

Birstall Care Services Limited

Cedar Mews

Inspection report

Cedar Mews Care Home, 67 Hallam Fields Road
Birstall
Leicester
Leicestershire
LE4 3LX

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cedar Mews is a residential care home providing accommodation for people who require personal and nursing care for up to 73 people. The service provides support to older people, some of whom are living with dementia, people with a physical disability and younger adults. At the time of our inspection there were 71 people using the service.

Cedar Mews was purpose built. Communal facilities, assisted toilets, bathing facilities, and bedrooms with en-suite facilities were sited over 3 floors, known as Rosemary Walk, Lavender Lane and Cinnamon Way. The home has an accessible garden, which included seating.

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

People's safety was underpinned by the provider's policies and processes. Potential risks to people were assessed and measures put in place to reduce these. Lessons were learnt, supported by clinical risk meetings and reflective practice for staff. Medicines were managed safely following recent changes to some aspects of medicine administration. People lived in an environment which was well maintained and clean, with safe infection and prevention measures.

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 were involved in key decisions about their day to day lives, and chose how they spent their day, which included their involvement in recreational activities.

People's health and wellbeing needs were assessed, and their health and welfare monitored by staff. Staff liaised effectively with health care professionals to achieve good outcomes for people. Staff had the knowledge and experience to meet people's needs. People's dietary needs were met, assisted by staff's commitment to create an enjoyable dining experience for people.

The provider had systems in place to monitor and improve the quality of the service provided, and worked collaboratively with partner agencies to bring about improvements. Staff spoke positively of the management team, and of the collective approach to continually improve the service.

People and family members were complimentary about the service, and spoke positively of the friendly atmosphere at Cedar Mews. External professionals provided positive feedback about the quality of the care people received, and the knowledge and commitment of staff in meeting people's needs.

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 the service under the previous provider was good, published on 22 November 2017.

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.

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 good, based on the findings of this inspection.

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

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Cedar Mews

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.

Inspection team

The inspection was carried out by 3 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 Mews 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 Mews is a care home without 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 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 using the service, 5 relatives and a visiting professional. We spoke with the registered manager, lead quality and risk manager, dementia care manager, a team leader, a senior care assistant and 2 care assistants. We sought feedback from a health care professional via e-mail.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and a variety of records relating to the management of the service. Following our site visit the provider continued to provide information, which included data to support quality monitoring, the outcome of consultation with people and their relatives, staff training, policies and procedures.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to safeguard people from abuse. Safeguarding referrals were made to the appropriate organisations in a timely manner, consistent with local safeguarding protocols.
- People told us they felt safe at Cedar Mews. A person said, "I'm definitely safe here. It's the security which makes me safe." A second person said, "I'm quite safe, I know I'm never on my own."
- People's safety and quality of care was supported by a proactive approach to learning from incidents and events. This included the provision of reflective practice for staff, both individually and collectively to enable them to improve their practices and knowledge, and support safe outcomes for people.
- The registered manager kept a record of all safeguarding concerns. The information included the nature of the concern, who had raised the concern and its outcome.

Assessing risk, safety monitoring and management

- Potential risks to people were assessed and kept under review to promote their safety. Clinical risk meetings were held, which in part focused on risks that impacted on people's safety and health. A staff member told us, "Clinical risk meetings are informative and a good way to share everything that is going on, including concerns, and actions we need to take."
- Potential risks linked to people's health were assessed and regularly reviewed. Tailored guidance enabled staff to provide safe care through continual monitoring of people's health. For example, people living with diabetes were at risk if the levels of sugar in their blood became too high or too low. To monitor this, staff checked blood sugar levels regularly and took the appropriate action where required.
- People at risk malnutrition and hydration had their food and fluid intake, and their weight monitored. Recent changes had been introduced to ensure dietary supplements were administered as prescribed. A family member told us, "My [relative] is weighed every week to check their weight, no problems there."
- Personalised Emergency Evacuation Plans (PEEP's) had been undertaken for each person. The PEEP identified the level of risk, any individual factors which needed to be considered to facilitate an emergency evacuation, such as equipment to be used to assist with mobility.
- People's safety was maintained by staff and external contractors who undertook scheduled checks of systems and equipment to ensure they were in good working order.

