

Your Health Limited

Cedar Court Nursing Home (Dementia Unit)

Inspection report

Cedar Court Care Home
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Website: www.yourhealthgroup.co.uk

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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 Court Nursing Home (Dementia Unit) is a residential care home providing personal and nursing care to 25 people living with dementia. The service can support up to 45 people. The home is in a rural location with enclosed accessible gardens. Care is divided across two floors and there are several communal lounges for people to spend time in.

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

People received their medicines as prescribed and the risks associated with medicines were managed effectively. People received safe care and there were effective infection control systems to keep them safe. There were enough staff available to meet people's needs safely and in a timely manner. Nursing staff were being recruited and regular agency staff were utilised in the interim. People were protected from the risk of harm and lessons were learnt when mistakes happened.

The systems in place to monitor and improve the service were effective in achieving good outcomes for people. Staff were aware of their responsibilities and were encouraged to raise concerns and report mistakes to create a learning culture. Under current restrictions the service had implemented strict infection control measures but were innovative in maintaining contact with families virtually and on site through building development.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 12 December 2019).

Why we inspected

We received concerns in relation to infection control, staffing and risk management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at 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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement 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 infection control, staffing and risk management 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.

Is the service well-led?

Good ●

The service was well led.

Cedar Court Nursing Home (Dementia Unit)

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.

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 conducted by two inspectors.

Service and service type

Cedar Court Nursing Home (Dementia Unit) 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. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. However, there was a manager who was in the process of registering.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return in March 2020. 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 contacted commissioners of the service for their feedback and reviewed information we held about the service. We used all of this to help to plan the inspection and make our judgement.

During the inspection-

We spoke with people who lived at the home, but as most were unable to give detailed feedback, we also observed staff interaction with them in communal areas. We spoke with eight members of staff including the manager, two nurses, three care staff, the housekeeper, and the operations manager.

We reviewed a range of records. These included four people's care records and several medication records.

After the inspection

The provider sent us additional information which we were able to review away from the home, including a variety of records relating to the management of the service such as audits. This was agreed to limit the time spent on site to protect people during the current pandemic.

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.

Using medicines safely

- At our last inspection some required improvements were identified in the management of medicines. At this inspection we found medicines were well managed with systems in place to ensure this was embedded.
- We saw people received their medicines as prescribed; including time specific medicines. When people needed additional medicine to take 'as required', or PRN, there was clear guidance in place for staff to understand the circumstances. This was important as some people were unable to describe their pain or distress.
- Staff we spoke with understood their responsibility to report any concerns to the clinical lead for review. We saw that there were some gaps in recording of administration for two previous days. These had been reported, investigated and action was being taken to complete the records. We were assured that no harm had occurred to people and it was a records error which had been identified.

Staffing and recruitment

- There were enough staff to meet people's needs in a timely manner and to support people on an individual basis when needed. The provider told us they were providing additional staff to manage any potential additional requirements due to potential infections. The additional staff were also able to provide social engagement in the absence of an activities co-ordinator.
- The provider was actively recruiting nurses to join the staff team. Agency nurses were working at the home in the meantime. We spoke with the manager and the operations manager about the safeguards in place to support this. We were assured that regular agency staff who knew people well were used whenever possible and there was close supervision from the clinical lead in place.
- The care staff were consistent and the agency nurse told us they were supportive and helpful in identifying any concerns with people who they knew well.
- Care staff told us they felt well supported, had regular training opportunities as well as development roles such as training to become a senior member of staff.
- Team leaders ensured staff were allocated to different communal areas so people had quieter spaces to assist them in their wellbeing. They also made sure staff had breaks when needed to ensure they were fresh to support people well.

Preventing and controlling infection

- People were able to maintain contact with family and friends through a range of options. These include the use of electronic devices and the construction of an internal visiting pod with floor to ceiling clear wall and internal speaker.
- Infection control measures were in place across the home. The domestic staff ensured touch surface cleaning was completed two hourly, deep cleaning and the use of appropriate cleaning products were used.

This reduce the risk of any infection spreading.

- Staff had received additional training in the use of personal protective equipment (PPE). The provider had installed an external cabin for staff to use to change into their uniform and ensure all hygiene and PPE measures had been followed before entering the home.
- Staff had received support with supervisions, personal risk assessments and any new information or guidance during the pandemic.
- Testing was completed on the people and staff at the required intervals. Any COVID-19 positive results were responded to in accordance with isolation guidance.
- The registered manager completed regular infection control audits. We saw areas which required action had been completed. These audits related to the infection control policy which had been updated to reflect any new guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from avoidable harm or abuse. One staff member said, "I would report any concerns to the manager. I feel confident they would act. We have forms to fill out if we have any concerns."
- One family member told us, "I am aware of a safeguarding incident. The manager told me what they did since and I am happy they are taking action to keep my relative and others safe."
- We reviewed information we received about safeguarding incidents prior to the inspection and found there were clear records of action taken and systems put in place to reduce the risk of incidents recurring.
- The provider was transparent in resolving any concerns with partner agencies and reported in line with their responsibilities.

