Alphacare Holdings Limited

The Cedars Nursing Home

Inspection report

Northlands
Landford
Salisbury
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The Cedars Nursing Home is a care home which provides accommodation and nursing care for up to 62 older people. At the time of our inspection 44 people were resident at the home.

This inspection took place on 24 May 2017 and was unannounced. We returned on 25 May 2017 to complete the inspection.

At the last comprehensive inspection in January 2016 we identified that the service had taken action to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, further work was required to ensure these improvements were embedded in practice and sustained. During this inspection we found that the provider had made further improvements in most aspects of the service provided to people. However, staff did not always communicate in ways that demonstrated respect to people and the service did not have a registered manager in post.

Staff did not always work in ways that were person centred or treated people with dignity and respect. During the inspection we observed staff talking over people who use the service, staff providing support to people without speaking to them or explaining what they were doing and staff using language that did not demonstrate respect for people.

Feedback from people who use the service about the approach of staff was mixed. One person said that they were "Very happy" living at The Cedars and added "The staff are lovely." However another said "Some (staff) stand around talking to each other over me." One person's relative felt that there was a lack of social interaction and support between staff and their relative, particularly at meal times. "They come in, just push the plate at her and then their off. No offer of help."

We also saw some good interactions from staff, where they worked in ways that were respectful of people and explained what was happening.

The service did not have a registered manager in post. Following the last inspection in January 2016, the provider recruited a new registered manager, but they left their post at the service in April 2017. The regional manager informed us a new manager had been recruited, but they left the service after a few weeks in post. The provider had a condition of registration that a registered manager must be in post at The Cedars and

was therefore in breach of their conditions of registration at the time of the inspection. The regional support manager told us she intended to submit an application to register as the manager of the service until a new manager was recruited and registered. We will monitor this and will consider further enforcement action if the service continues to operate without a registered manager.

People said they felt safe living at The Cedars Nursing Home. Comments included, "Oh yes very safe. I have a laugh with the carers; they are very nice", "Yes it's alright. I think I have fallen on my feet here. The best thing is that I feel secure" and "It's ok, I'm happy here; they are nice people. I feel safe here". Systems were in place to protect people from abuse and harm and staff knew their responsibilities to protect people and keep them safe from harm.

Staff understood the needs of the people they were providing care for. Staff received a thorough induction when they started working at the home. They demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The provider regularly assessed and monitored the quality of care provided at The Cedars Nursing Home. The information from these assessments was used to plan improvements to the service provided.

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.

People who use the service said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff provided the care and support they needed.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and took appropriate action where people did not have capacity to consent.

Is the service caring?

Requires Improvement

The service was not always caring.

Some people told us staff were friendly and reported they had a good relationship with them.

Staff were kind to people most of the time. However, we also observed some interactions where staff did not demonstrate respect in the way they provided support or the way they spoke about people.

Is the service responsive?

Good

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was no registered manager in post and there had been regular changes in the management of the home.

Staff were positive about the new management team and felt they received the support they needed.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to plan improvements to the quality of the service.

The Cedars 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 to check whether the provider is 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.

This inspection took place on 24 May 2017 and was unannounced. We returned on 25 May 2017 to complete the inspection.

The inspection was completed by two inspectors. Before the inspection, we reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the provider information return (PIR). The PIR is information the provider sends us about the service.

During the visit we spoke with eight people who use the service, three relatives and 12 staff, including nurses, care assistants and housekeeping staff. We spoke with the regional manager, regional support manager and the deputy manager who were providing management cover for the service. 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 spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for six people. We also looked at records about the management of the service.

Good

Our findings

At the last comprehensive inspection in January 2016 we found the provider had taken action to comply with requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, further work was required to ensure these improvements were consistently embedded in practice and sustained. At this inspection we found these improvements had been sustained and people were provided with a safe service.

People said they felt safe living at The Cedars Nursing Home. Comments included, "Oh yes very safe. I have a laugh with the carers; they are very nice", "Yes it's alright. I think I have fallen on my feet here. The best thing is that I feel secure" and "It's ok, I'm happy here; they are nice people. I feel safe here".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident senior staff in the service would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with appropriately. The service had reported issues and worked with the safeguarding team where any concerns had been raised.

We discussed a recent incident with the regional support manager, which they had reported to Wiltshire Council under the safeguarding procedures. Action had been taken to respond to an incident between people who use the service and keep them safe. However, the incident had not been notified to CQC. The regional support manager acknowledged this had not been reported in a timely way and said this had been due to a communication error. The regional support manager had taken action to ensure all of the management team were aware of the need to report incidents to CQC and prevent a repeat of this oversight.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. Examples included assessments about how to support people to minimise the risk of falls, to maintain suitable nutrition, to use bed rails safely and to minimise the risk of developing pressure ulcers. People or their representatives had been involved throughout the process to assess and plan management of risks. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe. We observed staff following these

plans and taking action to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the recruitment records for two recently employed staff. The records demonstrated the recruitment procedures were being followed. The regional support manager had records to demonstrate nurses employed in the home were registered with the Nursing and Midwifery Council (NMC).

