

Your Health Limited

Cedar Court Nursing Home

Inspection report

Bretby Park
Bretby
Burton On Trent
Staffordshire
DE15 0QX

Tel: 01283229522

Website: www.yourhealthgroup.co.uk

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cedar Court Nursing Home is a residential care home providing personal and nursing care for 28 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

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

People's care had not always been planned in a personalised way. Staff told us they did not always have time to spend with people. People told us they did not always get their care delivered as they would prefer. Although there were some activities offered, due to staffing not everyone had the option to engage in meaningful activities every day. There was a complaints policy in place and people and relatives felt able to complain and were confident any concerns would be dealt with.

People and relatives were happy with the service and spoke positively about the staff and registered manager.

Risks to people were identified and care plans provided information for staff to minimise assessed risks. Medicines were stored safely and people were supported to take their medicines as prescribed. The service followed good infection control practices. Lessons were learnt from accidents and incidents.

The provider had safe recruitment processes in place. Staff received regular training, supervision and appraisal. People were supported to have choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. People received appropriate help with eating and drinking and were supported to see healthcare professionals when needed.

People were supported by caring staff who treated them with kindness and dignity. People's privacy was respected.

The registered manager and provider completed audits to monitor and improve standards. Feedback was sought and acted on. We received positive feedback on the management and leadership of the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 February 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cedar Court Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and a specialist advisor who was a nurse.

Service and service type

Cedar Court Nursing Home 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before our inspection we reviewed all information we held about the home, including past inspection reports and information the provider is legally obliged to send us about accidents and incidents in the home. We used the information the provider sent us in the provider information return. 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 to ask for any information they held about the service. We used all of this

information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, a nurse, four care staff and a member of the housekeeping team. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and fire safety records.



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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff to provide safe care and treatment. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- We heard mixed views regarding staffing levels. We were given written assurances by the provider there were sufficient staff to meet people's needs and keep people safe.
- Overall, people and relatives felt there were enough staff, even though staff were always very busy. Staff, however, told us they did not think there were enough staff to enable them to provide a good service. We saw no evidence people were not receiving the support they needed. For example, to minimise risks to people such as monitoring people's skin to reduce the risk of skin damage or any increase in people falling. We will continue to monitor staffing levels at Cedar Court Nursing Home.
- Recruitment systems were robust and staff files contained relevant documentation including nurses' individual registration details.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Families we spoke with also told us they felt their loved ones were in a safe place. One relative told us, "When [person] first arrived here I wouldn't go away. Now I am happy to go on holiday as I know they are safe and well cared for."
- Staff received safeguarding training and regular updates to ensure their knowledge remained current. Staff were able to describe what they would do if they had concerns about a person's safety. One staff member told us, "I would not hesitate. I would report anything to the manager."

Assessing risk, safety monitoring and management

- Care plans were in place to reduce risks, for example, skin care and falls.
- Where people needed specialist equipment to move them such as hoists, staff had a good understanding of how to use them safely. Only hoist slings assessed for use by the individual were used. This was to keep each person safe.
- Health and safety records were completed and staff confirmed equipment was tested and checked regularly to ensure it remained in good order.

Using medicines safely

- Medicines were managed safely, stored and administered in compliance with best practice.
- Medicines records were completed accurately. Staff had training in medicines management and the competency of nurses was reviewed regularly to ensure ongoing safe practice.
- Audits were completed regularly and were effective in identifying and addressing any issues.

Preventing and controlling infection

- At the last inspection we had noticed an area of the service was not cleaned all day. At this inspection we found the provider had ensured all areas of the service were cleaned thoroughly.
- People and their relatives said they were happy with the cleanliness of the home.
- Staff told us they had received infection control training and had good access to personal protective equipment such as gloves and aprons and understood how to reduce the risk of cross infection.

Learning lessons when things go wrong

- Issues identified as safeguarding concerns, complaints or accidents and incidents were analysed. The manager reviewed records monthly to help identify any emerging trends or themes, and information was also reviewed by the provider at a regional level.
- Staff told us outcomes of any incidents were discussed at staff meetings, handovers and supervisions to look at ways to improve practice and minimise risks of a reoccurrence.



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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- We found care plans basic and did not always contain person centred information. However, staff we spoke with were able to tell us about people's needs and how they provided people's care. The registered manager told us care plans were currently undergoing a review and were in the process of being rewritten. The local authority and clinical commissioning group were supporting staff at Cedar Court in developing care plans.
- Relatives told us the registered manager had visited their loved one prior to moving to Cedar Court Nursing Home. This was to carry out an assessment and ensure the service was able to meet the person's needs.
- The pre admission assessments were used as the basis for people's care plans, and covered information such as medical histories, preferences for care, and faith or spiritual needs important to the person.

Staff support: induction, training, skills and experience

- People were supported by competent staff who had access to a range of training and support. People and their relatives told us they felt staff knew what they were doing.
- New staff received an induction into the service. This provided them with knowledge specific to the service and people living at Cedar Court Nursing Home.
- Staff told us they received regular training and where necessary refresher training in areas such as safeguarding and infection control. Staff were also supported through regular supervision from a senior member of staff.

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

- People had enough to eat and drink and were supported safely.
- People and their relatives gave mixed views about the meals. Some people told us the meals were not very good and were often 'luke warm.' Whilst others told us the food was very good and their loved one

'thoroughly enjoyed the food'. We discussed this with the registered manager who told us they were working with the provider on trying to improve meals. We saw minutes of meetings where this subject was discussed with people living at Cedar Court. We did note one option for the midday meal was pizza and potato wedges. We raised our concern with the registered manager as this was not particularly nutritionally balanced. They told us they would discuss it with the cook.

- Staff had the information they needed regarding people's dietary needs and were aware of who needed to be monitored and when food and fluid charts were required.

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

- At the last inspection, in January 2019 it was recommended the provider investigate improved signage for Cedar Court. We saw new signage was now in place ensuring people were better able to orientate themselves around the service.
- The building was adapted to people's needs. People had access to a safe and enclosed garden. There were several lounges where people could go if they wished to be quieter or sit with their visitors.
- The registered manager told us of current improvements which included a new call bell system which could be monitored to show people's waiting times. A new fire alarm system was also being fitted.

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

- People were supported with their healthcare needs. People told us they were able to see a healthcare professional when they needed to. Staff called GPs and other healthcare professionals as needed and kept records of the outcomes of any visit.
- People had care plans to show how their oral health needs would be met. The provider had systems in place to ensure people's oral hygiene was monitored. Staff also confirmed they had either been on oral hygiene training or were about to attend.
- Relatives told us they were kept informed about any changes to their loved one's needs.
- Systems were in place to ensure information was shared across services when people moved between them.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people's capacity to consent was in doubt an assessment had been completed and, if required, a decision had been made in their best interest.
- Staff were able to explain their roles with regard to mental capacity issues. One staff member told us, "I

would look at a person's care plan to see if they have capacity. I would ask how they want things done. If I was unsure I would ask the manager or the nurse."



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure people's dignity and preferences was always considered. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity was respected. One person said, "They always close the door when they wash me. I can say if I want a male carer or not." Throughout the day we saw staff speaking with people in a caring and compassionate manner.
- Following our last inspection staff had completed a dignity workshop and they had improved their understanding of how to support people. For example, the lunch time experience had improved and people now received sufficient support from staff to eat their meals in a dignified manner.
- People's care records were stored securely and confidentially

Supporting people to express their views and be involved in making decisions about their care

- Staff told us they involved people in their care as far as possible. A person commented "The staff are lovely they always ask me what help I need."
- Relatives told us they felt comfortable expressing their views to the registered manager and they were involved in their relatives care plans and reviews.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and compassionate staff who knew them well. The feedback we received

regarding staff and the registered manager was very positive. Relatives described staff as 'brilliant', 'so dedicated' and 'like family'. One person told us "I have come from another home and prefer it here. On the whole the (care staff) are very good."

- Many staff had worked with people for several years and had developed good relationships with both the people living at Cedar Court and their relatives.
- Characteristics such as age, race, religion and disability were considered in assessments and included in care plans. Staff received training in equality and diversity and were aware of treating people fairly and in a non-discriminatory way.



Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Although appropriate care was provided to people, care plans were not detailed and people did not feel involved in the development of their care. This meant there was a risk of people not receiving care as they wanted it to be delivered. For example, one person told us, "I would love to wash my arms with lots of water but staff just hand me the flannel." A relative also told us, "My [person] would really enjoy a wash at the sink but her personal preference hasn't been considered and she is often just handed a flannel."
- Not everyone we spoke with felt involved in their care. One person commented, "I think they asked my (relative) but I don't think I was asked." Some care plans were written in the first person tense but there was limited evidence people, who were able to, were supported to express their views about their care.
- Care was delivered in a compassionate manner by staff but it lacked personal detail and staff were unable to share with us how they provided personalised care.
- Some care plans lacked person specific information. We saw in one care plan, relating to their personal history, state 'personal history unknown' despite having two regular visitors.
- Action was being taken to rewrite care plans and the provider had been working with the local authority and clinical commissioning group to make the necessary improvements. However, this was still not fully in place and embedded into daily practice.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in their care plan.
- The registered manager was aware of ensuring people had access to information in different formats, such as large print. They told us they could provide records in different formats should it be required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Opportunities to provided activities were sometimes missed. On the day of our inspection the activities person was not available. The registered manager told us staff would do some activities with people later in the day. We did not see this taking place despite their being opportunities for this to happen.
- People and relatives told us they found the activities person very good and a variety of activities took place. One person told us, "We do lots of things mostly in the morning. There's painting, dominoes, knitting. We recently had a local radio station in and singers. We enjoyed that." Relatives also praised the activities person. One relative told us, "The activities person is brilliant. At Christmas we had a right laugh. Nothing was too much trouble". However, one relative commented, "They don't really encourage my [person], they can't see and sometimes they seem to forget about them."
- The registered manager had also recently held a resident' and relatives' meeting to discuss activities.
- Throughout the day we saw friends and family visiting people. Relatives we spoke with told us they could visit any time and were always made to feel welcome. One relative said, "The staff always say hello when I come in and always ask me if I want a drink."

Improving care quality in response to complaints or concerns

- Staff understood their responsibility in supporting people to make a complaint. The service had policies and procedures in place for receiving and dealing with complaints and concerns received.
- People we spoke with all felt confident to raise concerns. One person told us, "I know if I talk to (registered manager) it will be sorted." One person told us they had complained about the food not being hot. They added' "It can still be a bit hit and miss but we know (registered manager) is trying to do something about it."

End of life care and support

- Care plans in relation to end of life care were in place for some people and showed they had the opportunity to discuss their wishes.
- Staff had received training and understood how to support people who needed end of life care and support. One staff member told us, "I don't like the thought of a person being on their own when they die. It's part of their dignity. We are also here for the relatives."
- The provider shared their plans with us on developing an end of life suite to enhance the care they already provided.



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.

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

- People spoke positively about the registered manager. One person said, "If I have any questions (registered manager) answers them." A relative told us, "(Registered manager) is very good, they run around and make sure all the shifts are covered. There are no down sides to this place." A member of staff commented, "(Registered manager) is the best boss I have ever had."
- The registered manager encouraged and promoted staff to further develop their careers by attending specialist training. One staff member told us, "I have a particular interest in end of life care and I have attended a conference about this."
- Staff understood the values of the home and felt the registered manager and senior staff led by example to achieve good outcomes for people.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection we found the registered manager had not reported all safeguarding incidents. At this inspection we found the registered manager understood their responsibility to be open, transparent and take responsibility when things went wrong at the home. They had fulfilled their legal obligations by notifying the CQC and the local authority of important events. Notifications of these incidents showed that people and their relatives were informed in line with the duty of candour.
- The provider had displayed their inspection rating clearly in the entrance to the service for people and their visitors to refer to.

- The registered manager monitored performance of staff through supervisions, and appraisals. Information was shared in team meetings to ensure all staff were consistent in their approach to the care and support provided. The registered manager acted when inconsistent practice was seen. For example, during the day we saw some practice which fell short of what we would expect. We discussed it with the registered manager who immediately took action and arranged for further training and supervision for the member of staff.

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

Continuous learning and improving care

- Relatives told us they were aware of recent meetings to discuss meals and activities, any comments raised, both at the meeting or outside, were actioned by the registered manager. Several people mentioned the inconsistent quality of meals. The registered manager was aware this was an area of improvement and was working with senior staff in the organisation to make the necessary changes.
- The checks and audits the provider undertook focused on the clinical and management aspect of the service. These audits had identified areas which may need attention.
- People were unable to recall if they had been sent a satisfaction survey recently but all the people we spoke with were aware they had been asked their opinion about meals and activities.
- All staff we spoke with were happy with the way the service was run and would recommend it to friends and relatives. One staff member we spoke with told us, "This is a well-managed home. I am proud of the way Cedar Court is run. I would let my mum come here. I am proud of the care we give."

Working in partnership with others

- The manager worked closely with other health and social care professionals to help ensure people's needs were met and the service ran smoothly.
- The service was working towards implementing improvements identified by the local authority commissioning team and clinical commissioning group. We saw representatives of those teams on the day of our inspection and they told us the service was working with them to make the required improvements.