

Belmont Cedar Park Limited

The Cedars Nursing Home

Inspection report

Cedar Park Road
Batchley
Redditch
Worcestershire
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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 

Overall summary

This inspection took place on 19 January 2015 and was unannounced.

The home provides accommodation for people who require nursing care for a maximum of 40 older people some of who have a dementia related illness. There were 38 people living at the home when we visited and there was a registered manager in post.

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.

People told us that they felt safe and well cared for. Staff were able to tell us about how they kept people safe. During our inspection we observed that people received their medicines as prescribed and at the correct time.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty

Summary of findings

Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive.

We found that people's health care needs were assessed, care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People were supported to eat and drink enough to keep them healthy. People had access to drinks during the day and had choice of meals. People's likes and dislikes had been considered alongside any specialist dietary needs and these were known by the kitchen staff.

The atmosphere was calm and staff responded to people's request. Staff also recognised people's needs by

looking at visual clues. Relatives said that they were very happy with the care of their family member. Our observations and the records we looked at supported this view.

Staff had received training which they felt reflected the needs of people who lived at the home. People, their relatives and staff told us that they would raise concerns with the registered manager and were confident that any concerns were dealt with.

The management team had kept their knowledge current and they led by example. The management team were approachable and visible within the home which helped to look at culture of the service. The provider ensured regular checks were completed to monitor the quality of the care that people received and look at where improvements may be needed.

Summary of findings

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.

People told us they felt safe and looked after by staff and got their medicines when they needed them.

People and relatives told us they felt there were enough staff on duty to meet the care and social needs of people who lived at the home. People's individual risks were assessed and staff knew how to manage the risks.

Good



Is the service effective?

The service was effective.

People's needs and preferences were supported by trained staff that had up to date information specific to people's needs that staff followed. The Mental Capacity Act (2005) legislation was being met.

People's dietary needs had been assessed and had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Good



Is the service caring?

The service was caring.

People received care that met their needs. Staff provided care that met people's needs and took account of people's individual preferences.

Care was provided to people whilst being respectful of their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People were supported by staff or relatives to raise any comments or concerns with staff and these were listened to.

We saw that people were able to make everyday choices and were engaged in activities they enjoyed.

Good



Is the service well-led?

The service was well-led.

The registered manager and provider monitored the quality of care provided.

People, their relatives and staff were very complimentary about the service and felt the registered manager was approachable and listened to their views.

Good



The Cedars 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 is 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 took place on 19 January 2015 and was unannounced. The inspection team comprised of one inspector and a specialist advisor.

Before the inspection, the provider completed 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. We also reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with nine people who lived at the home and six relatives. We spoke with five care staff, activities staff, the chef, the deputy manager and the registered manager.

We looked at five records about people's care, meal planners, compliment cards, handover records, meeting minutes and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

People told us they felt safe and well cared for. One person said, “Yes, I do feel safe here, one of the reasons I am here is to help me be safe”. Three relatives told us they felt confident that their relatives were kept safe and not at risk of abuse. One relative said, “It’s difficult leaving a loved one, they [person] have never raised any concerns, but I know they would.” Another relative said, “I have no worries about [person] being here, the staff are lovely”.

People were able to speak and share their concerns with staff if and when they needed. For example, staff reassured one person who needed support which helped them remain calm. Staff said they felt confident when speaking with the registered manager or the deputy manager about people’s safety. All staff we spoke with told us they had received training in looking for and protecting people from potential abuse and what to do should they be concerned about a person’s welfare. They also knew about the home’s policy on what steps to follow if they were concerned. This included detail of other agencies staff could contact.

People’s risks had been looked at and assessed so staff knew what actions to take to keep people safe. Staff we spoke with were able to tell us about what help and assistance that each person needed to support their safety. People told us that staff knew how to support them and we saw that staff ensured people’s safety. For example, where people required help with mobility. We saw that the risk had been reviewed and updated regularly and were detailed in people’s care plans. Staff were updated about changes to people’s risk at the start and end of each shift. This showed staff were aware of people’s individual risks and how to monitor them.

Where people had an accident or incident staff had recorded and detailed the reason. The registered manager reviewed what happened. Steps had then been taken to prevent it happening again. For example, one person we spoke with told us they had additional side supports on their bed to maintain their safety.

People we spoke with felt there were enough staff when they needed them. We saw that people could request staff assistance and staff approached people to support them. For example, staff checked a person who was coughing to see if they needed help. The deputy manager and provider had assessed the needs of people to work out the number of staff required. Staff told us that the registered manager listened to their views on staffing levels. This had led to additional support at certain times of the day.