Sufficient staff were available to support people. People told us there were usually enough staff available to provide support for them when they needed it. Comments from people included, "Staff come when I call them" and "Sometimes it takes five minutes to answer the (call) bell, but you know that they are probably with other residents so you have to accept that. But they always turn up".

We observed staff responding promptly to people's requests for assistance during the visit. This included people calling out for assistance and people using call bells. We also observed staff responding very promptly when the emergency bell was activated, although this turned out to be a false alarm. All of the staff we spoke with said there were sufficient staff scheduled on each shift to be able to meet people's needs, although some said they would like more time to spend with people. The regional support manager completed a dependency assessment tool to help decide how may staff were needed. Staffing rotas showed that the levels assessed as necessary to meet people's needs had been provided.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw a medicines administration record had been completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. People told us staff provided good support with their medicines, bringing them what they needed at the right time. People also told us they were able to have painkillers when they needed them. We observed staff supporting people with their medicines in a safe and organised way. Records relating to the application of prescribed topical medicines were seen in separate files that were kept in people's rooms. These were mainly complete, apart from one sheet when the application had not been recorded on one occasion. We saw errors in the recording of topical medicines had been identified as part of the medicines audits and action was being taken to ensure all staff accurately recorded topical medicines they had administered.

All areas of the home were clean and people told us this was how it was usually kept. The sluice rooms were clean and well organised, with clean and dirty items separated to prevent cross contamination. Hand washing and drying facilities were available and sinks were clean. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. All areas of the home smelt fresh and clean.

Good

Our findings

At the last comprehensive inspection in January 2016 we found the provider had taken action to comply with requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, further work was required to ensure these improvements were consistently embedded in practice and sustained. At this inspection we found these improvements had been sustained and people were provided with an effective service.

People told us staff understood their needs and provided the support they needed, with comments including, "I am happy that I am being treated well" and "I get what I need". Staff demonstrated a good understanding of people's medical conditions and how they affected them. This included specific information about people's epilepsy, dementia and nutritional needs. One person required nutritional supplements via a percutaneous endoscopic gastrostomy tube (PEG). The person was happy with the way the staff had managed this saying "They make sure it's flushed; I've had no problems." Details of the feeding regime were documented in the person's care plan.

Staff told us they had meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I have regular supervision meetings and have had an appraisal. I feel well supported by (the regional support manager)" and "We have a very supportive team. You can knock on the manager's door at any time – she will always come back to us".

A nurse who had just started working at the home the week of the inspection told us that they had received induction training the previous week and that they were currently being supervised by a nursing colleague. The nurse felt supported to settle into their new job. A care assistant we spoke with also said they had received a good induction. They said they had shadowed experienced staff for two weeks and had not provided care to people on their own until they were confident to do so.

Staff told us they received regular training to give them the skills to meet people's needs. The regional support manager told us they had recently trained four staff members as trainers so they could deliver courses in-house. Staff told us the training they attended was useful and was relevant to their role in the home. The regional support manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. Staff were supported to undertake formal national qualifications in health and social care. Qualified nurses said they were able to keep their skills up

to date and maintain a record of their continuous professional development.

Staff understood the action they needed to take if people were not able to consent to their care. 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 Act 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 legally authorised under the MCA. 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Applications to authorise restrictions for some people had been made by the service and were being processed by their local authority. We saw cases were kept under review and if people's capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision. Capacity assessments had been completed where necessary, for example in relation to people being supported with their personal care and administering medicines.

Comments received regarding the food served at the home varied. One person described the meals as "Mostly ok; sometimes cold, sometimes hot". Another said "its ok, no problems". A third described the food as "Variable; you don't always get what it says on the menu". Meals were served promptly and people who required support to eat received it. Care plans contained information about people's dietary needs and we saw these were followed, for example providing food at the right texture and supporting people to use thickener in drinks to minimise the risk of choking.

People said they were able to see health professionals where necessary, such as their GP, specialist nurse or speech and language therapist. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

Requires Improvement

Our findings

Staff did not always work in ways that were person centred or treated people with dignity and respect. During the inspection we observed staff talking over people who use the service, staff providing support to people without speaking to them or explaining what they were doing and staff using language that did not demonstrate respect for people. Examples included staff calling out that they were "doing" people when referring to providing support with personal care, staff referring to people who needed support to eat as "feeders", staff standing over people supporting them to have a drink with no interaction with the person. One member of staff supported a person who used a wheelchair to come into the lounge. The member of staff said to other staff, "I've got (person's name) for you, where do you want her". There was no interaction with the person or any attempt to find out where they would like to sit.

Feedback from people who use the service about the approach of staff was mixed. One person said that they were "Very happy" living at The Cedars and added "The staff are lovely." However another said "Some (staff) stand around talking to each other over me."

One person's relative felt that there was a lack of social interaction and support between staff and their relative, particularly at meal times. "They come in, just push the plate at her and then their off. No offer of help."

We saw some good interactions from staff, where they worked in ways that were respectful of people and explained what was happening. One of the nurses demonstrated a very caring and skilled approach in supporting one person who was distressed. The nurse took their time to find out what the person wanted and spent time with the person providing reassurance and support. As a result of the interaction the person became much calmer and appeared to be happy.

