Belmont Cedar Park Limited

# The Cedars 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? | Requires Improvement |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

The home provides accommodation with personal and nursing care for up to 39 older people. There were 38 people living at the home at the time of the inspection. At the last inspection, the service was rated Good overall. At this inspection the service remained Good overall.

There was 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.

People's care needs were assessed, but care records needed to reflect their views on how their care was planned and delivered as an individual. Where needed to aid planning, people's relatives felt they were involved in the care and were asked for their opinions and input. People told us there were occasional entertainers visit which included music and exercise. Staff did not have time to carry out activities when the activities people were not available. We have made a recommendation about activities to ensure people remain engaged and stimulated.

People told us that they felt safe in the home and were supported by staff to maintain their safety. All staff told us about how they kept people safe and how they knew what to do if they suspected the risk of abuse. During our inspection staff were available for people and were able to support them by offering guidance or care that reduced people's risks. People told us they received their medicines as needed and at the correct time.

Care staff told us their training supported them in their knowledge to care for people and the management team were on hand to offer guidance and advice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they enjoyed the meals, had choices and drinks as often as they wanted to keep them healthy and free from the risks of associated illnesses. We saw where people needed additional support from healthcare professionals their treatment was provided by care staff who followed any advice and guidance.

People received support to have their choices and their decisions were respected. Staff were considerate of promoting their privacy and dignity.  People choices and decisions were listened to and respected by care staff when providing care and support in the communal areas.

People were confident to approach the manager if they were not happy with the care. The provider had reviewed and responded to all concerns raised.

People's views and opinions of the care they had received had been sought and reviewed to look at how

improvements could be made. The management team ensured people and their relatives were kept informed of any changes or improvements planned. People and care staff told us the management team were easy to talk with and always available within the home which people and relatives liked. The registered manager provided assurance to review and address the area for improvement.

## 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 remains Good

### Is the service effective?

Good

The service remains Good

### Is the service caring?

Good

The service remains Good

### Is the service responsive?

Requires Improvement

The service was not consistently good.

Some improvements were needed to record keeping to ensure people received support in the way they wanted and needed.

People were provided with some activities. We have made a recommendation with regard to activities to ensure people have more stimulation.

### Is the service well-led?

Good

The service remains Good

# 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 checked 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 17 and 18 May 2017 and was completed by one inspector. The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the scheme and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority who are responsible for purchasing people's care.

During the inspection we spoke with nine people who lived at the home and three visiting relatives. 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 also spoke with three care staff, two nurses, the registered manager, the provider and one external professional who worked with people living at the home. We reviewed of risk assessments and plans of care for two people and their medicine records. We also looked at provider audits for environment and maintenance checks, one Depravations of Liberty authorisation, two staff recruitment files, compliments, incident and accident audits, two staff meeting minutes and one residents' meeting minutes.

Good

# Is the service safe?

## Our findings

People we spoke with felt safe living at the home and that staff supported them to remain safe. Relatives were confident their family member's safety were met as staff were available to assist 24 hours a day. One person said, "The girls [staff[ are friendly and help to keep me safe". This was reflected in our conversation about the home offering a safe environment and care staff supporting them to remain safe.

All of the staff spoken with told us they had been trained in safeguarding and this was confirmed by training records. There were also safeguarding procedures and guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The management team were aware of when they needed to report concerns to the local safeguarding adults' team. Safeguarding alerts had been raised promptly. They were investigated and resolved to ensure people were protected.

People spoke with us about some of their risks and how care staff supported them if needed. People were reminded to have any aids close by, such as walking frames. Individual risk assessments were in place and reviewed to ensure they remained relevant, reduced risk and kept people safe. Care staff we spoke knew the type and level of assistance each person required and we saw people were assisted when walking. The risk assessments included risks specific to the person such as for moving and assisting with their mobility, nutrition and pressure area care. The monthly evaluations included information about the person's current situation.

People told us and we saw  care staff were available for people to offer assistance and to support their care from their bedrooms and in the communal areas. People were not left waiting if they had asked for assistance or used the call bell system to get staff assistance. The registered manager demonstrated how they matched the needs of people with the staffing team they were knowledgeable about the level of care people needed. Care staff we spoke with who told us they had time to meet people's personal care needs.

The recruitment we looked at had relevant references and a result from the Disclosure and Barring Service (DBS). This  checked if people have any criminal convictions before applicants were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

We observed part of the medicines rounds and saw staff checked people's medicines on the medicine administration records (MAR) and medicine labels to ensure people were receiving the correct medicine. They explained to people what medicine they were taking and why. They gave the person a drink with their tablets and then remained with each person to ensure they had swallowed their medicines. Medicines were appropriately checked, stored and secured and this included the arrangements for controlled drugs, which are medicines which may be at risk of misuse.

Good

# Is the service effective?

## Our findings

People told us the care staff understood the assistance and support they needed and considered were confident in the staffing team. Care and nursing staff told us they were supported in their role with regular training that provided them with the relevant skills to care for people living at the home. All staff told us their supervision from management and team meetings ensured a consistent and embedded approach to applying their learning when caring for people within the home.

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. We saw that where people had been unable to make a choice or decision, a decision had been made in the person's best interest and recorded in their plan of care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had submitted application under the DoLS and these had been authorised. The management team and care staff were complying with any conditions applied to the authorisation and knew who these were for and what the restriction were for. All staff had received training and understood the requirements of the Mental Capacity Act in general, and the specific requirements of the DoL.

People enjoyed their meals and had been able to provide feedback about the quality of the meals and menu choices at monthly meetings. We saw their suggestions had been used to develop the next set of menus. If people needed assistance in their rooms, care staff were considerate and sat with them during the meal and were not rushed. We saw four people had not received the one to one support needed in the communal area, as staff were assisting two people at the same time with their meal. This was brought to the registered manager's attention who addresses this with care staff to ensure this practice stopped. Where needed people's food and drink intake had been recorded to ensure people received enough nutrients in the day.

