

Cedars Castle Hill

# The Cedars Nursing Home

## Inspection report

Angel Lane  
Shaftesbury  
Dorset  
SP7 8DF

Tel: 01747852860  
Website: [www.cedarscastlehill.co.uk](http://www.cedarscastlehill.co.uk)

Date of inspection visit:  
15 May 2023

Date of publication:  
22 May 2023

### 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 Nursing Home is a purpose-built care home registered to provide personal and nursing care for up to 31 people. The home is situated in the town of Shaftesbury, Dorset. At the time of our inspection there were 27 people using the service.

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

The Cedars Nursing Home was a safe service. Policies and procedures in place ensured the home operated consistently and people told us they felt happy and secure. There were enough staff on duty who had been recruited through a robust process. Staff received a thorough induction to the home, and this included agency and bank staff. Clinical skills and processes were under continual review. Staff understood their responsibilities to safeguard people from harm and abuse and processes showed the correct processes had been followed to highlight concerns.

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. People received their medicines as prescribed and people's more complex nursing needs were managed well, such as, wound care and long-term medical conditions. The home had good working relationships and clear channels of referral to a variety of health and social care professionals.

Risks to people's health and wellbeing were assessed thoroughly and clear instructions meant staff were working in safe ways. People were protected from avoidable infections as the home was clean and staff had good hygiene practices. Accidents and incidents were recorded and used to identify lessons learned, these were shared with the staff team.

Governance and leadership was strong within the home. Continual monitoring and improvement through audits took place to ensure the home operated effectively and people were safe. Staff were proud to work at The Cedars Nursing Home and were positive about the management of the home. People told us they felt part of the home, their views mattered, and regular surveys ensured changes were implemented.

The registered manager understood their statutory requirements and all notifications had been made to CQC as required by law. The registered manager told us to work in an open and transparent way was important to them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 July 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result we undertook a focused inspection to review the key questions of safe and well-led only.

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 at good based on the findings of this inspection.

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.

#### 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 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 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 was carried out by 2 inspectors.

#### Service and service type

The Cedars Nursing Home 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 Nursing Home is a care home with nursing 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.

At the time of our inspection there was a registered manager in post.

#### 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. We sought feedback from the local authority and safeguarding teams who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 people about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 9 staff including the registered manager, clinical lead, registered nurses, housekeeping, health care assistants and administrative staff.

We reviewed a range of records. This included 6 people's care and medication records. We looked at recruitment documents for 3 staff. A variety of records relating to the management of the service, including policies, procedures and contingency plans were reviewed.

# 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 has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The Cedars Nursing Home was a safe place to live and work. Some comments we received were: "People are really safe. We have put things into place, and we maintain them", "I do feel safe here because there are people who look after me", "I am very happy living here, all the staff are kind and understanding. I am as happy as can be", "I feel safe, I definitely feel safe here", "There are always staff around me", "The nurses are wonderful, I feel well looked after. If I need something, they notice it."
- Staff told us they knew how to recognise the signs someone may be at risk of harm or abuse. They knew who to report their concerns to both inside the home and outside, including what to do if their concerns were not acted upon.
- The registered manager was clear on their responsibilities and felt confident to raise concerns, and worked in an open and transparent way. The home had good working relationships with the local authority and safeguarding teams. Events that needed to be reported to the local authority had clear guidance available for staff to follow. This helped to ensure staff followed the correct procedure..
- Staff had received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon. Safeguarding concerns were reviewed monthly, records showed all necessary actions had been taken and were kept active until conclusion. Safeguarding procedures had the oversight of the provider.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for all their care, nursing and support needs. Risk assessments were reviewed monthly or as needed.
- Risk assessments were detailed; staff understood the risks people faced and knew them well. Risk assessments were included in people's care plans and accessed through an electronic system. This meant staff had instant access to staff working procedures. One staff member told us, "I have all the information I need, as well as visual prompts which are helpful."
- Some people had long term and temporary health conditions, such as, complex wound care needs. Risk assessments and care plans were detailed, and additional plans created to ensure a consistent approach to treatment. These contributed to keeping people safe.
- Equipment checks were maintained and there were general risk assessments in place for the home, for example, fire safety. People had personal emergency evacuation plans in place, which detailed the support they needed to leave the building safely.
- Accidents and incidents were recorded, and the necessary referrals made, for example, to medical services or safeguarding. There was a review of the outcomes and records of lessons learnt. Learning was shared within handovers and staff meetings.