The regional support manager acknowledged there were some staff who worked well and some staff who needed additional support to work in the way they expected. This mixed picture had been identified as part of the reviews and audits completed by the management team and work was being completed to address these issues with the staff team. Additional training was being planned and the regional support manager was looking to deploy staff in areas of the service that made best use of their skills and knowledge.

Although we did see some good interactions, the staff team did not demonstrate that dignity and respect for people was embedded in their everyday practice. Staff were at times focused on the task that needed to be completed rather than the individual needs of people.

This was a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Our findings

At the last comprehensive inspection in January 2016 we found the provider had taken action to comply with requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, further work was required to ensure these improvements were consistently embedded in practice and sustained. At this inspection we found these improvements had been sustained and people were provided with a responsive service.

At this inspection we found that there had been further improvements in the information set out in people's care plans. People had care plans that were individual to them and set out their specific needs. The plans were updated when people's needs changed. The plans included details of the support people needed to manage their medication, mobility, nutrition, skin integrity, social interaction, communication, sleep, infection control, cognition, breathing, circulation and end of life care. Some people told us they were involved in developing and reviewing their plans. Where people were not able to tell staff what care they needed, there was a record of who had been involved in making decisions.

People's specific needs were addressed through treatment plans. A person with diabetes had a specific care plan relating to this. The plan stated that the person should have their blood glucose monitored and records confirmed this was happening. Another person had wounds on their leg. A wound treatment plan was in place and there were records of regular wound assessments and dressings.

People said they received the care they needed when they wanted it. One person said that they had been up early on the day we visited but added "But that's what I like. I like to sit and read my paper". A relative told us, "I'm happy with the care provided. It's early days but things are going well so far". Records showed when people had been assisted to wash or have a bath or shower in line with their stated preferences.

The regional support manager told us they had introduced new formats for the care plans and supporting information since the last inspection. This brought all of the information the service held about people and how their needs should be met into a more concise booklet. Staff told us they found the care plans helpful, giving them the information they needed to provide the right care for people. Staff said there were good systems to inform them when people's needs had changed and the care plans had been updated.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People said they knew how to complain and would speak to staff or one of the management team if there was anything they were not happy about. One person told us, "I would speak to

the staff if I had any problems. They would sort it out". The service had a complaints procedure, which was provided to people when they moved in and was displayed in the home.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been thoroughly investigated and a response provided to the complainant. Where complaints investigations identified learning points for the service, action plans had been developed and there was regular monitoring to ensure the actions were completed.

Requires Improvement

Our findings

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. Following the last inspection in January 2016, the provider recruited a new registered manager, but they left their post at the service in April 2017. The regional manager informed us a new manager had been recruited, but they left the service after a few weeks in post. The provider had a condition of registration that a registered manager must be in post at The Cedars and was therefore in breach of their conditions of registration at the time of the inspection. The regional support manager told us she intended to submit an application to register as the manager of the service until a new manager was recruited and registered. We will monitor this and will consider further enforcement action if the service continues to operate without a registered manager.

Staff told us they were happy with the way the regional support manager and deputy manager were managing the service, but said the frequent changes in management of the service had been difficult for them. Comments from staff included, "We just need a manager who will stay put" and "My concerns are about the changes of management. I would like more continuity".

Staff were very positive about the support they were getting from the regional support manager and the deputy manager. Comments included, "The current managers have increased morale. Everything has improved as a result. They've employed more staff and are very supportive. They will come to handovers to ensure good communication. They listen to us and take action" and "Staff feel well supported by (the regional support manager) and the deputy manager is brilliant".

The regional support manager or deputy manager completed a daily check of the service, in which they walked round the home, received feedback from people and staff and assessed how the service was operating. There was a brief daily heads of department meeting, which was used to ensure everyone knew what was happening that day and there was a plan to deal with any issues that had arisen. This helped to ensure there was clear communication about any changes in people's needs and the support they needed.

The regional manager and regional support manager completed a number of other audits to help assess how the service was operating and plan improvements. These included different aspects of the service being provided, including medicines management, care planning, nursing assessments, health and safety and the environment.

A 'monthly whole home audit' was completed by the regional manager each month. The report of the most recent visit contained a detailed assessment of the service, including feedback from people using the service, relatives and observations of practice in the home. These reviews had identified that some staff did not always work in ways that demonstrated respect to people. The report contained a list of action points and an update of actions from the previous month's visit. Actions included addressing issue with individual staff members as well as general issues that were relevant to all staff. Actions included a named member of staff responsible for ensuring the work was completed and a date for the action to be taken.

The regional support manager told us she was in the process of completing a satisfaction survey of people who use the service and their relatives. This was a company wide survey, which enabled people to provide anonymous responses if they wished to. A report of the responses would be provided to the regional support manager following the survey. The regional support manager reported that a similar survey had been completed in the previous year before they were in post. However, they did not know what the outcome was or any actions that had been taken in response to the feedback.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered person had not ensured people using the service were always treated with dignity and respect.