We spent time with a nurse when they provided people with their medicines. One person we spoke with said, “I know exactly the medicines I am on. When I need pain relief, which is not often, I just have to ask”. The nurse on duty who administered medicines told us how they ensured that people received their medicines when they needed them. For example, at particular times of the day or when required to manage their health needs.

People’s medicines had been recorded when they had received them. This had been checked monthly by the registered manager. People had their medicines reviewed every six months with their GP. The provider had arrangements in place for the correct storage and disposal of medicines and other clinical waste.

Is the service effective?

Our findings

People told us they liked the staff and received the care they needed. One person told us, “The nurses know what I need”. Relatives told us they were confident that their relative’s needs were met. One relative said, “[Person] is very well cared for, they (staff) know what to do”.

Staff told us that they felt supported in their role and had regular discussions with the registered manager. They had received training that reflected the needs of the people who lived at the home. One commented, “Training does help, you know with things like diabetes. It gives you more understanding”.

The staff we spoke with were able to tell us how they applied their training in their roles. For example, staff told us how they had applied techniques to help keep people safe when providing care. Training records showed that staff were up to date with the provider’s ‘key training’ subjects. We also saw that nursing staff had been supported to maintain their qualification. In addition one staff member said, “We have the standard training, but we have the choice to do a diploma”. The training co-ordinator confirmed that staff had the option to “upgrade” the course to gain a recognised certificate. The provider encouraged staff to develop in their role, and said, “Staff retention is important. Treat staff with dignity and respect and I feel it improves the care people receive”.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and the DoLS and they gave us examples of when they had applied these

principles to protect people’s rights. We saw them seeking people’s consent before they assisted them with the needs during the day. The registered manager told us no one at the home currently required a DoLS application.

Arrangements were in place to support people to eat and drink and there was also a choice of meals available. People we spoke with told us they were happy with the food and drink provided. One person said, “The food is good”. Three people told us they would like more choice of their favourite meals. For example, a variety of take away meals. The registered manager told us they had offered this before but it had not worked well. They were happy to take the comments forward and ensure this option became available for people.

People received drinks and meals throughout the day in line with their care plans. For example, people received a soft diet or were supported to eat their meal. Where people required a specialist diet or required their fluid intake to be monitored this information was recorded by staff.

Staff told us about the food people liked, disliked and any specialised diets. In the kitchen people’s preferences and specialist diets were listed. The chef used this information to plan meals and ensure people got the food they enjoyed. People’s care records showed their dietary needs had been assessed. Staff had access to information to monitor people’s nutritional needs.

People were able to access health, social and medical support when they needed it. One person we spoke to said, “The doctor is always around, not a problem if you need to see him”. Another person said, “The plan is to improve the sore on my leg so my mobility will improve”. They told us they had been supported with the help of staff and a local hospital. We saw that visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. For example, three people were being supported to manage their sore skin by nursing staff and a local tissue viability nurse.

Is the service caring?

Our findings

People told us the staff were “Kind”, “Caring” and “Full of patience”. One person said, “Excellent staff, can’t fault them”. Another said, “Well the staff are just lovely”. People told us that staff were always available and “Never far away”. Relatives we spoke with felt that all staff were approachable, friendly and were good at providing care and support to their family member. One said, the staff were always “approachable and welcoming”. Another said, “[Person] is very well cared for”.

We saw that staff spoke with people in a kind and caring way and people knew the staff well. We observed that people responded to staff by smiling, talking and laughing with them. Staff told us they enjoyed chatting to people and felt this made people feel at ease, especially during personal care. Staff told us they also got to know people by talking with them and showing an interest. Care plans we looked at showed people’s likes, dislikes, life history and their daily routine.

People were supported to express their views and be involved as much as possible in making decisions about

their care and treatment. People told us they were confident to approach staff for support or requests. One person said, “I am very happy with the care provided. I tell them (staff) the care I need”. Another person said, “I would just tell them (staff) if I wanted something else doing, although I’m happy at the moment”.

Staff were aware of people’s everyday choices and were respectful when speaking with them. One staff member said, “We listen to people, if they need something we will do it”. Staff used people’s names, made sure the person knew they were engaging with them and were patient with people’s communication styles. One staff said, “I look for non-verbal clues that they (people) like something or not”.

We saw that people were supported in promoting their dignity and independence. People told us they chose their clothes and got to dress in their preferred style. One person told us, “I can still shave and I do”. We saw that staff ensured people clothes were clean and changed if dirty and used their names. One member of staff said, “How much they need us changes, so I just ask how much they care they want me to do”.

