

## Alphacare Holdings Limited

# The Cedars Nursing Home

### Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service well-led?

Inadequate



### Overall summary

At the comprehensive inspection of this service in June 2015 we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with three warning notices and two requirements stating that they must take action. We shared our concerns with the local authority safeguarding and commissioning teams.

This inspection was carried out to assess whether the provider had taken action to meet the three warning notices we issued. We will carry out a further unannounced comprehensive inspection to assess whether the actions taken in relation to the warning notices have been sustained, to assess whether action has been taken in relation to the two requirements and provide an overall quality rating for the service.

This report only covers our findings in relation to the warning notices we issued and we have not changed the ratings since the inspection in June 2015. The overall rating for this service is 'Inadequate' and the service is

therefore in 'Special measures'. 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).

At this inspection we found that the provider had taken action to address the issues highlighted in the warning notices. More staff had been provided and there were better systems to manage staff absence and ensure shifts were covered. People said staff responded promptly when they used their call bell and were able to provide them with the care they needed. Relatives we spoke with also felt there were sufficient staff available in the home. One relative commented that they had been "very happy with the action taken since the last inspection - there are more staff available and they have been excellent". We observed that staff responded promptly to meet people's needs.

# Summary of findings

Risks people faced were being effectively assessed and managed. Staff had clear information about the support people needed. They demonstrated a good understanding of people's needs and the support that was required to keep people safe.

Medicines were being stored within the recommended temperature range and systems for ensuring cream medicines were applied correctly had been improved. Records were being kept of medicines staff had administered to people.

The manager and regional manager had developed a comprehensive action plan to address the warning notices and other requirements in the inspection report where they were found to be in breach of regulations. We saw that this plan was being regularly updated and amended to reflect the progress made with improving the service. Feedback was obtained through meetings with people who use the service, their relatives and staff. The meetings were used to explain the actions they were taking and the improvements they wanted to achieve.

# 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?

We found that action had been taken to improve safety for people who use the service.

There were enough staff to meet people's needs, infection control procedures had been improved and medicines were being stored correctly. Improvements had been made to the systems to assess and manage the risks people faced.

We have not changed the rating for this key question from inadequate because to do so requires a full assessment of all the key lines of enquiry for this question. We will complete this assessment during our next planned comprehensive inspection.

Inadequate



### Is the service well-led?

We found that action had been taken to improve the management of the service.

A new manager was in post and they had developed comprehensive plans to address the improvements that were needed in the service. People who use the service, their relatives and staff had been consulted about the changes and their views were incorporated into the plans.

We have not changed the rating for this key question from inadequate because to do so requires a full assessment of all the key lines of enquiry for this question. We will complete this assessment during our next planned comprehensive inspection.

Inadequate



# 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 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.

We undertook a focused inspection of The Cedars Nursing Home on 27 and 28 August 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 8 and 10 June 2015 had been made. We inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led. This is because the service was not meeting legal requirements in relation to those questions and we issued warning notices following the comprehensive inspection.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home. This included the provider's action plan, which set out the action they would take to meet legal requirements.

At the visit to the home we spoke with seven people who lived there, two visitors, the manager, the deputy manager, five health care assistants, two nurses and two housekeepers. We also used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to people in one of the lounges. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

At the visit we looked at minutes of resident and families meetings, four people's care records, staff duty rotas, staff allocation sheets and staff meeting minutes.

# Is the service safe?

## Our findings

At our comprehensive inspection of The Cedars Nursing Home on 8 and 10 June 2015 we found that there were not always enough staff available to be able to meet people's needs. Staff were not able to provide suitable support to reposition people to minimise the risk of pressure ulcers, were not able to provide prompt support for people to wash and change continence pads and did not have sufficient time to support people to drink fluids.

This was a breach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of the concerns, we issued a warning notice to the provider. The provider wrote to us with the action they were going to take to address the staffing problems. At this inspection we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 18 described above.

All of the people who use the service that we spoke with said they had noticed an improvement in the number of staff available in the home. People said staff responded promptly when they used their call bell and were able to provide them with the care they needed. Both of the relatives we spoke with also felt there were sufficient staff available in the home. One relative commented that they had been "very happy with the action taken since the last inspection - there are more staff available and they have been excellent".

We completed a Short Observational Framework for Inspection (SOFI) to observe the care and support provided to people in one of the lounges during the morning. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed that staff responded promptly to meet people's needs. Staff demonstrated a good understanding of people's needs and the support that was required to keep people safe.

The provider had recruited a number of temporary staff to cover vacancies whilst they recruited to the posts permanently. All of the health care assistants we spoke with said the actions by the provider to bring in additional

temporary staff had worked well. They said the temporary staff were working well as part of the team and the additional numbers meant they were able to meet people's needs.

