

Cedar Court Care Limited

Cedar Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

Cedar Court Nursing Home is registered to provide accommodation and nursing care for up to 25 older people. There were various communal rooms for people to use. The home is a single storey building. There were 23 people living at the home at the time of our inspection.

This unannounced inspection took place on 17 June 2015. At our previous inspection on 28 April 2014 we found the provider was not meeting all the regulations that we looked at. We found concerns in relation to care

and welfare of people. The provider sent us an action plan detailing when the improvements would be made by. During this inspection we found that improvements had been made.

At the time of this inspection the home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We found that staff treated people in a way that they liked and that there were sufficient numbers of staff to safely meet people's needs. People received care which had maintained their health and well-being. Relatives were very happy with the care provided.

Medicines were stored correctly and records showed that people had received their medicines as prescribed. Staff had received appropriate training for their role in medicine management.

Staff supported each person according to their needs. This included people at risk of malnutrition or dehydration who were being supported to receive sufficient quantities to eat and drink.

Staff respected people's privacy and dignity. They knocked on people's bedroom doors and waited for a response before entering. People told us that staff ensured doors were shut when they were assisting them with their personal care.

People's needs were clearly recorded in their plans of care so that staff had the information they needed to provide care in a consistent way. Care plans were regularly reviewed to ensure they accurately reflected people's current needs.

People confirmed they were offered a variety of hobbies and interests to take part in and people were able to change their minds if they did not wish to take part in these.

People's views were sought and used to improve the lives of people. Quality assurance systems were in place to monitor the home although these were not all effective. The management were unable to provide evidence of all documents requested during this inspection. We asked for these to be sent to us but we have not received them.

Summary of findings

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.

Staff were aware of the actions to take to reduce the risks to people living in the home and were kept safe from harm

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Good



Is the service effective?

The service was effective.

Staff were aware of their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported for by staff who had received training to provide them with the care that they required.

People's health and nutritional needs were effectively met. They were provided with a balanced diet and staff were aware of their dietary needs.

Good



Is the service caring?

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

Relatives were positive about the care and support provided by staff.

Good



Is the service responsive?

The service was responsive.

People and/or their relatives were involved with their care plans. People were supported to take part in their choice of activities, hobbies and interests.

Relatives were kept informed about anything affecting their family member.

People's complaints were thoroughly investigated and responded to in line with the services policy.

Good



Is the service well-led?

The service was not always well led

There was no registered manager in place.

Requires Improvement



Summary of findings

The systems in place to monitor the quality of the service did not demonstrate what improvements were to be made to ensure that people receive a good quality service.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

Cedar Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 June 2015 and was unannounced. It was undertaken by two inspectors.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are information about important events that the provider is required by law to inform us of.

We observed how the staff interacted with people and how they were supported during their meal time. We spoke with 10 people who used the service and two visiting family members. We also spoke with the provider, a nurse and five care staff including the activities co-ordinator.

We also looked at four people's care records, recruitment records, and records relating to the management of the service including audits and policies.

Is the service safe?

Our findings

People we spoke with said that they felt safe and that they did not have any concerns about the way staff treated them. One person told us: “I am very well looked after and I feel very safe here”. Another person said: “I couldn’t ask for better, the staff look after me well”. One relative said: “I couldn’t wish for better my [family member] is safe here”.

Staff told us they had recently received training in protecting people from harm. We spoke with four members of staff who were able to tell us how they would respond to allegations or incidents of abuse. They knew how to report incidents both within the home and to agencies involved in protecting people outside the home. One staff member said: “I would report any concerns I have to the manager”.

Care records showed that risk assessments were undertaken to assess any risks to each person who lived in the service and for the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. The risk assessments included information about what action is to be taken to minimise the chance of harm occurring.

There were sufficient numbers of staff available to keep people safe because people received the care they needed. Call bells were answered in a timely manner and we observed that staff delivered care to people when they required it and they did not have to wait. One person said: “Although I sometimes have to wait if they are busy. If I need a hand, they are there”. A relative told us: “Whenever I come and visit, staff are always around. Nothing is ever too much trouble”.

Staff told us that, although they were busy, they still had time to care. One staff member said: “What I really like about working here, everyone is so friendly”. Another staff member said: “I try and spend time during my shift talking with the residents and listening to their stories”.

