Cedar Court Care Ltd

Cedar Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Cedar Court Nursing Home provides accommodation, nursing and personal care for up to 25 older people including those living with dementia. Accommodation is provided on one level. There were 22 people living in the home during this inspection.

This inspection was unannounced and took place on 13 January 2017. The previous inspection took place on 17 June 2015 and overall was rated as good. However, we had received concerning information about the care that was being provided to the people living at Cedar Court Nursing Home and as a result of this we brought the date of this inspection forward.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff had received training and had an understanding to ensure that where people lacked the capacity to make decisions they were supported to make decisions that were in their best interests. People were only deprived of their liberty when this was lawful.

People's dignity was not always respected. People privacy was protected and staff sought, and obtained, permission before entering people's rooms to provide personal care.

The provider had a recruitment process in place and staff were only employed within the home after all essential safety checks had been satisfactorily completed.

Staffing numbers were adequate to ensure people's care needs were met. However staff were task led and had little time for social interaction.

Care plans provided detailed information on how people's care needs need to be met and had been reviewed on a regular basis. Wherever possible people or their families were involved in the planning of the care people received.

People's health, care and nutritional needs were met. People were provided with a varied, balanced diet and staff were aware of people's dietary needs. Staff referred people appropriately to healthcare professionals when this was needed. People received their prescribed medicines and medicines were stored in a safe way.

The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

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.

People were cared for by a sufficient number of appropriately trained staff who were knowledgeable about procedures to keep people safe.

Only staff who had been deemed to be suitable to work with people living at the service were employed.

People were safely supported with taking their prescribed medication. Medication was stored, recorded and managed appropriately.

Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were trained to support people with their care needs. Staff had regular supervision to ensure that they carried out effective care and support.

People's health and nutritional needs were met.

Is the service caring?

Requires Improvement

The service was not always caring.

People's dignity was not always protected.

Staff respected people's privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff did not always have time to interact with people in the way they liked.

People's care records contained the information that staff required to meet people's individual needs.

People were able to raise any concerns about the service and the provider had polices and processes in place to address any formal complaints raised with them.

Is the service well-led?

Good

The service was well-led

Systems and audits were in place to monitor and review the quality of the service provided to people.

There were opportunities for people and staff to express their views about the service.

Cedar Court 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 unannounced inspection took place on 13 January 2017. It was undertaken by two inspectors.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service. We looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also made contact with the local authority contract monitoring officer to aid our planning of this inspection

During our inspection we spoke with seven people and three visitors. We also spoke with the registered manager, one nurse, four care staff, one cook, one house keeper and one of the maintenance members of staff. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at five people's care records. We also looked at records relating to the management of the service including staff training records, audits, and staff meeting minutes.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe. One person said, "Oh yes I feel safe there are cameras all over the place." Another person said, "The girls [staff] do come when you call."

All the staff told us they had received training to safeguard people from harm or from receiving poor care. The staff showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. One member of staff said, "I would always tell the [registered] manager or the nurse if I had any concerns and if I didn't get a response I would go to Care Quality Commission (CQC)." Safeguarding information was available and accessible which included the telephone number of the local authority safeguarding team.

People had individual risk assessments and care plans which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw 'repositioning charts' for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. Where there had been an issue and a person was at risk due to their unintentional weight loss, staff had made referrals to the relevant healthcare professionals. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Accidents and incidents were reviewed on a monthly basis and there was a record in place to provide an overview of each incident that had occurred each month. The registered manager and nurses were then able to see if there were any trends and if there was any action that could be taken.

Although people's views on staffing levels were mixed we found that there were enough staff on duty on the day of this inspection. One member of staff said, "There is not always enough staff. Residents [people who use the service] sometimes have to wait if we are busy with someone else." Another member of staff told us, "We have enough staff to meet the needs of the residents [people who use the service]." A third member of staff said, "There has been a high turnover of staff which is difficult as staff need time to get to know people and their needs." One visitor said, "There has been a lot of good staff leave lately and calls bells can take a while to answer. It's not that they don't meet [family member's] needs but that they sometimes have to wait." On the day of the inspection we found that call bells were responded to in a timely manner and people were not rushed by staff. That said, one person told us, "Generally there is enough staff but there are moments when they could do with more." A second person said, "They [staff] are very busy and sometimes could do with more staff." Another visitor told us that staff come when needed, "There is a good response when I press the call button."

The registered manager told us that they regularly assessed the number of staff required to assist people using a recognised dependency tool. They also told us that they provided 96 staffing hours above what the tool recommended. This was in line with their company's policy on staffing levels. Records we looked at

confirmed this. This ensured that the correct levels of staff were on duty to meet people's assessed needs.

Staff confirmed that they did not start to work at the home until their pre-employment checks, which included a satisfactory criminal records check, had been completed. One staff member told us that they had an interview and had to wait for their references to be returned before they could start work at the home. Staff personnel files confirmed that all the required checks had been carried out before the new staff started work.

