

Healthcare Homes (LSC) Limited

Cedar Court Care Home

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Cedar Court Care home is a purpose-built nursing care home providing personal and nursing care for up to 63 people. At the time of the inspection the service was supporting 58 people.

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

Improvements had been made in all areas since the last inspection. People felt safe and were supported by staff who knew how to protect them from avoidable harm. Individual risks to people were assessed and monitored to minimise accidents and injury. People received their medication at intervals as it had been prescribed. There were sufficient staff to meet people's needs. Recruitment processes aimed to ensure staff were safe and suitable to work. The home was clean. Staff had received infection control training and protective clothing including gloves and aprons was available to them.

People's needs were assessed before their admission to the service. People and their relatives, where appropriate, had been involved in the care planning process. Staff received support, induction and training to ensure they had the skills to carry out their role. Staff were complimentary about the provider and felt they were very supported in their role. People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service promoted this practice. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure people received the care and treatment which was suitable for them.

We observed staff interacting with people in a positive way. People told us they enjoyed living at the service. We received positive feedback from people who used the service and their relatives. Staff understood the importance of ensuring people's dignity was upheld. Relatives and other visitors were welcomed into the home at any time.

Reviews of people's care and support needs were undertaken regularly. People enjoyed a range of social activities which were meaningful. People who used the service had access to a complaints procedure and were encouraged to make complaints where required. Complaints were followed up and responded to in line with the providers policy.

The provider and the registered manager followed governance systems which provided effective oversight and monitoring of the service. The registered manager kept themselves up to date with changes in legislation and practice. The registered manager and staff were motivated to provide the best service they could for people and their relatives.

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 requires improvement (published 7 March 2019) and there were four breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. Following the inspection we imposed restrictive conditions on the provider's registration to keep people safe and support them to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations. The restrictive conditions will be removed from the provider's registration.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was always well-led.

Details are in our well-Led findings below.

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

This inspection was carried out by three inspectors 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.

Service and service type

Cedar Court 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. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. This included information sent to us by the provider or shared with us by the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with seven people, seven relatives of people and 11 staff members including a registered nurse, a

healthcare practitioner, four care staff members, one agency staff member, a receptionist, an activity co-ordinator, a domestic staff member, the provider's regional director, and the registered manager. We observed how staff supported people in the communal areas of the service. We reviewed a range of records. These included care records for six people and multiple medicines records. We looked at four staff files to review the provider's recruitment, training and staff supervision processes. We also looked at a variety of records relating to the management of the service, including policies and procedures, as well as audits and surveys.

After the inspection

After our visit we sought feedback from health and social care professionals and relatives to obtain their views of the service provided to people.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection care and treatment was not provided to people in a safe way. 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 by the time of this inspection and the provider was no longer in breach of regulation 12.

- People's care files included risk assessments in relation to their specific care needs. For example, risk assessments for falls management, problems with eating and drinking, and medical conditions such as epilepsy. The risk assessments were person centred and reviewed on a monthly basis.
- Staff carried out regular health and safety checks of the premises to identify and minimise hazards that could put people at risk of harm. The provider employed staff to carry out maintenance work.
- People had individualised emergency evacuation plans to guide staff on how to evacuate people when necessary.

Staffing and recruitment

At our last inspection we found that people's needs were not met by suitably deployed sufficient numbers of staff. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by this inspection and the provider was no longer in breach of regulation 18.

- Staff were recruited safely; the provider undertook checks on new staff before they started work, including obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Most of staff told us people's needs were met promptly, and there were sufficient numbers of staff on duty. We observed this during our visit when people needed support or wanted to participate in particular activities. We noted that people who were unable to use the call bell had regular checks from staff.
- People and their relatives told us there were enough staff to meet people's needs. One person told us, "Staff are always around." One person's relative told us, "[Person] is not able to use the call bell, however,

there always is somebody from staff around."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "They look after me alright. I feel safe, there is nothing to worry about."
- Staff had received training in safeguarding and understood the principles of how to safeguard people. A member of staff told us, "I would report a safeguarding issue to the manager. I could go higher if needed or report it to the Care Quality Commission (CQC)."
- Records showed the registered manager reported potential safeguarding incidents to the local authority and the Care Quality Commission.

Using medicines safely

- Medicines were managed safely. There were clear processes and systems to ensure they were ordered, stored, disposed of and administered safely. We checked a sample of medicines and found that the stock agreed with the records maintained which demonstrated safe systems were followed. Medicines were audited regularly with action taken to make ongoing improvements.
- There were clear processes in place to ensure 'as required' (PRN) medicines were given appropriately.
- The registered manager undertook regular checks and audits of the medicines system to ensure it was managed in a safe way.

Preventing and controlling infection

- We found all areas of the home to be clean and free of malodours.
- Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager for any patterns or trends. Any lessons learnt were shared with staff.
- Where incidents had taken place, involvement of other health and social care professionals was requested where needed.

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 requires improvement. At this inspection this key question has now improved to/deteriorated to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people's admission to the service, people's needs were holistically assessed. Individual person-centred care plans were developed from these assessments, which supported staff to deliver people's care effectively and in line with legislation, standards and evidence based guidance.
- People were satisfied with the care and support they received, which we saw was delivered in line with current legislation and best practice guidelines. National alerts were available in the home for staff to read to enhance their knowledge of changes in care and guidance.
- The provider kept up to date with new research and developments to make sure staff were trained to follow best practice. For example, in response to the new International Dysphagia Diet Standardisation Initiative (IDDSI), the provider had implemented new nutritional care assessments, updated staff and changed catering processes. IDDSI is a global standard with terminology and definitions to describe texture modified foods and thickened fluids.

Staff support: induction, training, skills and experience

- People and their relatives felt staff were competent. One person said, "They are well trained for what they do."
- Staff completed an induction and probationary period when they started work at the service. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. Staff was provided with training and professional development opportunities to equip them with the skills and competencies needed to carry out their role, such as achieving professional qualifications in care.
- Staff received on-going supervision to make them feel supported in their roles and to identify any future professional development opportunities. A member of staff told us, "I have a regular supervision meeting every three months, but I can request one if needed. I find them useful, I can discuss what I want to achieve in the future."

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

- People's dietary needs and preferences were met, and people were involved in choosing their meals each day.
- There were appropriate risk assessments and care plans in place for nutrition and hydration and people's daily nutritional intake was recorded. If people were allergic to certain types of foods, this had been recorded in their care plans.

- People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted health professionals. For example, speech and language therapists had been involved with people who had issues with eating and drinking.

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

- Records showed the service worked with other agencies to promote people's health, such as district nurses, care home support service, podiatrists and doctors.
- Staff worked in partnership with people, other professionals and continually developed their skills. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. A health care professional told us, "Staff are more pro-active, they now think outside the box. For example, they use things like hip protectors or sensor mats before we come here."
- Staff knew the importance of good oral hygiene and there were appropriate care plans for people regarding oral hygiene.

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

- The premises were homely and well maintained. The home was 'dementia friendly,' and there was signage to identify different areas.
- People's rooms were personalised and individually decorated to their preferences; we found people's rooms reflected their personal interests and contained personal family objects.
- There were appropriate facilities to meet people's needs such as communal areas, including lounges, dining rooms and other spaces throughout the home, where people could meet their friends and family, in private if required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded including people consulted, and the reasons for the decision; DoLS were being adhered to and the status of each DoLS application was reviewed on monthly basis.
- Staff had a good understanding of the MCA. A member of staff told us, "You need to assume someone has got capacity unless assessed otherwise."
- People told us staff respected their choices, for example about what to eat, what activities to get involved in or what time they wished to get up or go to bed. One person told us, "Staff get me up at quarter to seven. Carers know that I like to get up early."

Is the service caring?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection we found that people were not always treated with dignity. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 10.

- People told us that staff were caring and supportive and always respected their privacy and dignity. One person told us, "I am definitely treated respectfully They call me by my name, knock on the door, and are good when helping me in to the bath."
- People and relatives told us staff were kind, caring and friendly. One person told us, "We are supported by brilliant carers. They are kind, helpful and I have a good laugh with them." One person's relative told us, "We are always treated with kindness."
- Initial assessments were completed to ensure all people's care and support needs were recorded. These assessments included details of any protected characteristics such as disability or religion. This enabled staff to support people in line with their individual preferences.
- People and their relatives were positive about the care provided. It was clear to see that people were comfortable with staff and management, and we saw there was evident warmth and affection between people and staff.

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

- People and, where appropriate, their relatives were involved in people's care arrangements and people's care records reflected this. It has also confirmed in our interviews with people and their relatives.
- Regular residents and relatives' meetings were organised to provide an open forum for people to have their say, make suggestions and discuss any issues they may have.
- Staff ensured people were supported to make their own choices about how they wished to spend their day. People were asked if they preferred a shower or a wash in the morning. Staff encouraged people to choose their own clothes and decide whether they would like a lie in or breakfast in bed before they arose.

