

Cedars Rest Home Limited(The) The Cedars Rest Home Limited

Inspection report

23 Langham Road
Bowdon
Altrincham
Cheshire
WA14 2HX

Tel: 01619284361
Website: www.caringuk.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Cedars is a residential care home providing care and accommodation for up to 34 people. The home provides care over 4 floors, including a lower ground floor, in a large, extended detached property. The home cares for people requiring help and support with daily living tasks, including people living with dementia. There were 30 people living at the home when we inspected.

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

People told us they felt safe in the home and with the staff who supported them. Risks to people's health, safety and wellbeing had been assessed and staff understood how to help keep people safe. The registered manager ensured enough staff were always on duty. Processes in place ensured safe staff recruitment, with a range pre-employment checks completed.

Medicines were managed and administered safely, with regular checks completed. We were assured the measures taken by the staff team contributed towards the prevention and control of infections. Premises checks and all maintenance records were up to date with the required test and safety certificates in place.

People, their relatives, professionals and staff spoke positively about the staff team; care and support was delivered by staff who were compassionate and respectful. There was confidence in the new leadership of the home. The new registered manager was approachable, maintained regular communication, and listened to the views of others; they had identified areas for improvement and were working to address these. People had no complaints.

A range of audits and checks were completed to maintain, and where required implement, any required improvements. The registered manager was keen to establish good working partnerships with professionals and local community groups, for the benefit of people living at the home.

People were supported 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 supported this practice.

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 30 October 2019).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained an injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the

incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk in relation to staffing levels. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same based on the findings of this inspection.

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

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.

The Cedars Rest Home Limited

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.

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.

Inspection team

The inspection team consisted of an inspector 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

The Cedars 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. The Cedars is a care home with residential 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.

The nominated individual no longer worked for the company. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We made the registered manager aware and the provider addressed this shortly after the inspection.

Notice of inspection

This inspection was unannounced. Inspection activity started on 14 November 2022 and ended on 22 November 2022. We visited the location on site on 15 November 2022.

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 professionals who work with the service. The provider had completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, a senior carer, 2 care workers, an administrator and a member of the catering team.

We also spoke with 5 people living at the home, a visiting relative and a visiting health professional. We reviewed 4 care files in full plus other care records; 4 staff files and a variety of records relating to the management of the service. These included medication records, meetings, audits, policies, procedures and health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found and looked at supporting documents supplied electronically. We contacted a member of the night staff team, 2 relatives and 2 other health professionals.

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

Assessing risk, safety monitoring and management

- Risk assessments were reviewed when changes in people's needs were observed. Care plans were updated, and staff had access to the information they needed to manage risks and help keep people safe.
- Risks associated with people's health and care needs had been identified and kept under regular review. For example, risks around specific health conditions, mobility, nutrition and skin integrity.
- One person's mobility had deteriorated. They had been moved to a ground floor bedroom because of the increased risk living upstairs posed to them.
- Risks within the environment were identified and actions taken to manage these. For example, regular checks and servicing were carried out on equipment, fire safety systems and water temperatures.

Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of any harm or abuse. People told us they felt safe. Comments included, "I do feel safe. If I had any concerns I'd be out of here."
- Staff had received training on safeguarding and understood their responsibility to record and report any concerns.
- When warranted, incidents were reported appropriately to the local authority safeguarding team in line with local procedures.

Staffing and recruitment

- Staffing levels were based on the needs of the people in the home. These were reviewed as people's needs changed.
- People told us there were enough staff to meet their needs. One relative told us, "When I've been there's been enough staff, yes. They pop their head in; do regular checks on [relative]. A well-being check I presume."
- During our visit, we looked at rotas and observed there were sufficient numbers of staff on shift to meet people's care needs.
- All the required checks were undertaken prior to a person commencing employment within the care setting, for example checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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. Professionals we spoke with described senior staff as having a good grasp on DoLS and any conditions contained within these.
- Where needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Two community professionals we spoke with were complimentary of the service's approach towards people with dementia. They told us they had a good knowledge of the needs of those in their care.

Using medicines safely

- People told us they received the support they required with their medicines. No-one we spoke with had any issues with their medication and they told us it was not a problem if they needed to see a doctor.
- Some people were prescribed creams and medicines to be taken on an 'as and when required' basis (PRN). Information was in place to guide staff about how and when to administer these medicines.
- Senior staff who were trained to administer medicines, demonstrated their knowledge of the system and process. Staff had regular checks to ensure they remained competent.
- There were policies and procedures in place for staff relating to the safe handling and administration of medicines.

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

Visiting in care homes

- There were no restrictions placed on visitors to the home. Government guidance around visiting had been followed.
- There were communal areas where visits could take place or people could meet with visitors in their own rooms if this was their preference.

Learning lessons when things go wrong

- Incidents were responded to appropriately and action was taken to minimise the risk of similar incidents or accidents happening again.
- There were systems in place to record accidents and incidents.

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 good. The rating 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

- Systems and processes were in place to assess, monitor and review quality and safety.
- The registered manager was new to the role. There had been a period of handover with the outgoing registered manager. This had helped to keep the service stable.
- The registered manager and senior staff carried out a range of checks and audits to monitor and improve the quality of the care and support people received. Action was taken to improve practice when audits identified issues.
- The provider understood their legal responsibility to notify CQC about incidents affecting people's safety and welfare and had sent us notifications relating to significant events occurring within the service.
- The nominated individual had ceased to work for the company. We informed the registered manager so the provider was aware, and they took the required action. The registered manager is now also the nominated individual.
- The registered manager took on board our findings during the inspection and took any necessary action.

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

- There was a positive culture at the service. People and their relatives spoke highly about the way the home was managed and the care people received from the staff team.
- It was evident from our observations and conversations people, their relatives and staff had confidence in the new leadership of the home.
- There was clear leadership and oversight at the service from the registered manager, with support from a deputy manager and senior care staff. Staff felt supported. One member of staff told us, "Training is up to date - yes I do feel involved as a member of the team."
- Staff we spoke with knew people well. We observed and heard staff support people in a very caring and respectful way.

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

- If mistakes were made, the registered manager understood they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager knew what type of events they needed to notify us and other organisations about.

- Where warranted CQC had received statutory notifications, required by law, for example following any referrals the service had made to safeguarding.

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

- The registered manager engaged well with people, their relatives, staff and other professionals. Formal meetings with people and their relatives had not happened for a while but the registered manager was planning to schedule these.
- Staff had been asked for their ideas and opinions. One member of staff told us, "The new manager has asked staff for any improvements they would like to see in the service which would benefit residents."
- People's relatives spoke highly of the registered manager and the wider staff team. They were confident any incidents and care concerns would be shared with them.

Continuous learning and improving care;

- The registered manager had identified improvements for the service which would benefit people living at The Cedars. For example, holding formal meetings and gathering people's opinions on the service. People we spoke with had no complaints.
- The registered manager had started to introduce changes in processes and practice. For example, rotas had been made clearer.

Working in partnership with others

- The provider worked in partnership with other health and social care organisations and agencies, in order to help improve the quality of care for people.
- The registered manager was working hard in establishing good working relationships as they were relatively new in post.
- A health professional we spoke with told us a recent assessment process had been thorough and rapid, how the service had "gone out of their way" for a person and described staff as caring and compassionate. We received more positive feedback about the registered manager and the staff team.
- People living in the home ultimately benefited from this positive joint-working approach and had their individual health needs met.