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 and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- Recruitment processes were safe and robust. Staff employed had received a good induction to the home, this included agency staff, who told us they had been supported to work safely. One staff member said, "I feel like a member of the team, we are one."
- There were enough staff on duty, staff and people confirmed this. Recruitment records demonstrated they had the required skills and values to provide support and care to people. The registered manager told us recruitment was ongoing. The home had faced the same challenges as other providers due to the national shortage of care workers.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines as prescribed. The home had arrangements for the ordering, storage, and disposal of medicines. Medicines management and clinical care had the oversight of registered nurses. One person told us, "I get my prescribed medicines on time."
- Medicine Administration Records (MAR) had information about when a person took their medicines on an electronic system. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly, audited and actions taken when discrepancies were found. If a medicine was late or not given an alert was sent by email and on the staff handset which was an additional safeguard.
- Where people were prescribed medicines, they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. These were detailed for each medicine and specific to the person.
- Medicines that required stricter controls by law, were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Safe stocks of medicines were kept, and disposal was carried out using correct, safe practices. Our observations and records confirmed this.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The Cedars Nursing Home was supporting people to stay connected to their loved ones. Visiting to the home was unrestricted and procedures were in place if circumstances changed.

# 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. At this inspection the rating has remained 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; Continuous learning and improving care

- Quality assurance systems in place were robust and operated effectively. Leadership was visible in the home and responsibilities clear.
- Governance systems were multi-layered, the provider had oversight of the checks carried out by the registered manager which enabled them to continually monitor safety.
- A variety of audits were undertaken to enable the registered manager and provider to ensure all areas of the home operated safely. Each audit had a clear action plan which had been followed up and completed. This meant the service was continually learning. Outcomes, where appropriate, were shared with staff within team meetings and handovers.
- Staff understood their role and had clear responsibilities. Staff had job descriptions and told us they were clear on the expectations of the registered manager and the home.
- The registered manager was supported in their role by the staff team and the provider.

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 Cedars Nursing Home, staff told us they felt included. A member of staff said, "We have an excellent team."
- Staff were proud to work at the home, their comments included: "The culture is good, we are a family", "I would recommend this as a place to work", "We all get on well, I am easy going, we are certainly a team."
- The feedback we received was complimentary about the leadership of The Cedars Nursing Home. Some of their comments included: "The registered manager [name] is wonderful, always smiling", "The registered manager [name] is really supportive, anything you ask they sort out, they are a nice person", "The clinical lead [name] has glued us all together, a breath of fresh air", "The registered manager [name] is a brilliant leader", "The registered manager's [name] door is always open, they are there for us", "I have nice interactions with the registered manager [name]."

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 registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. Records showed the provider had complied with the duty of candour regulation.
- The registered manager understood CQC requirements to notify us, and where appropriate the local

safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were offered the opportunity to be involved in the home by attending a monthly meeting. A variety of topics were covered such as activities and meal choices. We saw actions were carried out following input from people within the meetings. A dedicated member of staff supported the meetings and ensured actions were followed up.
- The home had regular staff meetings including separate clinical meetings. One member of staff said, "You can speak freely, and things are followed up. Team meetings are pro-active."
- The home undertook satisfaction surveys for people, and their relatives. The most recent survey showed positive results. People told us their views were listened to. The home had created a, 'You said, we did' poster to be clear on what people had said and the action the home had taken in response. A relative said, "I believe that my loved one [name] is happy at The Cedars and they always talk fondly about the staff, never once having complained about anyone or anything."
- The service worked and communicated well with health and social care professionals to support people. Records showed input from external specialists, such as, tissue viability nurses and dieticians. Instructions and communications were clear.