Respecting and promoting people's privacy, dignity and independence

- Confidentiality was well maintained, and information held about people's health, support needs and

medical histories was kept secure. Information was protected in line with General Data Protection Regulations.

- Staff were observed knocking on people's bedroom doors before entering and were discreet when asking people if they wished to use the toilet or if they wanted to take their medicines.
- Staff helped people to remain as independent as possible. They told us they let people do as much as they could for themselves and they only provided support when required.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- Care files contained information about people's history, which provided a timeline of significant events which had impacted on them, such as their physical and mental health. This demonstrated that when staff were assisting people, they knew what kinds of things people liked or disliked. This helped staff to provide relevant care and support.
- Care files included personal information and identified the relevant professionals involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate.
- Staff knew people well and delivered care in line with people's wishes; our observations during the inspection supported this.

Meeting people's communication needs

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

- Staff understood the AIS. People's communication needs were identified, recorded and highlighted in care plans. This information was shared appropriately with those whom it concerned which ensured people's information needs were met.
- Care records contained clear communication plans explaining how people communicated. For example, short sentences, eye contact and time to respond and looking for people's facial expressions and gestures.
- Information could be provided in different formats, such as large print, on request.

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

- People were provided with opportunities to participate in a range of activities of their choice, both within the home and on outings to the local community. For example, movie afternoons, nails painting or attending dementia-friendly cinema.
- A weekly activities planner was on display to help people choose what activities to take part in.
- Staff members engaged with the local community to enhance activities provision at the home. There were visits from a local college and entertainers. Links have been established with a playgroup who visited the service regularly and interacted with people.

Improving care quality in response to complaints or concerns

- A copy of the complaints procedure was displayed within the home and people were extremely confident that if they had any concerns, these would be acted upon.
- Records showed concerns were investigated and lessons learnt to improve the service.
- The service had received a high number of compliments since the last inspection.

End of life care and support

- At the time of our inspection, nobody was in receipt of end of life care.
 - People were able to decide how they wished to be cared for and supported towards the end of their life.
- The care records included information about their life history, including family relationships and important events and religious beliefs.

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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection we found that the provider did not have effective systems and processes in place to make sure they assessed, monitored and improved their service to ensure people received safe care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made by the time of this inspection and the provider was no longer in breach of regulation 17.

- The provider had quality assurance systems and processes in place to enable them to monitor and improve the quality and safety of people's care. We found quality assurance audits were used effectively and resulted in a significant improvement in the standard of completion of accidents and incident forms.
- A comprehensive action plan for the ongoing management and development of the service was in place and being used effectively.
- Staff at all levels understood their roles and responsibilities; the registered manager was accountable for their staff and understood the importance of their roles.

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

- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported.
- People we spoke with had confidence in the registered manager and found them, and all staff to be approachable. One person told us, "The service is very well managed, I can't fault a thing." One person's relative told us, "The manager is doing a very good job. Any little problem, I see him, and he sorts it."
- The registered manager led by example, was visible, enthusiastic and passionate about improving the service for everyone. They promoted honesty, responsibility and accountability and the culture of the service had changed as a result.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management and staff were open and transparent throughout the inspection process. It was clear

that the ethos of openness and transparency was integral to every aspect of the home management.

- The management team understood the regulatory requirements upon the service, including the need to tell us about certain changes, events and incidents that affect their service or the people who use it. Our records showed they had submitted these 'statutory notifications' in line with their registration with us.
- The management team recognised their responsibility to be open and honest with people and relevant others if something went wrong with the care provided.

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

- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements. The provider had several opportunities where people could be involved in shaping the service. We saw people were invited to take part in relatives and residents' meetings and to leave their feedback on an independent website.
- We found strong and clear leadership of the staff. Staff told us they felt very well supported by the management team. Relationships were good between team members. A member of staff told us, "It is so much better. The home is more organised, we are much more of a team. We are driven by the manager and the seniors."
- People's care records demonstrated staff and the management cooperated with a range of community, health and social care professionals to ensure people's needs were met.

Continuous learning and improving care

- The registered manager provided strong leadership and their constant critical review of the service had led to the noticeable improvements. They consulted staff, people and relatives routinely to identify how they could enhance the service and ensure they remained at the forefront of best practice.
- The registered manager had analysed accidents, incidents, safeguarding concerns, the clinical oversight of the service and staffing issues. They had gained an understanding and insight into how these had come about and had put systems in place to prevent them from happening again at both a management and a staffing level.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met.
- Feedback from professionals involved with the home cited collaborative working arrangements. One professional commented when they visited, "It has been very positive since the new management in post. They score 10 out of 10 for implementing our recommendation."