HC-One Limited

Cedar Court Residential and 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Cedar Court Residential and Nursing Home is a care home providing personal care and accommodation for up to 52 people. There were 40 people using the service at the time of our inspection

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

People felt safe living at Cedar Court Residential and Nursing Home and risks to people had been identified, assessed and managed. People's medicines were handled safely and provided in line with GP's instructions. The registered manager and staff team understood their responsibilities for keeping people safe from abuse and avoidable harm. New staff were appropriately recruited into the service and there were overall, enough suitably trained staff to meet people's needs. The staff team followed the providers infection control procedures and lessons were learned when things went wrong to improve the service moving forward.

People's needs had been assessed to make sure the staff team could meet them. Plans of care had been developed and the staff team knew the needs of the people well. People were supported with their nutritional needs and supported to eat and drink well. People were supported to access the relevant healthcare professional when they required it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Whilst major refurbishment was under way at the service, there were still places available for people to meet with others or to be alone.

The staff team were kind and caring and treated people with dignity and respect. People were involved in making decisions about their care and their consent to care was always obtained.

People's care was centred on them and plans of care had been monitored regularly. Issues identified on day one of our visit regarding catheter care had been addressed by day two. This included the development of new documentation and supervision with staff. People's complaints had been handled in line with the providers complaints policy. People's wishes at end of life had been explored.

The staff team felt supported by the registered manager and management team. People, their relatives and staff were involved in how the service was run through meetings, the use of surveys and day to day conversations with the registered manager and the staff team. The registered manager worked in partnership with others to make sure people received safe care and support.

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

Rating at last inspection

The last rating for this service was requires improvement (published 9 July 2018).

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?

Good

The service was 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 Residential and 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, a specialist nurse advisor 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
Cedar Court Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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
The provider had completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service

such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received, and from Healthwatch Leicestershire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people living there and four relatives. We also spoke with the registered manager, the deputy manager, the area director, the area quality director, a registered nurse and ten members of the staff team. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included five people's care records and associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for a new staff member employed since our last visit. We also looked at a sample of the provider's quality assurance audits the management team had completed.

After the inspection
The registered manager provided us with copies of documents requested to demonstrate compliance with the regulations.

Good

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People felt safe living at Cedar Court Residential and Nursing Home and felt safe with the staff who supported them. One person told us "I think it is safe here."
• The staff were aware of their responsibilities for keeping people safe. One explained, "I would speak to the nurse or the manager [if had any concerns] or go above her to her manager. You can also whistle blow, but I've never felt the need to."
• A safeguarding guide had been developed and made available since our last visit. This showed the actions to take should staff have concerns for anyone and the contact details of relevant agencies to be informed.

Assessing risk, safety monitoring and management
• Risks associated with people's care had been assessed, managed and monitored. They included risks associated with people's ability to eat and drink and the risk of falls. Where concerns had been identified, appropriate actions had been taken to reduce the risks and keep people safe.
• Comprehensive checks had been carried out on the environment and on the equipment used to ensure it was safe for people to use.

Staffing and recruitment
• People told us there were suitable numbers of staff working at the service to keep them safe, though they told us the staff were always on the go. One person told us, "Staffing levels could be better. They are stretched." Another explained, "They fall over themselves to look after you. They do all they can to make you comfortable."
• Staff members told us there were usually enough staff on shift to enable them to support people appropriately. One told us, "If staff don't call in sick, there's usually enough staff." Another added, I feel there's enough of us."
• The recruitment of new staff remained robust with appropriate checks being carried to make sure they were safe and suitable to work at the service.

Using medicines safely
• People were supported to have their medicines at the right times and in a safe way.
• Staff had received training in medicine management and their competency was regularly checked.
• We observed part of the morning medicine round. The whole process was unhurried. The staff member sat next to the person and placed the medicines on the table for them to look at and explained what each medicine was for. They then asked the person, "Would you like to take them now?" When satisfied the

medicines had been taken, all items used to support the administration was cleared away and the relevant records were completed. This showed people had been provided with their medicines in line with their GP's instructions.

Preventing and controlling infection
• Personal protective equipment (PPE) such as gloves and aprons were readily available for staff, and these were used throughout our visit.
• The staff had received training on the prevention and control of infection and followed the providers infection control policy.
• Audits had been carried out on the environment to ensure people were provided with a clean place to live. One relative did inform us they had recently had to clean one area of the service before they used it. However, areas checked during our visit were clean and odour free.

Learning lessons when things go wrong
• Staff were encouraged to report incidents that happened at the service, so improvements could be made, and the registered manager ensured lessons were learned when things went wrong. For example, it had been identified the new electronic process developed for dealing with incident records was failing. This meant there was a risk the registered manager would not be informed of incidents. This process was therefore amended so all records were hand written and passed to the registered manager for their oversight and action.