People we spoke with told us they received their medicines on time. One person said, "I get my medicine when I need it." Another person said, "I ask when I need my pain relief."

We observed that the nurse administered people's medication in a careful and unhurried manner. The provider had an electronic recording system in place for medicines. They told us they had recently been trained and had their competency checked in the use of the new electronic system by the registered manager. They completed the medication administration record chart after the medication had been administered and taken by each person. The records showed that medication had been administered as prescribed. The medication room was well organised and clean. Medicines were reviewed by the GP and any changes were actioned. For example, when people that were prescribed a short course of antibiotics. The registered manager told us that weekly audits were conducted and any issues were highlighted and appropriate action taken. This showed us that the provider had systems in place to help make sure people were safely administered their prescribed medicines.

Good

Is the service effective?

Our findings

Staff told us that the training they had received was good although they had undertaken a lot of on-line 'eLearning'. They said that the training had helped them to develop the skills they needed to carry out their role. One member of staff said, "I had to compete all the training on -line before I started working at the home. This gave me a good knowledge of what I should know, as I have never done this type of work before."

Staff told us that they felt well supported and would speak to the nurse on duty at any time. One member of staff said, "We work well and I feel part of the team." Supervisions provided staff the opportunity to discuss their support, development and training needs. Training records showed that staff had received training in a number of topics which included infection control, food safety, moving and handling and safeguarding people. One member of staff said, "We get lots of training and have received regular support."

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager and most staff we spoke with understood and were able to demonstrate that they knew about the principles of the MCA and DoLS. The staff confirmed that any decisions that would be made on behalf of people who lacked capacity were in line with the MCA code of practice. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights to make decisions were protected. The registered manager had submitted seven DoLS applications but the outcome was yet to be known.

People told us they were satisfied with the food and drink options that were made available to them. One person said, "I get a choice and enough to eat and drink." Another person said, "The food is okay. I can have something else if I don't like what's on the menu." A third person said, "There's plenty to eat if you want it. You can choose something else if you don't like what's on the menu." Special diets, including soft food, were provided for people who needed them. When we spoke with the cook they were able to confirm which people required special diets and the food that they liked to eat.

Staff made sure people were comfortable where they were sitting before they ate their lunch. Staff did not rush people with their food and gently encouraged people to eat their meal. Staff assisted people to eat and we heard them asking if the person was ready for another mouthful or if they wanted a drink. Staff asked

people if they had enjoyed their meal and checked whether the person wanted any more to eat or drink.

During both the morning and the afternoon people were offered drinks and biscuits. People could also request additional drinks.

People were supported well to monitor their health care requirements. Records showed that people's health conditions were monitored regularly. They also confirmed that people were supported to access the services of a range of healthcare professionals, such as community nurses, GPs, dieticians and therapists. Records showed us that peoples wound care was well managed and regularly reviewed by the nurse.

Requires Improvement

Is the service caring?

Our findings

Our observation during lunch showed that two people who were being supported to eat their lunch the member of staff stood over them, rather than sitting at eye level. A person who had eaten their main meal was asked by a member of staff what they would like for dessert. After getting them their dessert, the member of staff then offered them a clothing protector and said, "I see you have already spilt your dinner on your shirt. Would like me to put this on (showing them the clothing protector).This will help protect you so you don't spill any more food on your clothes." The person agreed to the clothing protector by nodding their head. The clothing protector offered and put on the person was worn, frayed and had holes in it.

Staff were not always aware of their body language and how it might be perceived as being over-bearing. For example, one member of staff was heard trying to persuade a person to come through to the dining room for their lunch. The member of staff stood over them with their hands on their hips as they spoke to them.

When one person became upset [due to their anxieties] we saw staff intervene, offer additional support and explain to the person when staff would help them with their request. However, this was not consistent: on another occasion where this person became distressed and was calling out, we saw staff walked by and did not acknowledge them. We went into to talk to them and held their hand. This reduced their anxieties and they became quiet and settled.

On other occasions we saw some caring approaches for example where staff asking people if they were ready to be assisted to go to lunch by kneeling down to the eye level of people who were seated. This was as well as speaking clearly and near to the person so that they were able to understand what staff what staff were saying.

People and their visitors we spoke with told us they were involved in the decisions of how their or their family members care needs were met. Visitors we spoke with told us they were regularly kept informed on any changes in their family member's condition.

People's privacy was maintained. People were provided with personal care behind closed doors. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. They also let people know who they were as they entered.

People confirmed that staff were always polite and spoke to them in a respectful way. Examples included staff giving people time to consider their decisions as well as allowing people to do things at their own pace. Staff we spoke with were passionate about making a difference to people's lives. One staff said, "I love working here and making sure people get what they need."

Information about advocacy services was available to support people in making decisions about their care and support. Advocacy services are organisations that have people who are independent and support people to make and communicate their views and wishes.

Requires Improvement

Is the service responsive?

Our findings

We found that whilst staff were kind but they had little or no time to interact positively with people they were supporting to promote peoples wellbeing.

