

# Messrs A & M & K Desai - Desai Care Homes Cedar Park Nursing Home

## Inspection report

27-28 Oldfield Road  
Oldfield Park  
Bath  
Somerset  
BA2 3NG

Tel: 01225312484  
Website: [www.cedarcarehomes.com](http://www.cedarcarehomes.com)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 29 and 30 April 2016 and was unannounced. The service was last inspected in July 2014 when there were no breaches of the legal requirements of the legislation that were in place at that time.

Cedar Park Residential and Nursing Home is registered to provide personal and nursing care for up to 52 people. The service is run from two connected buildings on the same site. On the day of the visit, there were 46 people at the home.

There was a registered manager for the service. 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.

Some staff failed to properly take into account the health and safety of people. For example, during the lunchtime staff handover meeting four people with complex needs were left alone in a lounge with no staff supervision in the same room as them. The handover took place in the conservatory, which extends out next to the lounge. However this meant people could have been at risk at this time as there was no one in immediately available in the room if there was an emergency.

People told us they felt safe there and that staff treated them well and were caring towards them. They told us that staff were kind and always respectful. When risks to people were identified suitable actions were put in place to minimise the risk of people being harmed when receiving care. The risks of abuse to people were minimised, as staff were competent in their understanding of abuse. The team were trained to know how to report concerns correctly.

People were assisted by enough staff to provide individual care and support to people and to keep them safe. Staff were deployed throughout the home in a way that meant people's needs were met.

Care plans explained what actions were needed to meet people's range of care and nursing needs. Staff knew what was written in each person's care records. They knew how to provide care that was flexible to each individual and met their needs.

We saw that there were positive and caring relationships between staff and people who lived in the home and this included relatives.

People told us that they were happy with the food and told us they were offered choices at each mealtime. People were provided with a varied diet that suited their needs. There were regular one to one and group activities taking place in the home. People told us they liked the entertainers who performed at the home on a regular basis.

When possible, people were included in making decisions about how they were looked after. The provider had effective systems in place that helped ensure that staff obtained consent to care and treatment in line with legislation and guidance. When people did not have capacity to consent, their care needs were assessed in line with The Mental Capacity Act 2005. Staff had completed Mental Capacity Act training. They knew about consent, people's rights to take risks and the how to act in someone's best interests.

People were assisted by staff who had been trained and developed in their work to improve and develop their skills and competencies. Nurses were supported to go on regular training to help them know how to provide nursing care based on current practice.

Staff spoke highly of the registered manager who they said provided strong and supportive leadership. The staff team told us they were well supported by them and they regularly worked shifts alongside them. Staff described the manager as "Very hands on" in their approach.

The manager spoke positively about the challenges of their role. Arrangements were in place to monitor the service to try and ensure people always received a caring and personalised service. Quality audits identified where improvements were needed and actions were put in place to address these areas.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

Some aspects of the service were not safe

Some staff did not properly consider health and safety when at work. This could have put the health and safety of people at risk.

People felt safe with the staff who they told us provided safe care and support.

Staff knew their responsibilities in relation to safeguarding people from harm and abuse.

People were given the medicines they needed when they were required. Medicines were stored and managed safely.

### Is the service effective?

**Good** 

The service was effective

People were assisted with their care needs by staff that were trained and had suitable knowledge and skills to provide effective support.

People were assisted to have enough to eat and drink at times, of their choosing. When people were at risk of poor nutrition or dehydration action was taken.

People were well supported with their health care needs. Staff worked with GPs and healthcare professionals. This meant people had access to the services they needed for their health and well-being.

People were assisted by staff who knew about the Mental Capacity Act 2005 and its implications for people in a care setting. Staff knew how to ensure they promoted people's freedom and protected their rights.

### Is the service caring?

**Good** 

The service was caring

Staff were kind and caring towards the people they supported.

People were treated respectfully and in a way that maintained their dignity.

People were assisted by staff who knew their individual choices and preferences.

### Is the service responsive?

Good ●

The service was responsive

People received care that was planned in a flexible way and based on how they wanted to be supported. Care records showed how to meet people's full range of needs.

The staff team knew people's preferences, likes and dislikes, and care planned in a way that reflected these preferences.

People enjoyed the variety of different social activities. Entertainments were regularly put on which were very popular with people.

There was a system in place that ensured complaints about the services were properly addressed.

### Is the service well-led?

Good ●

The service was well led

People and staff told us they thought the home was well run by the registered manager. They described them as supportive and very hands on in their style.

Quality checking audits were effective and identified any shortfalls in the service.

Staff told us there was an open culture at the home and people told us they could raise any concerns and these would be dealt with properly.

# Cedar Park Nursing Home

## Detailed findings

### Background to this inspection

We carried out this unannounced 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 29 and 30 April 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit. The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was thorough and gave us information about how the service ensured it was safe, effective, caring, responsive and well-led.

We spoke with 17 people who were living in the home, two relatives who were visiting and seven members of staff. These included the registered manager, a senior manager, registered nurses, care staff, domestic and catering staff. We observed the interactions between staff and the people they supported in all parts of the home.

We viewed the care records of four people, staff training records, staff recruitment files, supervision records and staff duty rotas. We also checked a number of other records relating to the way the home was run.

