

Messrs A & M Desai - Desai Care Homes

# Cedar Park Nursing Home

## Inspection report

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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

Cedar Park Nursing Home provides accommodation for people who require nursing and personal care for up to 30 people. The service provides support to adults over and under 65 years. At the time of our inspection there were 26 people using the service.

Accommodation is provided on 3 floors which are accessed by a lift or stairs. People had their own rooms and access to communal bathrooms. On the ground floor there was communal space such as lounges, dining rooms and a conservatory. There was a large garden to the rear of the property.

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

People told us they felt safe as the staff looked after them well and were able to raise any concern if needed. Staff had safeguarding training and told us they would not hesitate to report any concerns. Medicines were safely managed, and people told us they had their medicines when they needed them. Risks to people's safety were assessed and guidance was available for staff to follow. Where needed staff contacted healthcare professionals for additional advice.

During our visit the home was experiencing a COVID-19 outbreak. This had impacted on staff availability, and people told us at times there had not been enough staff. During our inspection we found there was enough staff available, however, we shared people's feedback about staffing numbers with the provider. The registered manager used a dependency tool to calculate staff numbers, and this was reviewed regularly. Staff had been recruited safely.

Staff had personal protective equipment available, and we observed them wearing it appropriately. The home was clean, and audits were carried out to check infection prevention and control safety measures. The registered manager was aware of who to contact when they needed advice on working safely during COVID-19. People had visitors from family and friends who were informed about any precautions where needed.

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.

There was a registered manager in post and feedback about their approach was positive. People and relatives knew where to go with any concerns and told us the service was well managed. Staff felt supported by the management and felt welcomed by the team at the service. We were told there was good teamwork and good communication amongst the staff. Healthcare professionals told us the staff acted professionally and worked in partnership. This helped to make sure people's health needs were met.

Quality monitoring systems were in place and were effective in driving improvements. The provider had good oversight of the service and carried out checks for quality and safety. Health and safety systems were

in place to make sure the premises and equipment were maintained and serviced.

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 20 November 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

# Cedar Park 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

This inspection was carried out by 2 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 Park 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. Cedar Park 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 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 8 people and 4 relatives about their experiences of care received. We spoke with 4 staff, the registered manager and regional manager. Following our site visit we also telephoned a further 4 members of staff.

We reviewed 4 staff files in relation to recruitment, care and support records for 6 people, multiple medicines records, meeting minutes, fire safety records, health and safety records for the premises and equipment, personal emergency evacuation plans for people, quality monitoring records and policies and procedures.

We contacted 4 healthcare professionals for their feedback about the service and received 3 responses.

# 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

- Systems were in place to keep people safe.
- People and relatives told us people felt safe at the service. Comments included, "I get on well with the staff, I have never felt worried or upset by anybody. I am comfortable with everyone and yes, I am quite settled. I feel quite safe" and "I do feel [relative] is safe here, there's always someone in charge and responsible you can talk to if needed. The manager and the under manager are both very good and you can always talk to them, no problem."
- Staff had received training on safeguarding and understood their role in keeping people safe. One member of staff told us, "First I will make sure the person is safe, I will then inform my manager. If I am not satisfied, I can speak to someone at head office and I can also go to the whistleblowing team."

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and assessed by staff. People had personalised risk management plans which were reviewed and updated when needed.
- If people needed equipment such as specialist mattresses, this was available, and records demonstrated it was regularly checked for safety.
- Regular health and safety checks were carried out for the environment. For example, there were weekly checks of fire systems and regular checks on lifting equipment.

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.

Staffing and recruitment

- During our inspection we observed there were enough staff available to meet people's needs. Staff we spoke with also confirmed there were enough of them to work safely.

- Feedback from people and relatives about staffing was that at times there were not always enough. However, most told us there had been a COVID-19 outbreak which had impacted on staff availability. Comments included, "I can usually get help, most of the time. Sometimes I wait" and "There are usually enough staff, I can get help and I do not normally have to wait very long. If I want a shower, I can ask for one. They would take me downstairs if I wanted to go, but I prefer to stay here."
- The registered manager told us during the COVID-19 outbreak staffing had been difficult. Many staff had tested positive which meant they could not work. The registered manager said those staff available had worked as a team to make sure people were cared for safely. One relative said, "The staff have been under a lot of strain due to the COVID-19 outbreak, they have had shortages at times, and it has been a struggle. They have kept going, doing extra hours, they are very dedicated. There are times when [relative] has had to wait, but it has never been too long. Overall, they are doing their best."
- A dependency tool was used to calculate staff numbers and was reviewed when people's needs changed.
- Staff were recruited safely. The provider carried out the required pre-employment checks.