We saw that records of support for people to re-position to reduce the risk of developing pressure ulcers, records of personal care and food and fluid charts had been completed. These indicated that staff were able to respond to people's assessed needs and provide the care they needed in a timely way.

We saw the manager had completed an assessment of people's dependency levels to help determine how many staff were needed. The home's staffing rotas and staff signing in records since the 1 August 2015 demonstrated that the assessed level of staff had been provided and on many occasions had been exceeded. The manager told us she was able to change the staffing levels if she assessed it was necessary. The management team had introduced a more robust system to manage staff absence, which had ensured shifts were covered promptly when staff were absent due to sickness.

At our comprehensive inspection of The Cedars Nursing Home on 8 and 10 June 2015 we found that risks to people using the service were not being effectively assessed and managed, the systems to prevent and control the risk of infections were not effective and medicines were not always stored or recorded safely.

This was a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of the concerns, we issued a warning notice to the provider. The provider wrote to us with the action they were going to take to address the problems with safe care and treatment. At this inspection we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 12 described above.

We assessed the records of four people who use the service. Each person had a set of assessments covering risks they faced and the action staff should take to manage those risks. These documents had been reviewed since the last inspection and the manager was in the process of transferring all of the records to a new format. We saw that risks in relation to physical and verbal aggression, pressure damage, unintended weight loss and mobility / falls had

## Is the service safe?

been assessed and there were clear plans about action staff should take to provide care safely. Staff we spoke with demonstrated a good understanding of people's needs in relation to risk management and said they now received much clearer information about how to keep people safe. Records indicated these actions were being carried out, for example, weighing people at the assessed frequency to have a clear picture of any weight loss, records of support for people to move safely and transfer between mobility equipment, and records of re-positioning people to minimise the risk of pressure damage.

Since the last inspection the provider had purchased new medicines fridges and staff had regularly recorded the temperature of the fridges. This showed that medicines were being stored within the temperature range recommended by the manufacturer. The manager had introduced new sheets to record the application of cream medicines, which included what the cream was for and a body map showing where the cream should be applied. These record sheets were kept in people's bedrooms and those we looked at had been fully completed. Staff told us the new system was much clearer and gave them the information they needed to be able to quickly find out what creams people needed and where they should be applied.

During this inspection we found that all areas of the home were clean and the systems for controlling the risk of

infections were effective. Sluice rooms had been cleaned out and were no longer used to store mobility equipment and mattresses. Staff had clear access to the sluice and were able to wash and disinfect commode inserts effectively. The removal of other equipment from the sluice room minimised the risk of cross infection during this process. All of the bathrooms and toilets we saw were regularly cleaned and equipment such as shower chairs were cleaned after they had been used. The two housekeepers we spoke with said they had sufficient staff and all of the equipment they needed to clean the service effectively.

Since the last inspection the manager had appointed an infection control lead in the home. This member of staff was responsible for ensuring staff had the skills and knowledge needed and the infection control procedures were followed at all times. We saw that the infection control lead had completed a number of audits and checks of the home to ensure the procedures were being followed. Staff had received additional training and support to ensure they knew the procedures they needed to follow. Staff we spoke with demonstrated a good understanding of the home's infection control procedures and reported that they were followed in practice.

# Is the service well-led?

## Our findings

At our comprehensive inspection of The Cedars Nursing Home on 8 and 10 June 2015 we found that the service was not well-led. The provider had not taken action in response to feedback about the quality of the service, had not taken suitable action to address areas where the home was in breach of regulations and did not have suitable systems to check the quality of the service being provided.

This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As a result of the concerns, we issued a warning notice to the provider. The provider wrote to us with the action they were going to take to address the governance of the service. At this inspection we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 17 described above.

Since the last inspection, a new manager had been appointed at the home. The manager was aware that she needed to submit an application to the Care Quality Commission (CQC) to apply as the registered manager. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. The Cedars Nursing Home has a condition of registration that a registered manager must be in place.

The manager and regional manager had developed a comprehensive action plan to address the warning notices and other requirements in the inspection report where they were found to be in breach of regulations. We saw that this plan was being regularly updated and amended to reflect the progress made with improving the service.

The manager had held meetings with people who use the service, relatives, and staff to discuss the findings of the last inspection, receive their feedback and provide information on their plans to address the concerns. The manager completed a daily 'walk around' of the home, in which she saw whether actions for improvements were being carried out and received feedback from people who use the service. Following the walk around, there was a short meeting each day for all of the home's heads of department. These were used to plan any actions that were needed to address shortfalls in the service being provided and respond to any feedback that had been received.

In addition to the daily checks by the manager, there were a series of audits and checks that were being completed by the manager and senior staff in the home. The results of these audits were incorporated into the home's action plan where improvements were needed.