The nurse told us they regularly review the staffing levels by using the ‘Rhys Hearn’ methodology (1970) dependency tool to ensure that there are enough flexible and sufficient staff to meet people’s needs.

Two members of staff we spoke with told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required checks had been completed. This ensured that only staff suitable to work with people were employed.

Only trained nurses administered medication, they received training and we saw that their competency was regularly checked by the provider who is a pharmacist. People we spoke with told us they received their medication regularly. One person told us: “The nurse always asks if I require any pain relief”.

We found that medication was stored securely and at the correct temperature. Appropriate arrangements were in place for the recording of medication. Frequent checks were made on these records to help identify and resolve any discrepancies promptly. This ensured that people received their prescribed medication in a safe way.

Is the service effective?

Our findings

People told us they felt staff were trained to meet their health and social care needs. One person said, “I always feel they [staff] know what they are doing.”

Staff records we looked at showed that staff received regular supervision and an annual appraisal to support them in their role. Staff told us that they felt well supported in their role and that the management team were accessible to them at all times. Staff said they had received enough training to meet the needs of the people who lived at the service. These included; manual handling, safeguarding and infection control.

The nurse in charge and most staff we spoke with understood and were able to demonstrate they knew about the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is legislation that protects people who do not have capacity to make a specific decision themselves. DoLS is legislation that protects people where their liberty is restricted. The nurse in charge confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The nurse had submitted five applications for DoLS to the supervisory body (local authority) but the outcome of these was not yet known.

People were able to access the appropriate healthcare support such as dietician's, opticians and dentists to meet their on-going health needs. People told us that they had access to a local community nurse and their doctor when they needed to see them.

People's health care records showed that nutritional needs were assessed and monitored to ensure each individual's wellbeing was maintained. Staff we spoke with were aware of care plans in place relating to people's individual needs such as the use of thickened fluids or fortified foods. They also supported people to use additional aids such as plate guards, where necessary, which allowed them to be as independent as possible whilst eating.

All of the people we spoke with told us they were happy with the food provided. One person commented that breakfast was their favourite meal and added that, “I always have plenty to eat and “Staff are very good”. Other comments we received about the food ranged from “I'm quite happy with the food. If I want something they will bring it,” to, “The food here is good and we have choices”. On the day of our inspection a relative had come with a picnic to share with their family member and they were supported by staff to sit outside and enjoy it.

Relatives we spoke with told us when they visited they saw a range of food and drinks were offered and people were supported to eat and drink well. The cook was available in the dining room during lunchtime to receive any feedback or suggestions about food preferences from people as they ate.

Is the service caring?

Our findings

When we spoke with one person they told us that they were encouraged to bring in personal items such as photographs and other memorabilia into the home in order to, “Make their room their own”. Another person said: “There are always plenty of staff to help you,” and, “The people who run the home are lovely”. Another person also said: “We don’t have to wait long for help; they always come as quickly as they can”.

Throughout our inspection there was a caring and friendly atmosphere in the home. People looked comfortable with the staff that supported them. We saw that people chatted and socialised with each other and staff. People spoke openly together with staff and others about the activities they had chosen to do that day and their past lives.

People told us that they were supported to maintain their privacy. Rooms were available for visitors to meet with people in private when they wished to. People told us they had the choice to have a key to their rooms and that they could lock their door in order to be private. People told us they could also have their meals in the privacy of their own bedroom if they wished to but most people said they wanted to eat in the dining area.

We observed people having their lunch within the dining area of the home and noted that the meal time was relaxed with people being encouraged to come together to eat. We noted there were good staff interactions with people and people were well supported. We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their privacy and dignity was maintained.

People said staff listened to them when they wanted to discuss things and took action to support people when they made choices or decisions. For example, a staff member told us how it was very important for people to maintain their dignity especially when providing personal care. One person told us, “The staff are very caring. I like to dress myself and choose what to wear, although I do need some support especially with zips and buttons. They [staff] always ask what support I need”. We saw and heard a staff member communicating with the person in a way which the person understood and saw they responded well.

The provider had information about the local advocacy services for people who needed additional support in representing their views. Advocates are people who are independent and who help support people to make and communicate their wishes and make decisions.>

Is the service responsive?