Staff were very task orientated to ensure that people's personal care needs were met for example ensuring they were supported to get washed and dressed. One member of care staff said, "It would be lovely to be able to spend time talking to the residents [people who live at the home], but we need to help other residents as soon as we have finished one person, especially in the morning when it is busy." Another care staff member told us that, "We do not have time to spend talking, except when we are helping them [people who use the service] with their personal care. I like to think we try our best and give good care." A third care staff member said, "Not everyone who wants to get up is up. There have been occasions when people have not been able to have their dinner in the dining room as they were not up in time. They did get their meal but had to eat it in their room." One relative told us, "There has been a lot of staff leave, and this is hard for residents [people who use the service] build relationships. The staff are good but they don't always know what help [family member] needs (referring to new and agency staff)." We brought this to the attention of the registered manager who said that, although they found little evidence to support these views, they advised us that they would review this area of people's care and said, "We look at it [feedback] positively."

There were a range of activities for people to take part in. Staff told us that there had been a firework display in November 2016; six people and six staff had visited a local garden centre before Christmas; a carol concert had been held in the home and there had been a Christmas party. The provider also informed us of a number of additional activities that take place including, garden tea party every fortnight, an I Pad that is used by people to access the internet and a number of events where people raise money for charity. A member of staff said, "[Name of registered manager] is in the process of recruiting an supporting activities co-ordinator and it is hoped more activities will be offered." People's choices of how they wished to spend their time were respected. One person said, "I like to spend time in my room reading my newspaper." On the day of the inspection, people were enjoying a game of bingo which was taking place in the afternoon in the main lounge.

People's needs were assessed before they received care to ensure that the staff were able to meet the prospective person's needs. The nurse told us that people's care plans were based on pre-admission information. They also used information provided by families. They said that care plans were developed over a short period of time and then were reviewed regularly and updated when necessary.

Care plans that we looked at provided detailed information on how people's care needs were to be met by staff. Where plans had been reviewed and changed these had been signed and dated when the changes had taken place, so that staff were aware that the information was current.

People told us that regular staff knew them well, even knowing what their likes and dislikes were. We found this to be the case when we asked permanent staff to tell us about the people they cared for. We saw that members of care staff spoke with people in the way that they were able to understand. This included the use

of simple short sentences and giving people time to respond.

People we spoke with told us they would be confident speaking with a member of staff if they had any complaints or concerns about the care provided. One person said, "I have no complaints and would tell the staff." Another person told us, "I would speak to [name of the registered manager] if I was not happy with the care provided. I think they listen to me. I haven't got any complaints at the moment though."

There were some complimentary cards on the notice board in the main entrance. They complimented staff for the care and support their family members received during their time at the service. There was a complaints procedure which was available in the main entrance of the home and each person had a copy in their room. The complaints log showed that complaints had been responded to in line with the provider's policy.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. People and relatives said that they knew who the registered manager was. One person said, "The [registered] manager seems nice and are approachable." One visitor said, "Oh, yes I know the [registered] manager they are around the home most times when I come. They usually pop in to see if everything is alright."

There were clear management arrangements in the home so that staff knew who to escalate concerns to. The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff.

Staff felt there was good teamwork. One of them said, "We work like a team and can always ask for help." We observed that staff helped each other during the inspection.

Information was available for staff about whistle-blowing if they had concerns about the care that people received. One member of staff said, "Yes, I know about whistleblowing, I have not seen anyone of the staff I work with be unkind to anyone. I would be confident [name of registered manager] would take action if we told them staff were not treating people kindly. The [security] cameras are good as this could help pick up if somebody was being treated badly."

There were regular staff meetings which gave information of plans within the home and staff confirmed they also had the opportunity to give their views on improving the standard of the service provided. They discussed when incidents had occurred and they looked to see if changes in their practice could be made to ensure that these did not happen again. For example, when a person required bed rails they discussed alternatives that might be used instead.

People and visitors told us they felt they were kept informed of important information about the home and had a chance to express their views. One visitor said, "I have been to a (relative/resident) meeting but it was a little while ago. The staff are good at letting me know what is happening."

There were quality assurance systems in place that monitored people's care. We saw that the registered manager completed audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as care planning, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people's safety.

The registered manager had put together an action plan that looked at improvements that were being made to the quality of the care provided at the home. This allowed them to continually reflect on the action that was needed to make further improvements. There was a full plan in place for the refurbishment of the whole of the home, with decoration, new flooring and furniture throughout including people's rooms. October 2017 was the date set for completion. People and visitors we spoke to told us this was a very welcome plan as they felt the home was looking very 'tired' and 'shabby'. We noted that some areas had already been refurbished including a communal bathroom and the conservatory. On the day of the

inspection the nurse's office refurbishment was in progress.

A record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training and to make arrangements to provide refresher training as necessary. Staff told us that the nurse on the shift regularly 'work alongside them' to ensure they were delivering good quality care to people.

Records showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.