

Sanctuary Care Limited

Cedar Court Residential and Nursing Home

Inspection report

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11 December 2020
17 December 2020
21 January 2021

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12 March 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cedar Court Nursing and Residential Home is a residential care home which can provide personal care and nursing for up to 68 people in a single, purpose-built building. At the time of this inspection there were 54 people living at the home.

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

People told us they felt safe and were happy with their care. Risks to individuals and the environment were well managed. People were safeguarded from abuse. Medicines were administered and managed safely. Staff were recruited in a safe way and there were enough staff to meet people's needs. The home was clean and tidy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training, supervision and appraisal. People's health was well managed. Staff worked closely with other professionals to provide effective care.

People's care was based on detailed assessments and person-centred care plans. A range of activities were available. People felt confident raising concerns. Complaints had been dealt with effectively. Staff were aware of good practice in end of life care.

The provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care. People and relatives were encouraged to provide feedback.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 5 March 2020) and there were two breaches of regulation. These were breaches of regulation 12 (safe care and treatment) and regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the key questions safe, effective, responsive and well-led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedar Court Nursing and Residential Home on our website at www.cqc.org.uk.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cedar Court Residential and Nursing 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 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 Nursing and Residential 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 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 the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This supported the home and us to manage any potential risks associated with COVID-19. We visited the home on 21 January 2021 and collected further information until 25 January 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England.

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. We used all this information to plan our inspection.

During the inspection

We spoke with three people and seven relatives about their experience of the care provided. We contacted seven members of staff by email. We visited the home and spoke with the registered manager, peripatetic manager, regional manager, quality manager and an activities co-ordinator.

We observed how people were being cared for and reviewed a range of records. This included four people's care and medicines records. We looked at the personnel files for two staff and we reviewed records related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider 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 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 the provider had failed to demonstrate safety was effectively managed. 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 at this inspection and the provider was no longer in breach of regulation 12.

- Fire risks to the building had been acted on. Fire drills took place regularly and considered the safe evacuation of people from the service in an emergency.
- The environment was well maintained, and equipment was safe.

At our last inspection the provider did not have effective systems in place to assess, monitor and mitigate risks to people. 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 at this inspection and the provider was no longer in breach of regulation 17.

- Risks to people's health, safety and wellbeing were assessed and managed. One relative told us, "Staff call professionals for help and risk assess my relative." Another relative said, "Staff are doing everything possible to keep residents safe."

Staffing and recruitment

- Staffing levels were monitored to ensure enough staff were employed to support people safely. People, staff and relatives told us there were enough staff at the service. Comments included, "I would say my relative is safe because somebody is always around, "Staff are dedicated and keen to help" and "Some days there are more than enough staff."
- The provider operated a safe recruitment process.

Using medicines safely

- People's medicines were managed safely by staff who were trained in administering medicines.
- People were happy with the support they received to take their medicines.
- Medicine audits and checks were completed regularly.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe. People told us they felt safe. One resident told us, "Staff are very good, kind and well-mannered. They are doing a marvellous job looking after us."
- The registered manager and staff understood safeguarding procedures.

Learning lessons when things go wrong

- Staff responded appropriately when accidents and incidents occurred. Records were analysed to identify patterns or trends. Incidents were used as a learning opportunity and to promote good practice.

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

- People's needs and choices were recorded in detailed assessments and in line with best practice. These were used to develop people's care plans.

Staff support: induction, training, skills and experience

- Staff were appropriately trained. New staff completed a comprehensive induction.
- Staff were supported in their role through supervisions, observations and an annual appraisal.

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

- Staff were knowledgeable about people's special dietary needs and preferences.
- People were supported to eat, drink and maintain a balanced diet. People told us they enjoyed the food and were offered alternative choices if they didn't like something. Comments included, "Love the food, can't get enough" and "I am vegetarian, so I get a special tray and selection. The cook sometimes comes and asks me directly."
- People identified at risk of poor nutrition had plans in place to monitor their needs closely. Professionals were involved when 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.

- The registered manager and staff had a good understanding of the MCA. They were aware of the need for decisions to be made in a person's best interests if they were unable to make those decisions for themselves. The proper legal process had been followed and DoLS had been applied for where necessary.

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

- People received health care support when needed.
- People's care records showed relevant health care professionals were involved with their care. This included GPs, occupational therapists and physiotherapists.

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

- The home was comfortable and well furnished. People's rooms contained personal possessions to reflect their individual personalities.
- The décor considered people's needs and preferences, such as promoting maximum independence for people living with dementia.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as 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

At our last inspection the provider did not have effective systems in place to demonstrate personalised care planning. 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 at this inspection and the provider was no longer in breach of regulation 17.

- People had personalised electronic care plans. They described the care and support people required to meet their needs.
- People were empowered to make choices. They had as much control of their care, as possible.

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.

- People were given information in a way they could understand. Care records clearly described the level of support they required with their communication needs. One relative told us, "Staff also learned to read [Name's] expressions, I even need carers to help to translate. I think my relative's needs are well met and staff know what they are doing."

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

- Staff protected people from social isolation. One person told us, "Staff keep me informed about things, we chat and crack a joke. When I am in no mood, they cheer me and keep my spirits up."
- People were supported to safely meet with family or friends through window and screened visits. They were enabled to use technology to communicate via Skype and Facetime.
- People took part in activities of their choice, such as bingo and pet therapy. People and their relatives told us, "We listened to children singing in the garden from our windows, that was very nice" and "[Name] loves movies and they put satellite channels in their room, so they are happy."

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints.
- People, relatives and staff felt confident to raise concerns.

End of life care and support

- People and their relatives were supported to make decisions and record their preferences for end of life care. Staff were aware of good practice in end of life care. Professionals were involved, as appropriate, to ensure people were comfortable and pain free.

Is the service well-led?

Our findings

Well-Led – this means 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 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 understand quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection the provider did not have robust systems in place to ensure good governance processes. 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 at this inspection and the provider was no longer in breach of regulation 17.

- There was an effective quality assurance process in place to continually monitor and improve standards in the home.
- The registered manager and staff understood their roles and responsibilities. One staff member told us, "Everyone works well as part of a team to do the best they can to support each and every single resident according to their needs, choices and preferences."
- The registered manager submitted statutory notifications to CQC following significant events at the home.

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

- There was a person-centred culture at the home. One relative told us, "Staff have the best interests of residents in their hearts."
- People, relatives and staff told us the registered manager was approachable and supportive. One staff member said, "The management here does listen to people."
- Staff morale and teamwork were good. Staff were enthusiastic about ensuring people achieved good outcomes and received good quality care.

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

- The views of people and relatives were sought. Staff meetings were held regularly. Feedback was used to make changes and improvements to the service.

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 provider understood their obligations in relation to the duty of candour and their legal responsibility to be open and honest.

Working in partnership with others

- Staff worked in partnership with key stakeholders for people's benefit.
- The provider had good links with the local community.