

Cedars Care Home Limited

Cedars Care Home

Inspection report

Cedar Road
Doncaster
South Yorkshire
DN4 9HU

Tel: 01625714800
Website: www.woodcaregroup.com

Date of inspection visit:
07 May 2021

Date of publication:
27 May 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Cedars Care Home is a residential care home in the Balby area of Doncaster. It consists of two discrete buildings known as Cedars Lodge and Cedars House. It can accommodate up to 66 people, including people living with dementia. There were 54 people living at the home at the time of our inspection.

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

We found there were not always enough staff on duty to meet people's needs. Following the inspection the management team took immediate steps to address this.

People using the service, and their relatives, were positive about their experience of receiving care at the home. In particular, relatives praised the kindness of staff.

The systems in place to manage the risks of infection, including those presented by the COVID-19 pandemic, were robust. We observed visits being safely managed, and staff use of PPE was appropriate.

Medication was safely managed, and the systems used by managers to monitor the effectiveness of the service were thorough. Staff were recruited safely.

The provider had implemented imaginative ways to support staff during the pandemic, including gifts for staff, financial support for testing and isolating and the provision of a confidential counselling telephone service. However, staff we spoke with told us they didn't feel supported. The management team told us they would therefore conduct a survey of staff to identify areas where additional support was required.

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

Rating at last inspection

The last rating for this service was Good (published July 2018).

Why we inspected

The inspection was prompted due to concerns received about how the provider was ensuring people were cared for safely. A decision was made for us to inspect and examine those risks. As this was a focussed inspection, we reviewed the key questions of safe and well led only. Ratings from previous comprehensive inspections for other key questions were used in calculating the overall rating at this inspection. The overall rating for the service remains good.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedars

Care Home on our website at www.cqc.org.uk.

Follow up

We will 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our well led findings below.

Cedars 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

This inspection was carried out by one inspector.

Service and service type

Cedars Care 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 home had a registered manager in post at the time of our inspection. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice regarding the inspection. This was because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

Inspection activity was carried out between 7 and 18 May 2021. We visited the home on 7 May. Further inspection activity was completed via telephone and by email, including speaking with people's relatives and staff, and reviewing additional evidence and information sent to us by the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications, information from the public and data returns provided to CQC by the home. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people using the service and two relatives about their experience of the care provided. We also spoke with eleven members of staff including the registered manager. We reviewed a range of records. This included five people's care records and a selection of medication administration records (MAR). We also looked at four staff files to check staff were recruited safely. A variety of other records relating to the management of the service were also taken into account as part of the inspection.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were not always deployed in sufficient numbers to meet people's needs.
- Staff told us it was not possible to provide people with the care they required when they required it due to low staffing numbers. One staff member said: "The buzzers are going off and you can't get to people because you're already with someone. It's awful." We discussed this with the senior management team and the registered manager. They told us they were in the process of recruiting, but said that they had block-booked agency staff to boost staffing numbers. They also told us they had checked their staffing numbers with the local authority who they reported were satisfied with deployment levels.
- During the site visit we observed people asking for assistance and staff mostly attended quickly, although we had to ask for assistance for one person.
- Recruitment records showed recruitment was conducted in a safe manner, with background checks being carried out before staff started work.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems to ensure people were protected from the risk of abuse.
- When incidents of suspected abuse had occurred, the provider had acted appropriately in most cases, making referrals to external agencies as well as undertaking their own investigations where required. However, we identified one incident where the required notification and referral had not been made.
- Records showed staff had received training in relation to safeguarding, and staff we spoke with confirmed they had received this training.

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

- The provider had effective arrangements in place to assess and manage risks.
- People's risk assessments were comprehensive and regularly reviewed. The risk assessments we reviewed covered all areas where people may be vulnerable to harm or may present risk.
- Where incidents occurred, the management team reviewed the incident to identify what actions could be taken to reduce recurrence; following a recent incident some structural changes had been made to the outside area of the home.

Using medicines safely

- Medicines were managed safely at the home.
- An audit of medicines was carried out regularly, and where required corrective action was taken.
- Staff had received training in the safe handling of medicines, and there was suitable, secure storage in place.
- Where people required medication on an "as required" basis, often referred to as PRN, there were

protocols in place to guide staff when these medicines should be used.

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 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 the provider's infection control policy was up to date.

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 comprehensive inspection this key question was rated good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Managers within the service, including the registered manager, had a good understanding of their roles and responsibilities.
- Records showed staff training was comprehensive, although some staff told us they didn't feel e-learning was as effective as face to face learning; the provider had reduced face to face learning to manage the risks presented by the pandemic.
- Audits were thorough and ensured managers had good oversight of how the service was performing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a person-centred culture, and staff were empowering in their day to day interactions with people. One staff member told us: "It's all about them [the people using the service] they are what matters. We make sure of that."
- Care assessments included information about people's preferences, likes and dislikes, communication needs, dietary requirements and cultural backgrounds.
- Staff told us they found the teams they worked in to be supportive. One said: "We look out for each other, I couldn't be in a better team."

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; Working in partnership with others

- Records showed the provider had effective systems in place for managing and learning from untoward incidents. Accidents and incidents were analysed and used to improve the service.
- We looked at how the provider learned lessons from complaints. We found that in addressing complaints the provider did not always follow their own policy, and had, on one occasion, not thoroughly addressed issues raised in complaints. The senior management team assured us this would be further investigated.
- The provider was mostly proactive in submitting legally required notifications, although we identified one incident where no notification had been made.

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

- The provider had appropriate methods in place for engaging with people, their relatives and staff.
- During the pandemic, the provider had been proactive in supporting staff, including ensuring there was

senior management presence in the home, providing gifts for staff and offering a dedicated counselling phone service. However, the staff we spoke with told us they didn't feel supported by the management team. This was not reflected in the provider's own staff survey which contained positive feedback about the registered manager and the level of support they provided.

- People and their relatives had recently completed a survey and reported high levels of satisfaction, with all the respondents describing their experience of the home positively. Relatives we spoke with told us they were happy with the home, with one describing the staff as "so hard working" and another saying the staff were "absolutely lovely."