

Healthcare Homes (LSC) Limited

Cedar Court Care Home

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

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 52 people.

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

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Medicines were stored and administered safely. Accidents and incidents were recorded and thoroughly investigated to enable the service to learn from incidents and mistakes. There were appropriate arrangements in place to prevent and control the pandemic.

Each staff member had received induction and training to enable them to meet people's needs effectively.

The service involved other professionals in people's care in order to achieve best outcomes for people.

There was no one receiving end of life care. However, we saw that people's wishes were assessed and some people who had been assessed by health care professionals as needing end of life care had made a recovery so this was no longer needed.

People, their relatives and staff spoke highly of the management. There were systems in place that monitored the quality of the service, resolved issues and strived for continuous improvement.

Rating at last inspection The last rating for this service was good (published 28 March 2020).

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about end of life care and administration of medicines. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Cedar Court Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on a specific concern we had about end of life care and administration of medicines.

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

This inspection was carried out by two 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The service was led by a manager who had submitted an application to the Care Quality Commission (CQC). A registered manager 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 the last inspection. 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 nine people who used the service and one person's relative about their experience of the care provided. We spoke with two members of staff including the regional director, the manager, and two healthcare assistants.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including accident/incident reports and documents related to the quality assurance.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training matrix and medication policy of the provider.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on a specific concern we had about end of life care and administration of medicines. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- People told us they felt safe living at the service. One person told us, "I am safe, I feel safe and I am looked after well."
- Risk assessments were personalised and regularly reviewed. The service provider had completed risk assessments for every person, and they had detailed guidance for staff to reduce risks. These included risks associated with diabetes, choking, epilepsy, and mobility.
- Risk assessments contained guidance for staff to minimise the risks identified. These included specific recommendations from specialists such as tissue viability nurses, community diabetes lead and speech and language therapists.
- There were systems in place at the home to deal with a foreseeable emergency. Personal emergency and evacuation plans (PEEPs) were in place in case of an emergency for each person. These included details of how the person should be supported in the event of an evacuation.

Using medicines safely

- People's medicines were appropriately managed. Medicines were safely received, stored, administered and disposed. Clear protocols were in place for the use of 'as required' medicines. One person with a specific medical condition told us, "The medical team and care here is good."
- Regular medicine checks and audits were carried out to identify any errors and take appropriate action.
- There were no gaps or omissions in medication administration records (MAR). Stocks of medicines were correct and did tally with what people had been administered.

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.

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 as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on a specific concern we had about end of life care and administration of medicines. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience; Supporting people to live healthier lives, access healthcare services and support

- All new staff completed the provider's induction training to help them understand and settle into their new roles.
- Staff received on-going training to ensure they had the correct skills and knowledge to support people safely and effectively. Competency checks were undertaken.
- The management team had oversight of what training staff had completed and when they were due for refresher training. Training sessions included moving and food and hygiene, dementia awareness, first aid, infection control and safeguarding adults.

Staff working with other agencies to provide consistent, effective, timely care

- People's care files included details of their medical history to help staff understand people's health needs. People's care plans had been developed in relation to the management of long-term health conditions.
- Where people had skin damage or wounds, appropriate procedures were in place for nursing staff to evaluate and manage these. Each person had a 'care passport', designed to provide medical staff with key information about their needs in the event of a hospital admission.
- People were supported to maintain good health and referred to health professionals when required. Information provided by healthcare professionals was incorporated into people's care plans. Staff followed advice given by other healthcare professionals and sought further advice when needed.

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 as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on a specific concern we had about end of life care and administration of medicines. We will assess all of the key question at the next comprehensive inspection of the service.

End of life care and support

- At the time of our inspection, no one living at the service was receiving end-of-life care.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- Some people came to stay in the home as they were assessed by health professionals as nearing the end of their life. As a result of staff's responsiveness, some people had actually made a recovery and no longer required end of life care.

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 as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on a specific concern we had about end of life care and administration of medicines. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- 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 was used effectively and resulted in a significant improvement in the speed and standard of completion of accidents and incident forms. This allowed the provider to have up to date analysis of incidents happening of the service.
- Other audits included medicine administration records (MARs), care plans and health and safety checks. Action was taken to address any identified issues.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did. People told us the new manager was visible at the service and knew people well. One person told us, "I know [the manager] goes into residents' rooms to say hello and stops to talk to some."

Continuous learning and improving care; Working in partnership with others

- The 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 put systems in place to prevent them from happening again at both a management and staffing level.
- People told us the manager had got a clear vision on how to improve the service. One person told us, "I think that the home is in safe hands now with [the manager]. She has her own ideas and she is getting to gather the staff's views on things which isn't easy to do and to keep residents happy."
- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.