Is the service responsive?

Our findings

People told us they were happy and got the care and support they had wanted. Visitors were made to feel welcome and told us they could visit at any time. We saw that staff and the registered manager took time to talk with family members about how their relative had been.

We observed that people had their needs and requests met by staff who responded with kindness and in a timely manner. For example, call bells were answered promptly by staff. Staff knew each person well and the level of assistance required.

Staff on duty had been able to meet people's care and support needs in a timely manner.

All staff we spoke with told us about the care they had provided to people and their individual health needs. Four staff members told us about how they discussed people's needs when the shift changes to share information between the team. The registered manager told us the handover book was available in the office for staff to refer to if needed. If there had been a permanent change to a person's care this had updated to people's care records. People's care records reflected the care that people received.

People told us and we observed that they got to do the things they enjoyed which reflected their individual interests. One person said, "I like to sit here so I can read and watch the box, that's how I like to spend my time. One staff member told us people were given the opportunity to follow personalised hobbies and interests. For example, being read to or chatting to people who remained in their rooms. We saw that people had chosen to be part of group activities which were arranged for most days. People were involved and this promoted conversation between people and staff. People told us that they had the choice to be involved and this depended on what and where activities were offered. Relatives told us that trips were arranged for people to go to the local community. For example, the shops and theatre shows.

People's views about the home and their care and treatment were asked for when planning their care. People

we spoke with were able to tell us how they were involved in the care they needed. For example, the use of additional equipment and preferred routines. Relatives had also been asked for their views which had been considered when planning people's care. One relative said, "My (family member) is involved closely in the care plans".

The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded when putting together and maintaining care records. We looked at five people's records which had been kept under review and updated regularly to reflect people's current care needs. These included following advice and guidance from other health professionals such as doctors and specialist nurses.

People and staff told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. They also told us the registered manager and staff were approachable. Throughout our visit we saw that people and relatives had been comfortable to approach staff and the registered manager to talk about the care and treatment of their relative. One person said, "I'm not one to make a fuss, however my [relative] is more than happy to talk to the staff if we need to". One relative said, "No complaints from us, [person] is well cared for". People therefore had the opportunity to raise concerns and issues and had confidence they would be addressed.

Although no written complaints had been received, the provider had used feedback from people and relatives on how to improve their individual care needs. We saw these had been recorded with the outcomes or action taken. For example, more fish meals had been added to the menu. The registered manager and general manager also met weekly to discuss and resolve issues or comment raised. We found this had looked at how best to find a solution and included outside assistance from other agencies as required.

A complaints policy was available in the entrance hall of the home and gave details of how to make a complaint. The complaints policy had also been available in a pictorial version which the registered manager felt made it a more accessible way for people to use.

Is the service well-led?

Our findings

People were supported by a staff team that understood people's care needs. All people we spoke with knew the registered manager and staff at the home and were confident in the way the home was managed. One person said, "Since being in here my condition has improved". The registered manager also ensured that they worked directly with people and staff. They felt this provided an opportunity to get people's views and look at staff skills and knowledge. Family members were complimentary about the care of their relative and told us they were listened to and supported. One relative said, "I have no worries about [person] being here, I feel the care is excellent".

The provider had sent annual questionnaire to people and relatives to gain their views on the care provided. There were a high proportion of satisfaction and where individual concerns had been raised these had been addressed separately. We saw many recent compliments that relatives had sent regarding the care and treatment that had been provided.

Staff told us that the management team were knowledgeable about the people who lived at the home and were "Always on the floor". They said the management team were approachable, supportive and very much involved in the daily running of the home. The registered and deputy manager said that being part of the team and

being visible within the home provided them with the opportunity to assess and monitor the culture of the service. The registered manager also made time to chat to people when they were working to understand any issues or concerns. We saw during the visit that people knew the registered manager.

The deputy manager and general manager spoke about how they worked well with the registered manager and supported each other to continually improve the home. They met weekly to discuss all aspects of people's care. The registered manager regularly checked the home environment and people's safety and welfare. For example, these looked at people's care records, staff training, 'residents and relatives' comments and incidents and accidents. We saw that this had led to an ongoing improvement to care plans to ensure the information was accurate and reflected the care treatment people received.

Nursing staff had completed medicines checks and any issues identified from these checks were recorded and passed to the register manager to action. For example, any gap in the medicine administration records MAR had been discussed. In addition, the registered manager reviewed the monthly report that included when and how improvements were made. For example, the manager ensured people had the right equipment in place. People were supported by a provider that took steps to make changes and improvements where they had been identified.