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

- Risks to people's health and wellbeing were assessed, actions put in place to reduce the risk and this was regularly reviewed. One family member told us, "I feel my relative is in a safe environment and I can sleep at night now, compared to when they were at home." Another family member told us, "[Name] has had falls whilst being in the home due to their medical condition. The manager has phoned and updated me within a couple of hours on each occasion and lets me know what is happening and if there are things they can do to try to prevent it happening again."
- We observed staff supporting people to manage known risks. When people were at risk of a behaviour which may harm themselves or others, staff were skilled in diffusing the situation. We saw them gently encourage people to leave areas, bring people their favourite objects and start a discussion and engage people in a song and a dance to keep them calm and happy.
- Any behavioural incidents were recorded to try to understand the triggers and reduce this for the person. For example, for one person it was noted they were more distressed around personal care and staff were given clear guidance how to support them to manage this.
- People who were at risk nutritionally were encouraged to eat throughout the day. Snacks were offered at regular intervals, including rich milkshakes as an additional calorie intake. At lunchtime staff observed people closely and took action to support them; for example, moving their meals when they moved to ensure they continued to eat. One member of staff told us, "If someone is not drinking, we put a fluid chart in place and complete observation charts. Then every carer is aware of the risk and the need to closely monitor." We saw these records were completed regularly.
- Some people were at risk of sore skin. Staff were aware of this and we saw people had equipment and were supported to move regularly to reduce the risk.
- There were systems embedded to review any accidents or incidents in a timely manner and record action taken to support people; for example, reviewing medicines, moving furniture and referring to other professionals for assessment were actions taken recently.

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 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 understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection we found systems in place to monitor the quality of the service were not always fully embedded to ensure it improved. At this inspection we saw regular audits, reviews and monitoring ensured good outcomes for the people who lived there. For example, medicines audits highlighted when one photograph was missing from records; this is important to ensure staff identify the correct person for administration. They also noted when the medicines rooms required a deep clean and the date this was completed.
- Policies and procedures had been continuously reviewed in line with government guidance to manage infection control in the home during the pandemic. The provider had invested in new buildings and rooms to ensure people, staff and visitors were safe; for example, a visiting 'pod' and a staff changing room.
- The manager had an application with CQC to become registered. They had held this position previously and had a good understanding of their responsibilities. One member of staff said, "The manager has made lots of changes, but they are all for the best. They are on it, they follow things up."
- Staff all understood their roles in the home and maintained records and reports as required. Care staff completed records daily including monitoring of wellbeing, food and fluid when needed, and skin monitoring.
- Care plans were detailed and clear; they guided staff to provide person centred care by describing the person's whole life and history.

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

- Staff had shared person-centred values and were focused on providing a good quality of life to people living in the home.
- We observed kind, patient care of people. Relatives we spoke with confirmed this. One said, "The staff team have worked hard to make sure they are settled, and we have enjoyed seeing our relative having fun in photographs on social media. The staff organised a video call on their birthday so we could see them opening presents. This is the kind of thing that makes such a difference."
- One staff member told us, "We are a good team who work well together and make sure communication is good." There were regular handover meetings to ensure all staff were up to date about each individual in the home before starting work with them. Staff told us if they were away for a week or more, they had a meeting with the clinical lead to ensure they were informed of changes.

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

- Relatives told us of the efforts the manager and clinical lead made to keep in contact with them when visiting and access to the home was reduced for some families. One relative said, "I feel they are being well looked after and the staff do their best to keep them safe. The manager is very good at making sure I know what is happening." A second family member confirmed, "I have been unable to visit as I am shielding. However, I am kept informed about how my relative is. The staff are very friendly and always let us know what is happening."
- All staff we spoke with felt able to raise any concerns and confident to suggest ideas for improvement. There were regular team meetings and daily catch ups as opportunities to do this.
- Positive working relationships were in place with local health and social care professionals. Some of this took place virtually, for example, some ward rounds with the GP practise. However, there was also support within the home when required.

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

- CQC were notified of significant events as required and the manager ensured they were open in their communication with us so we could understand any action taken to reduce further risk.
- Relatives told us they were informed of any incidents or accidents in a timely manner and the provider was transparent in their communication.