Good

Is the service effective?

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 now improved to good.

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
• People's needs had been assessed. This ensured their individual and diverse needs could be effectively met by staff.
• Care and support were provided in line with best practice guidelines and national guidance. For example, for people who lived with specific health conditions such as diabetes and high blood pressure, the signs and symptoms to look out for were included in their plan of care. Actions to take when signs and symptoms were identified were also included. This meant staff had the information they needed to keep people safe.

Staff support: induction, training, skills and experience
• Staff had been provided with an induction into the service, and the training they needed to support people effectively had been completed. One staff member explained, "I had an induction when I first started at the home. It was much more comprehensive than I had received in other homes."
• The registered manager and management team supported the nurses working at the service to meet their requirements for revalidation and maintain their professional registration.
• Staff were supported through yearly appraisals and regular supervision and they told us they felt supported by the management team. One explained, "[Registered manager] has been really supportive. Any concerns I go to her. She's very approachable."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to maintain a healthy balanced diet and to eat and drink well.
• Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored regularly. A staff member explained, "Residents have individual needs in how meals are prepared such as soft and puréed meals and residents who are vegetarian, wheat intolerant and gluten free, have their own specific menus."
• For people at risk of not getting the food and drink they needed to keep them well, monitoring charts were used to document their food and drink intake. We did note whilst the recommended fluid levels were recorded, the amount provided had not always been totalled or signed off. We shared this with the registered manager and by day two of our visit, action had been taken to address this issue.
• Choices were offered at each mealtime and drinks and snacks were offered throughout the day.
• Overall, people told us they were happy with the meals served. One person told us, "The cook comes and asks every day what we want, and if we're not satisfied, offers something different." Another explained, "The food's very good, but sometimes better than other times, but mostly good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People had regular access to healthcare professionals such as GP's and opticians and key information was provided to medical staff when people were transferred into hospital. This ensured their care and support needs could continue to be met.
• Staff were observant to changes in people's health and when concerns were raised, support from the relevant healthcare professionals was sought.

Adapting service, design, decoration to meet people's needs
• Major refurbishment works were in progress when we visited. We identified areas within the service which looked tired and worn and saw these areas were included within the refurbishment plan being followed.
• People still had access to suitable indoor and outdoor spaces whilst the work was being carried out. There were spaces available for people to meet with others or to simply be alone.

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.
• People were encouraged and supported to make decisions about their day to day routines and personal preferences and their consent was always obtained. One person told us, "I choose what I wear, and I've been to the hairdresser today." A staff member explained, "We support people to make choices every day. I ask, 'Would you like to get up? Is it a good time? And if they say no, it is their choice."
• Staff supported people who did not have capacity to make decisions in the least restrictive way possible.
• Any restrictions on people's liberty had been authorised and regularly reviewed.
• The staff team had received training on the MCA and DoLS and those we spoke with during our visit understood the principles of this legislation.

Good

Is the service caring?

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.

Ensuring people are well treated and supported; respecting equality and diversity
• People told us the staff team were kind and caring and they looked after them well. One person told us, "They are very kind and caring, they are lovely [carers], worth every penny."
• Staff spoke to people in a kind way and offered support in a relaxed and caring manner. One staff member explained, "We always make sure they're [people using the service] looked after. I treat everyone as if they were my grandparent. I treat them with respect."
• We observed one person being assisted with their midday meal in their bedroom. The member of staff assisted the person into an appropriate position to take their meal and sat next to them. They described the meal, enquired as to the temperature of the food and whether they liked what they were being given. They gently stroked the persons hand to keep their attention and coaxed them gently to eat, giving them plenty of time to finish each mouthful. The staff member was caring and attentive.
• Staff understood the importance of promoting equality and diversity and respecting people's religious beliefs. They had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them.
• We observed a staff member talking to a person whose first language was not English. They spoke to them in their preferred language in a respectful manner. We did note rather than going into the room for a face to face conversation, they called from the door. The person responded positively and relayed their wishes.

Supporting people to express their views and be involved in making decisions about their care
• People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. A staff member explained, "I always ask before doing anything. It is their choice whether to do something or not. Everyone has their individual needs and we are here to meet those needs."
• Advocacy services were made available to people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence
• People were treated with respect and their privacy and dignity was overall, maintained. We observed staff knocking on people's doors before entering and privacy notices were used when providing personal care.
• We did note during our initial walk around the service, two occasions when people's privacy had been

compromised as their bedroom doors were not closed. This was immediately addressed by the deputy manager by closing the doors and requesting assistance from staff.
• Staff gave us examples of how they promoted people's privacy and dignity. One explained, "I always make sure the curtains are closed and always make sure they are covered up."
• Staff were observed and heard to be discreet when people needed assistance. They reassured people who were anxious and distressed and responded promptly, calmly and sensitively.
• People were supported to be as independent as they possibly could. One person explained, "I am independent, I usually stay in my room. I'm quite content. But if I want company, I can go to the lounge."
• A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. One staff member explained, "I never speak about confidential things in front of others, always in private."