Our findings

Staff told us that there was sufficient detail in the care plans to give them the information they needed to provide care consistently and in ways that people preferred. Care plans had been reviewed regularly so that any changes to people's needs had been identified. Records showed that when people's needs had changed, staff had made appropriate referrals for example to the dietician, dentist and or opticians and had updated the care plans accordingly.

Care records showed that planned care was based on people's individual needs. We observed interactions by staff with people using the service and found that the interventions described in the care plans were put into action by staff. We saw detailed information in the care records which showed us that staff had spent time listening to people in order to be responsive to their needs. A member of staff was sat with a group of people during our inspection doing some reminiscence about their past lives and was able to remind them about their jobs and families. This allowed staff to start conversations with people about their lives and interests.

A member of staff had been appointed to co-ordinate a range of activities, hobbies, interests and events for people to participate in. They told us how they talked with people on a one to one basis to find out about their lives and what activities, hobbies and interests they would like to pursue. . Activities undertaken by people included arts and crafts, reminiscence, bingo and sing-a-longs, which people told us they enjoyed. We saw that books and craft materials were available so that people could have easy access to them. One person said: "There is always something going on if you want to join in. There is never any pressure to do so

and [I] enjoy reading my newspaper which I get every day". At the time of our inspection one of the activities being undertaken was Bingo. Staff were assisting people to play the game and everyone spoken to said that they enjoyed playing bingo.

We looked at the minutes of the most recent residents' meeting and saw action had been taken in response to issues or ideas raised. We saw a discussion had taken place recently about outings and several actions had been implemented including a summer fete where they looked at what stalls and entertainment that people would like. We were told that the planning was well underway and information was available to inform visitors of the forthcoming event.

A copy of the complaints procedure was available in the main reception of the home. People we spoke with, and their relatives, told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. Staff told us if they received any concerns and complaints they would pass these on to the manager. We looked at the last two formal written complaint made to the registered manager and found that these had been investigated and responded to in line with the provider's policy. This meant that people could be assured that their concerns and complaints would be managed in line with the policy.

People using the service were positive about their views being acted on by staff and the nurse in charge. One person said: "I have raised issues if I have needed to and I am always listened to". Another person said: "I am quite happy here and if I do raise anything I know they will take it seriously and deal with it".

Is the service well-led?

Our findings

There was not a registered manager in post as they had left the service in November 2014. Although in January 2015 the provider had put in an application this had not been accepted due to incomplete paperwork. No further applications had been received since that time. The provider told us during this inspection that they would commence the process to become the registered manager.

The newly appointed nurse spoken with understood their role and responsibilities. They told us the home are always looking at ways of improving the home from the feedback we receive and they work with the providers to make the identified improvements. The provider was asked to send us their service improvement plan as this was not available during the inspection. We had not received this and therefore are unable to comment on the improvements that the provider intends to make to the quality of the service.

We saw audits had been carried out such as environmental checks; care plans audits and meal quality audits. There were also checks made on equipment such as bed rails and specialist mattresses. We noted that some of these audits were a check list and that where they had been ticked as needing some action, the actions required had not been recorded. The provider informed us that these were incorrect and that no issues had been identified. Therefore these audits were not effective quality monitoring tools as the information recorded, did not reflect what was found.

The provider spent time in the service speaking with people about the care they received and records showed people reported that they were happy with the care they received. The provider also spent time speaking with relatives and staff during these visits.

Staff spoken with were clear about their role and responsibility. They were all enthusiastic about working in the home. One member of staff said, "If my mum needed to move to a care home I would want her to come here"

We saw there were greeting cards around the service with messages of thanks from relatives of people who used the service. The comments were complimentary of the care people had received.

We were told by the people and staff that a fete is being held in July 2015, where people of the local community are involved and bringing along their goods to sell, They have links with the local school and church who are regular visitors to the home

The last time we inspected the service we asked the provider to make some improvements to improve people's care plans and ensure that all aspects of their care and welfare was provided in a safe and consistent way. We found at this inspection that the necessary improvements had been made.

People were clear about who the nurse in charge was and felt they could approach them if they wanted to talk with them. People were given the opportunity to influence the service they received and relative/residents' meetings were held by the provider to gather people's views and concerns. This showed that people were kept informed of important information about the home and had a chance to express their views.