#### Using medicines safely

- People had their medicines as prescribed. People told us they were happy with the help they received with managing their medicines. Comments included, "They [staff] look after [medicines] for me, it all runs smoothly and on time. I do not think there has ever been a problem" and "There have not been any problems with medicines, they [staff] come round pretty much on time. They seem knowledgeable about my medicines and if I am not sure about something, or felt something was not suiting me, I could talk to them."
- Staff administering medicines had training and their competence was checked.
- Medicines were stored safely, and staff regularly checked storage temperatures.

#### 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.

#### Visiting in care homes

- People were able to have visits from friends and family members without restrictions. During our site visit we observed relatives visiting people in their rooms. Visitors were wearing PPE as there had been a COVID-19 outbreak.

#### Learning lessons when things go wrong

- Systems were in place to make sure incidents and accidents were recorded and reviewed. The registered manager told us learning from incidents was shared in heads of department meetings and staff meetings. In addition, the regional manager visited regularly and shared any learning from incidents in other homes managed by the provider.



# 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.

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

- People and relatives all spoke positively about the staff approach. Comments included, "It is very nice here, I get on with everyone, I feel comfortable. The staff are always smiling, and I am happy. I would recommend it to other people with no hesitation. It is a good place" and "It is run the way it should be, they [management] are very good. It was my birthday and they brought me a birthday card, balloons and a cake. They all chat to me, I know them all quite well."
- There was a registered manager in post who was a visible presence at the service. People and relatives told us the service was well managed. Comments included, "I have met the manager, he is approachable, I would be happy to talk to him if I needed to. I have had no concerns or complaints" and "The managers fall over backwards to help; they do their best whenever we have asked about anything. I am very confident in them."
- During our inspection we observed people being cared for in a person-centred way. All the staff we spoke with enjoyed their work and told us they wanted to do the best they could for people. One member of staff told us, "It is my responsibility to make sure residents are well and have person-centred care, maintaining their privacy and dignity, giving them choice and making sure they have food and fluids. I enjoy it."

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 had a duty of candour policy and process in place. The registered manager understood their responsibility to be open and transparent with people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff understood their roles and responsibilities. There was a staffing structure in place which everyone was clear about.
- Systems were in place to make sure incidents were responded to appropriately and CQC were notified when needed.
- Quality monitoring systems were effective in identifying and making improvements. Audits were completed by staff at the service, the registered manager and the provider. Any actions were carried out and the provider monitored action plans to make sure all were completed in a timely way.

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

## characteristics

- People and relatives felt able to share any concerns and work in partnership with staff. Comments included, "I have not been given a feedback questionnaire, the only questionnaire was about [relatives] lifestyle and interests. The activities lady is very nice, she manages the social events and they have quite a few things going on usually, quizzes and entertainers", "[Registered manager] calls in for a chat regularly, I know him well. If there's anything I want or need, he does his best to get it, they all do" and "They [management] do audits sometimes, I have been involved in the [call] bell audit when they come and see how long it takes for them [staff] to answer."
- Staff felt well supported by the registered manager and the provider and felt able to share ideas or raise concerns. One member of staff said, "I can talk to them [registered manager]. We had a meeting 2 months ago. They were asking me, what do we need? How can we be better? I told them, I felt good about that."
- The service employed many staff from overseas. Those we spoke with all told us the provider, management and other staff had been very welcoming when they arrived. One member of staff told us, "The company are respecting our values and culture. They give us freedom to express our culture, providing us with activities with regards to our culture and festivals."

## Working in partnership with others

- There was good partnership working.
- Staff worked in partnership with healthcare professionals to make sure people's health needs were met in a timely way.
- One healthcare professional told us, "The staff at Cedar Park are organised, responsive and communicate well with other professionals. It seems to be well managed with strong leadership and a reliable group of lead nurses. Safeguarding issues appear to be acted upon promptly and appropriately."