Staffing and recruitment

- Staffing numbers were continually reviewed based on people's needs. This ensured there were sufficient numbers of staff with the necessary training, skills and competence to support people's safety and meet their needs.
- People told us staff responded to requests for assistance. A person said, "I'm very safe, I can just ring my

buzzer if I need too, they [staff] answer it very quickly usually." A second person told us, "Staff come regularly when I call them, there seems enough."

- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (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

- Improvements had been introduced to ensure the safe management of medicines. An action plan had been developed following recent audits which had identified people were not always having prescribed creams applied or dietary supplements administered. We found improvements had been made, and people's creams and supplements were being administered.
- People were supported with their medicines in a safe and timely way, which included medicines which were time critical. Records provided clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain. A person told us, "I do have medication given to me, they always wait while I have it. It's pretty well on time. I'm in pain sometimes, staff are good, and give me pain relief."
- Protocols for the administration of covert medicine (where medicines are hidden in food or drink and given without the person's knowledge) were in place. The protocol included information that the medication had been authorised to be given covertly, supported by a Mental Capacity Assessment and that a best interests' meeting had taken place.

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. People told us the service was regularly cleaned. A person said, "They [staff] always clean regularly."
- 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. People spoke positively of the cleanliness of Cedar Mews, including their bedroom. A person told us, "They [staff] always clean regularly." A second person said, "My room is fine, it's kept very clean."
- 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 supported to maintain contact with their family and friends. There were no visiting restrictions and staff welcomed visitors to the service.
- We observed visitors arriving throughout the day, with staff extending a warm greeting to all, and offering refreshments. Hot and cold drinks, and snacks were available to all visitors, and we saw visitors helping themselves. A person told us, "They always give our visitors drinks and cake."

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 our last inspection we rated this key question good. The rating for this key question has remained 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 were assessed and kept under review and care plans developed. Care records provided clear guidance for staff to enable them to meet the needs of people's physical and mental health and emotional needs.
- People's assessment of needs identified where equipment could be used to maintain and encourage their independence. For example, aids to assist with walking independently and assisted baths and toilets, which included equipment such as raised toilet seats.
- People and their family members were involved in the assessment of their needs and care plan development. A staff member told us, "Pre-assessments are completed prior to people coming in, and are done collaboratively with people. We involve family and gather information to understand people's histories, likes and dislikes. The assessment process considers what a good day looks like for that person and how things affect them, and what their day might look like."

Staff support: induction, training, skills and experience

- People's needs were met by staff with the skills, knowledge and experience to deliver effective care and support, which included training to support staff in meeting people's needs.
- Staff spoke positively of the training they received and told us their competency to undertake personal and health care tasks was assessed.
- Staff upon commencement of their role were supported with an induction package and training which included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's nutritional and hydration needs were met. Meals and drinks were served regularly throughout the day. Snacks and refreshments were readily available for people to help themselves, which included savoury snacks, yogurts, fruit and cake.
- People chose whether to eat their meals in the dining room or their own room. A person told us, "I have breakfast in my room and dinner in the dining room. I can have my meals in my room if I want."
- People spoke positively of the meals provided. A person told us, "The food is very good, I choose from the menu. Drinks just turn up, and you can ask for snacks." A second person said, "The food is first class, I choose at the table, there's a choice of meat or fish." A third person told us, "I get drinks when I call for them, snacks are available if I want them."
- People's dining experience was calm and relaxed. People chose what they wished from the menu, and

each meal was served specific to each person's request. Dining tables were formerly laid and included a menu, condiments, a full range of cutlery and glasses.

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

- People's day to day health and well-being were monitored by staff with referrals being made to health care professionals where required.
- A visiting professional informed us they found staff to be knowledgeable as to people's health needs, which helped to inform the medical review of people's health, including their medicines.
- People were involved in decisions about their health. We observed a member of staff check the blood sugar level of a person living with diabetes at lunchtime. The member of staff discussed with the person their sugar level and made a recommendation about their dietary intake.
- People spoke of good access to a doctor. A person told us, "Staff contact the doctor for us. They come on Tuesday and we book in to see them."
- Some people using the service had complex health conditions. Their care plans contained information about these, including signs and symptoms to watch out for. This ensured staff knew when people's condition may be deteriorating and when to seek medical help.

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

- The property was purpose built and designed around people's needs, maximising people's independence and quality of life and was decorated to a very high standard.
- Facilities included bedrooms with en-suites, whilst some communal areas also included bar facilities. Corridors and doorways were wide to support easy access of people throughout the service and included a passenger lift.
- There were assisted bathing and shower facilities, and toilets which provided equipment to support people with mobility difficulties.
- A garden, which was accessible to people with mobility difficulties provided a range of outdoor seating and tables to encourage people to relax and spend time with others, as well as an opportunity to garden. A person told us, "There was an open day, we went into the garden with our family. It's quite homely here, very accommodating."

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care records contained mental capacity assessments that had been completed to record whether people were able to make decisions about their care. We found some assessments could be improved to provide greater detail to show how people's capacity had been determined. The registered manager had committed to providing greater detail in future assessments, and overseen by the dementia care manager.
- Best interest decisions had been made where people were assessed as lacking capacity to make an informed decision. Best interest decisions involved professionals and family members, including people's legal representative where Lasting Power of Attorney (LPA's) had been granted for health and welfare and/or financial affairs.
- DoLS in some instances had conditions attached. We found conditions were complied with and regularly reviewed.
- People told us they made day to day decisions about their lives, choosing the time they got up and went to bed, where they ate their meals, and how they spent their day. A person said, "We are totally free to do whatever we wish." A second person said, "I'm free to do as I like. I vary between my room and the lounge. I can get up and go to bed when I want, I like to stay up late, it's not a problem."

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. The rating for this key question 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; Working in partnership with others

- The registered manager worked collaboratively with partner agencies, including local commissioners, to improve and monitor the quality of care provided.
- A recent quality and monitoring visit carried out by commissioners identified shortfalls in some aspects of medicine management. In response, a timely and comprehensive audit of medicine practices and been undertaken by the registered manager, and a detailed action plan developed to bring about improvement.
- A majority of the provider's action plan had been implemented. The registered manager had shared with staff the outcome of the commissioners visit, to ensure a team wide approach brought about the required improvements. Staff we spoke with provided a detailed account of the recent changes in practices.
- Healthcare professionals visited the service regularly, which included district nurses and doctors. Visiting professionals informed us they had positive working relationships with staff of Cedar Mews. They told us, records were detailed, and staff were responsive to their advice and guidance.
- Resources were available to invest in the service to achieve good outcomes for people. A staff member shared with us plans to widen the range of experiences available to people. They told us, "We are getting a 'train to nowhere' system. It is a simulation of journeys so we can choose familiar places for residents, like the journey into Leicester, and other places."

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

- The leadership and management of the service assured people received good quality care, delivered in an inclusive and person centred way.
- The atmosphere within Cedar Mews and the activities provided had a positive impact on people's wellbeing. A person told us, "During the day I do all the activities, I enjoy them." A family member told us, "It's a nice atmosphere here, like a hotel." A second person told us, "It's very friendly and helpful, I've got no complaints."
- Staff were positive about changes to the management team, following the change of provider for Cedar Mews. A member of staff told us. "There have been some good changes recently. The management team is better, team morale and working together is good and everyone [staff] get on well."

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 worked in an open and transparent way when incidents occurred at the service in

line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

- Family members and staff were supported following an incident, including the investigation. A full account of an incident and investigation were provided to family members in writing, supported by a face to face meeting. The outcome of any learning was shared with the wider staff team, to support lessons learnt and outcomes for people.

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

- Opportunities were available for people and their family members to develop and provide feedback about the service. Minutes of meetings showed people's views were listened to and acted upon. Actions taken were reported via 'you said, we did' information. A person told us, "There are residents meetings, I have been to one, it was a while ago, there were a lot of people there."

- People's ideas were sought for specific areas of their care, for example activities. Records showed people had made many suggestions, which had been acted upon, and positive comments were received about the activities provided, which included flower arranging, baking, singing and dancing and trips out in the minibus. A person told us, "There are more than enough activities, I like it when the local Church comes on a Wednesdays." A second person said, "I do the skittles and keep fit sessions."

- People who knew the registered manager spoke positively of them. A person said, "I have met the manager, very efficient." A second person told us, "I know the manager, they're lovely, very easy to talk to."

- A proactive approach to seeking staff feedback and the provision of support, encouraged an open and inclusive culture for staff. A staff member said, "I have an opportunity to share views and I feel listened to. Supervision is a supportive experience. I have an e-mail each week from the managers, to encourage comments. It is a positive culture here."