Good

Is the service responsive?

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 now improved to good.

This meant people's needs were met through good organisation and delivery.

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

• Plans of care had been developed when people had first moved into the service. These were comprehensive and included personalised information in them stating how the person liked to dress, the food they liked to eat and preferences for bathing, washing and sleep. This information was taken from the detailed profile completed on admission to the service either with the person themselves or their family members.

• Staff spoke about people in a very person-centred way demonstrating they knew everyone's individual routines and likes and dislikes such as dressing and food preferences. One explained, "Some residents can't tell you what is wrong, but you can tell by little changes in their behaviours that something is not right."

• Daily records of care and charts for food and fluids, repositioning and personal care (where these were required) were completed by staff and were in a bound booklet and kept in people's bedrooms. The daily care records seen were up to date, timed and dated.

• Wound management plans showed the staff followed recommended interventions including appropriate use of pressure relieving equipment. Regular checks of the equipment were carried out, pressure relieving equipment was set correctly for the person's weight and re-positioning was being carried out as required. We noted not all wounds had been photographed and the wounds had not been measured in the photographs to show the size and depth of the affected area to support evaluation of the treatment plan. This was shared with the management team and had been addressed by day two of our visit.

• We did note for two people who had catheters in situ, whilst the amount of fluids they had taken had been recorded, the amount of fluid released had not. This is important as reduced output can be an early indicator of retention, blockage or infection. We shared this with the registered manager. By day two of our visit, the staff team had received supervision regarding the importance of recording fluid output, new documentation had been produced and best practice guidance given to all staff.

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.

• Staff knew people well and knew how each person communicated. This information was included in people's plans of care. For example, for one person whose first language was not English, cards and visual aids were kept in their room for staff to use. This enabled staff to communicate with them more effectively.

• One person had been supported to obtain assistive technology to aid their communication, and the registered manager was working with another to source a virtual personal assistant that responded to voice commands.
• Information about the service was available in large print, pictorial form and could be translated into different languages when needed.

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
• People were supported to follow their interests and take part in activities. The provider employed an activity coordinator and people's interests and hobbies were explored and enjoyed. One person told us, "I feel there are enough satisfying things for me to do." Another explained, "I was doing a word search quiz in the lounge earlier and enjoying a cup of tea."
• For people nursed in their rooms, risk assessments had been carried out and actions taken to avoid and reduce the risk of social isolation. The activities coordinator kept a log of one to one activities carried out with those who stayed in their rooms. Activities included, hand massages, listening to music, chatting and reading parts of the bible.

Improving care quality in response to complaints or concerns
• A formal complaints process was in place and people knew who to talk to if they were unhappy about anything. One person told us, "If anything's not right, I do tell them."
• Complaints received had been handled in line with the providers complaints policy and investigated and responded to appropriately.

End of life care and support
• People's wishes regarding the care and support they wanted at the end of their life had been explored. End of life plans had been developed and included people's wishes. One person's stated, '[Person] would like staff to openly communicate with them and be honest and kind with their support.'
• The staff had received training in end of life care and support from healthcare professionals was promptly sought. This made sure people were cared for well at the end of their life.

Good

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• A registered manager was in place and people spoke positively about them and the staff team. One person explained, "They are all very good."
• Staff felt supported by the registered manager and management team. One told us, "She [registered manager] is supportive, she is the best manager I have ever had."
• Staff at all levels understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required through the provider's supervision and appraisal processes.

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 and management team worked in an open and transparent way when incidents occurred at the service, in line with their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Comprehensive systems were in place to monitor the quality and safety of the service. Weekly and monthly audits had been carried out including on people's plans of care, medicine records and records of pressure ulcers, weights and falls. Records showed were issues had been identified, appropriate action had been taken.
• Regular audits had also been carried out by a member of the provider's management team to further enhance those completed by the registered manager.
• The registered manager and management team were committed to ensuring the quality of care for people using the service was the best it could be.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through informal chats, meetings and the use of surveys.
• The staff team had been given the opportunity to offer their thoughts on the service and have a say on how

the service was run. This was through meetings held on a daily, weekly and monthly basis and through the use of surveys.
• People's thoughts of the service were taken seriously and used to improve the service moving forward.

Continuous learning and improving care
• The registered manager was committed to improving care. A number of improvements to the service had been made since our last visit. This included introducing a newsletter to improve communication between themselves, the people using the service and their families. Liaising with clinician's and GP's to improve out of ours support, and putting oral risk assessments in place to improve people's oral health.

Working in partnership with others
• The registered manager worked openly with stakeholders and other agencies. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety.