

Alphacare Holdings Limited

# The Cedars Nursing Home

## Inspection report

Northlands  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Cedars Nursing Home is a care home providing personal and nursing care to 39 people aged 65 and over at the time of the inspection. The service can support up to 62 people.

People live in three areas of the building, one of which specialises in providing care to people living with dementia.

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

People were safeguarded from the risk of abuse and received safe care and treatment. There were enough staff to meet people's needs. Risk assessments and care plans were thorough and up to date and provided staff with enough detail to support people safely.

Medicines were managed safely and staff worked with health and social care professionals to help people maintain their health and well-being. The environment was clean and good infection control procedures were followed.

There were systems in place for communicating with people, their relatives and staff to ensure they were fully involved. This included one to one meetings, handovers and team meetings.

All essential visitors had to wear appropriate personal protective equipment (PPE). Additional cleaning of all areas and frequent touch surfaces was in place and being carried out and recorded regularly by staff.

Quality assurance processes were in place to monitor the service. Staff and relatives told us that the registered manager was approachable, and staff were confident that action would be taken if they raised concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 6 April 2020).

### Why we inspected

We received concerns in relation to staffing levels and the management of pressure sores. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

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.

The overall rating for the service hasn't changed from good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Cedars Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Cedars 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two 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

The Cedars 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and nine relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, regional director, nurses, care workers and the chef. 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 reviewed a range of records. This included five 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 quality assurance records. We spoke with three professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Prior to our inspection we had received concerns about staffing levels. However, during our inspection we did not find evidence of these concerns.
- Safe recruitment processes were in place and followed. This ensured suitable staff were employed. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People were supported by enough staff with the right skill mix to meet their assessed care needs. One person told us, "It's nice here, always people around."

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

- Prior to our inspection we had received concerns about the management of pressure sores. However, during our inspection we did not find evidence of these concerns.
- Accidents and incidents were recorded. The registered manager analysed these to look for any patterns or trends and then took appropriate action to minimise risk of further incidents.
- The management team managed people's safety incidents well. They informed staff of incidents and action taken and staff told us they learnt from them. A staff member said, "We have handover meetings daily and discuss any issues and what we can learn from incidents that have happened."
- A system was in place to ensure risk assessments and care plans were reviewed monthly and were updated to remain accurate.
- Regular maintenance checks, risk assessments and repairs were carried out to keep the home safe. Relatives told us risks relevant to their family member were managed well.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff demonstrated a good understanding of recognising the signs of abuse and how and where to report it. We observed people appeared comfortable around staff and there was a relaxed atmosphere.
- Staff had received up to date training in safeguarding. The correct procedures had been followed when safeguarding incidents had occurred.
- People told us they felt safe. One person said, "I know I'm happy here. The care is really good." Another told us, "It's homely, I feel safe."
- Staff were aware of the whistle-blowing policy and how to report concerns. Whistleblowing is where staff

can report concerns about poor care to keep people safe.

#### Using medicines safely

- Medicines were stored, recorded and administered safely. Regular audits were completed to identify any issues. Prompt and appropriate action was taken to address any shortfalls.
- Staff had completed medicines training and had their competency assessed to make sure they had the necessary skills and knowledge.

#### Preventing and controlling infection

- People were protected against the risk of infection. We completed a tour of the home and found the environment to be clean.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well managed. There was good oversight from senior managers. All staff understood their role in delivering safe care to people.
- Outcomes of audits were used to develop an action plan for the service. The plan was regularly reviewed and updated with clear timescales for completion of actions.
- The service had a clear management structure in place and relatives and staff knew who to speak to if they needed to raise concerns.

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 had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Relatives told us, and records confirmed that staff had informed them of accidents or incidents involving their family members.

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

- People were happy living at the service. There was a warm, welcoming and relaxed atmosphere.
- A staff member told us, "It's a really good team." Another said "It's a lovely place, staff are very caring and good."
- People we spoke with, including relatives and staff all confirmed the positive changes since the new manager came into post in September 2020.

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

- The registered manager engaged with people, relatives, staff and other stakeholders in the running of the service. Their views were listened to and acted upon.
- Staff were invited to meetings regularly and these were documented. Staff told us that they were confident

in raising any issues with senior care staff or managers.

- The registered manager and management team created an open culture and encouraged people to provide their views about how the service operated. A staff member said, "Every day we have meetings so we can share our views."
- Staff told us they had opportunities to be involved through regular supervision and handover meetings.

Continuous learning and improving care; Working in partnership with others

- The registered manager took on board the opinions and views of people and their relatives to make improvements. A relative said, "I do feel listened to, in fact it was me who suggested the [social media] page idea and they've run with it. I'm pleased about this."
- The service worked in partnership with local health teams during the COVID-19 pandemic to ensure people were receiving appropriate care and support.
- The provider had systems in place to support continuous learning and development for the benefit of people who lived at The Cedars Nursing Home.