and environment. This included checks to ensure the maintenance and safety of equipment and effective fire safety arrangements. People's personal evacuation plans were available for staff. These provided guidance on how to safely evacuate people from the building if required. Water testing was also completed to assess and control the risk of exposure to legionella bacteria, that can cause serious illness.

Staffing and recruitment

At the last inspection the provider had failed to ensure there were robust systems and processes to demonstrate safety was effectively monitored and managed. This was a breach of regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- People received safe care and support from sufficient numbers of staff who were trained and competent. At the last inspection, concerns were identified with staff deployment. Improvements had been made and additional staff had been recruited resulting in a reduction in the use of agency staff. This had increased consistency and continuity in care and treatment.
- The provider used a dependency tool to assist them to identify staffing levels and this was regularly reviewed to ensure staff deployment met people's care and treatment needs. Relatives were positive about staffing levels and the competency of staff.
- Following the last inspection, nurses had received refresher clinical training and their competency assessed. Care staff had also completed refresher training. Staff were positive about the improvements made to staff training, support, and development. They confirmed they had completed refresher training and records confirmed this. A staff member said, "It is much better, I feel very supported in my role, I can always talk to the nurse anytime."

- We found staff were knowledgeable about people's individual needs, they were observed to engage well with people and were organised.
- Staff were recruited safely. The provider carried out checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Checks were completed to ensure nursing staff were registered with the Nursing and Midwifery Council to provide safe practice.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Conditions related to DoLS authorisations were being met.
- At the last inspection, mental capacity assessments and best interest decisions were not always completed or recorded. At this inspection, we found some examples of mental capacity assessments and best interest decisions that followed the MCA principles. However, we identified a person's care records in relation to their mental capacity to consent was contradictory.
- The provider's improvement plan identified this was an area for continued improvement and actions were in place to meet this identified need.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

Visits were facilitated in line with current government guidance. People told us their friends and relatives were made welcome and there were no restrictions on visiting.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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; Continuous learning and improving care.

At the last inspection the provider had failed to ensure systems and processes that assessed quality and safety were effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- The systems and processes that assessed, monitored, and reviewed risks and quality had been reviewed and improved upon. Since the last inspection, a new and experienced management team had been appointed to support the home to make the required changes. The provider had an ongoing improvement plan that showed how further improvements were being made.
- Improvements included how care and treatment was monitored. The staff handover document and daily meetings with heads of department document used to discuss people's needs and exchange information, was more detailed. This enabled the management team to have greater oversight of how people's care and treatment needs were being met.
- We reviewed the daily handover and head of department meeting documents and found them to be an effective additional tool to share information. However, we reviewed 2 recent daily flash meeting records and found these were not fully completed as expected by the provider. We discussed this with the management team who agreed to follow this up with staff.
- Opportunities to learn from incidents had been improved upon. Incidents, accidents, including clinical needs of people were continually monitored within the home and by senior managers and the provider's quality team. Information was analysed for themes and patterns and action was taken if learning opportunities were identified.
- Improvements had been made to the staff team. New staff had been appointed, increasing consistency and continuity in care and treatment.
- Staff training, competency and support had improved. Staff confirmed they felt better supported with their training, support, and development needs.
- Medicines management systems and processes had been reviewed and strengthened. External medicine audits completed by a community pharmacist in 2022 and 2023 confirmed improvements had been made. The local authority had recently audited the service and confirmed previous shortfalls and required actions

been improved and met.

- People's care plans and risk assessments were regularly monitored and reviewed. Guidance for staff was more detailed and overall up to date.

Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection the provider's quality assurance systems and processes had failed to effectively monitor the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Relatives gave examples of improvements made at the service. A relative said, "Relative receives good care, the staff look after them well. There have been a few issues but since then it has been brilliant. We raised them and had a meeting with the manager and explained what we didn't think was right. Within two weeks the difference was incredible. They go over and beyond with their care."
- People received opportunities to participate in activities and routines important to them. A relative said, "Relative has a paper round (delivers the daily newspaper to others) it keeps them occupied and maintains their independence. They love the Zumba classes. A very nice atmosphere is created, and musical instruments are handed around. Relation's face lights up."
- People and relatives received opportunities to share their experience about the care and treatment they received. People and their relatives were invited to complete a questionnaire, they were also invited to attend a review meeting with the registered manager to discuss their care needs. We reviewed these records that confirmed what we were told.
- Regular resident meetings had been introduced and relatives told us this was a welcome improvement. A relative said, "Residents meetings have started up again. I missed the one in May but will attend the next one. The list with all the times and dates for this year is by the reception so you can't miss it."
- Relatives confirmed there was greater communication about their relation's care and treatment and how this was a welcome improvement. A relative said, "I get regular contact with the staff at least once a week. The communication is good."
- Staff were positive about working at the service and felt better supported, valued, and listened to. A staff member said, "There is nothing I would change about this home now, I love working here and the residents."

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 provider and registered manager understood their duty of candour responsibilities. The provider had processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.
- Feedback from relatives was positive about their experience of the registered manager's response to concerns raised. A relative said, "The improvement has been amazing, it really has, the changes are just brilliant. We were thinking of removing our relation out of the service, then we had a private meeting with the manager. There is no way we would move them now; they love it there."