People told us about their appointment with opticians, dentists and where needed regular blood test. The GP visited the home regularly when required to check people's health and medicines. Other professionals had attended to support people with their care needs, for example chiropodist and community nursing teams. One visiting professional we spoke with was assured by the quality of care provided to people. Care staff supported people to maintain their health and arranged visits and appointments for external professional support.

Good

# Is the service caring?

## Our findings

People we spoke with complimented the care and nursing staff on the support provided. People told us they knew and like the staff group who were caring in their work. One person told us, "I refer to them [staff] as my angels". People spoke with and chatted to staff, including the manager who responded with kindness, and was considerate to people's needs. One person told us, "She [registered manager] is lovely, so friendly". Care staff had developed friendly relationships with people living at the home and we saw staff sharing jokes and laughing with people.

People were comfortable in the home and one person we spoke with said, "The girls [staff] are lovely, could not ask for better". People were relaxed and happily chatted with staff about their lives and families. Care staff understood who was important to the person, their life history and background. We saw that staff used touch as way to support and enhance people's experience and people responded with smiles and physical contact. One relative with spoke with told us their family member was settled in the home and said, "Good staff and the environment suits [person's name] with a good routine and improved sleep pattern".

People were able to choose how they spent their time, and were free to relax in their bedrooms or in the communal areas. People were able to maintain their independence within in the home with staff also offering encouragement and guidance if needed. We saw staff were considerate not to take over and told us that people's independence could vary day to day, depending on how well people felt.

Staff were patient in their interactions and took time to observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks. Staff described how they supported people who did not express their views verbally. They gave examples of asking families for information and showing people options to help them make a choice such as two items of clothing. Records also contained information to help staff promote choice. For example, staff to promoting choice and independence when choosing clothing.

Requires Improvement

# Is the service responsive?

## Our findings

People were pleased that they received support in the way they preferred and which was varied on account of their feelings and well-being. Our observations showed staff engaged and interacted with people when they were carrying out a task with a person. For example, when they offered people a drink, or when they helped people to mobilise. For some people, we noted the conversation was only to give instructions. We saw people sat sleeping in lounges for much of the time. Those people who were able to communicate verbally received a little more interaction from staff, as they engaged with them for their attention. We saw care was task centred rather than attending to people as a time they may choose by spending time sitting interacting with them.

Staff told us they were kept busy and did not have time to sit with people. They said, in the afternoons there maybe a little more time, as mornings were very busy. They said they needed to complete the charts to show what care they carried out with the person which also took time to complete.

People's plans of care were structured and developed around their own health and care needs, however, they contained limited amounts of personal preferences and lifestyle choices. Whilst the nursing and care staff were knowledgeable about people, this information had not been recorded so it could be shared across the staffing team. We saw one person expressing a need repeatedly by calling out, with staff not asking what the person needed. The registered manager had identified this often happen around meal times or became anxious.

All staff and management told us they regularly spoke with people about their care and support. People's families had helped to support their relative and had given a lot of information to the registered manager about their relative's personal history and lifestyle. Some relatives continued to take an active role in ensuring that their family members received the support they required.

When the nursing and care staff shift change, any changes to people's health needs were discussed. Care staff knew it was their responsibilities in reporting changes to a person's needs to the nursing staff for review and action.

We saw some people were happily reading or watching television on their own. Although activities were available some of the activities provided did not benefit all people who lived in the home. Two activities staff were available to provide activities for people. However, we observed they did
not appear to be effectively deployed to ensure that the activities were available to the maximum number of people if they wished to take part. The registered manager was in the process of recruiting a member of staff to review and focus on activities and individual engagement for people.

We recommend the home expands the programme of activities to ensure people who live with more severe dementia are kept stimulated and engaged.

All people and relatives we spoke with said they would talk to any of the staff if they had any concerns or

complaints. The registered manager took a proactive approach and regularly spoke with people to see if they were happy. They told us they welcomed the opportunity to learn from complaints or to let staff know they were doing a good job. This reflected the views and opinions of people, their relatives and care staff we spoke with.

Good

# Is the service well-led?

## Our findings

People and relatives told us the registered manager and staff were supportive and approachable. We saw people seek advice and look to the registered manager and care staff who responded with answers to questions about what was happening in their home. The registered manager said they saw people regularly, provided care and support and knew them well. This was evident in interactions we saw and the conversations we heard.

We saw the registered manager and staff welcomed everyone in to the home and chatted with them all about how things were going. People, their relatives had contributed by completing questionnaires so the provider and registered manager would know their views of the care provided. The results we saw were positive about the care being provided.

There was registered manager in post who was supported by a nursing and care team. Nursing and care staff we spoke with told us the home was well organised and run for the people living there. The management team was supportive and the registered manager felt able to approach the provider with any concerns they may have. Team meetings also provided opportunities for staff to raise concerns or comments on people's care.

The provider used a range of measures to assess and monitor the quality and safety aspects of the home. Audits were completed on a weekly, monthly, six monthly or yearly basis. Examples of audits completed were medicines, infection control, health and safety, care planning documentation and reviews of complaints. Where shortfalls were identified as a result of the audits an action plan with timescales was put in place to ensure the improvements were made. The registered manager provided assurance that the activities and care plans would continue to be reviewed to improve people's overall experiences of living at the home.

The registered manager and care staff sought advice from other professionals to ensure they provided good quality care. The registered manager was supported by other professionals locally, such as GP surgeries and district nurses. The management team and care staff had also included schemes from the local authority, through self-assessment tools and accredited training to ensure current best practice, such as end of life care.