# Is the service safe?

## Our findings

Some staff did not always follow health and safety guidance. For example, during the lunchtime staff handover meeting people with complex such as swallowing difficulties were left alone for around 15 minutes. This was in a lounge with no immediate staff supervision. This meant people were at risk at this time as there was no one available if there was an emergency. We also found a fire door kept open with a door wedge at the top of it. This was removed but had been put back later when we checked the same door. We saw that one set what were told were medicines store keys had been kept in an unlocked office. This meant they could have been taken, and those medicines were not secure.

Overall there was enough staff to safely meet the needs of people living at the home. This was evident in a number of ways. Staff provided one to one support to people who needed extra assistance with eating and drinking. Staff were also able to be readily available when people needed two staff to help them with their mobility needs. Staff also sat with people and spent time and engaged them in social conversation when not providing them with their care.

One of the senior managers told us that the numbers of staff that were required to meet the needs of people at the home were increased whenever it was required. For example, when people were physically unwell and required extra support and care. The numbers of staff needed to meet the care needs of each person were calculated based how much support each individual required with their particular needs.

People told us they felt safe with the staff and living at the home. To enter the home visitors had to ring the bell and wait for staff to open the door. One person told us, "Nothing bad would ever happen here." Other comments included, "I feel perfectly at ease here now."

There was a system in place to minimise the risks of abuse in the home. Staff were able to tell us what the different types of abuse were that could happen to people. The staff also knew how to report concerns about people at the home. The staff told us they were able to approach the registered manager if they were ever concerned for someone.

Staff told us they had attended training about safeguarding adults. Staff told us that the subject of safeguarding people was also raised with them at staff meetings. This was to make sure that they knew how to raise any concerns. The staff we spoke with understood how to try to ensure people in their care were protected from abuse. Staff we spoke with also knew about the different legislation used to protect people's rights and keep them safe. The provider had safeguarding policy and procedures in place that staff knew of and followed. The registered manager reported all concerns of possible abuse to the local authority and told us when they needed to.

Staff knew what whistleblowing at work was and how they could do this. Staff understood they were protected in law if they reported possible wrongdoing at work. Staff had also attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisation's people could safely contact.

A copy of the provider's procedure for reporting abuse was displayed on a notice board in the home. The procedure was written in an easy to understand format to help to make it easy to use. There was also information from the local authority advising people how to safely report abuse.

Nurses and care staff were supported in their roles by a range of other staff. These included an administrator, domestic, catering and maintenance staff. The registered manager said that care staffing levels were calculated based upon how much support each person needed. For example, some people needed two staff to assist them to be moved safely. The staffing rotas showed the home had the number of staff needed to provide safe care. Where there was staff absenteeism this had also been planned for and covered.

There were systems in place to try to make sure that the risk of unsuitable staff being employed were minimised. There were references and a completed application form from the Disclosure and Barring Service (DBS) that checks if people have any criminal convictions. These were obtained 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.

People's needs were assessed and risks identified in relation to their health and wellbeing. These included risks associated with moving and handling, falls, nutrition and skin pressure care. Cedar Park was also part of a falls prevention project, which meant the service was focussed on helping people to avoid harm from falling. Risk assessments were reviewed monthly. One person's falls risk assessment identified the need for closer observation and extra safety equipment.

Health and safety arrangements were in place to minimise risks from the environment and from the equipment used. For example, a fire risk assessment had been completed and appropriate contracts were in place with external companies to check firefighting equipment and fire detection systems. Moving equipment such as hoists were regularly checked and maintained by appropriate contractors.

People received their medicine at the right times. The service used a mix of monitored dosage system and administering medicines from packages and bottles. Medication records included people's photographs and the medication administration records were complete and accurate. This was to ensure that the medicine was given to the right person. Registered nursing staff gave people their medicines. We saw the registered nurses giving people their medicines and they did this by following a safe procedure. They checked they were giving the medicines to the right person. They also signed the medicine charts after they had given each person their medicines.

Medicines were stored safely and the trolley was locked away inside a locked cupboard with the rest of the medicines. Controlled medicines were regularly monitored by staff and we saw accurate stock checks and remaining balances of medicines which had been administered. The service kept daily records of the fridge and room temperatures to ensure medicines were stored safely. There were guidelines in place for people who had medicines prescribed to be taken as and when required. Staff were able to describe when 'take as required' medicine would be given, for example to help people manage their pain. Body maps were in place to guide staff when to apply creams and lotions. This helped to ensure people were given their medication correctly.

The provider had a safe recruitment procedure in place that helped to reduce the risk of unsuitable staff being recruited. New staff were only employed subject to various checks. These included references, proof of identification and criminal records checks. Staff we spoke with told us they had undertaken these checks.



Criminal records checks were carried out on all the staff and the provider had systems in place to check whether it was suitable to offer the person employment. We found proof of identification in the form of passports, were also checked for all staff.

There were systems in place that helped to protect people from the spread of infection. Care staff, housekeeping and laundry staff helped maintain a hygienic environment. Housekeeping staff had a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection by making sure, for example, cleaning equipment used to clean toilets was not used to clean bedrooms and communal areas. Care staff and nurses wore protective plastic gloves and aprons when giving personal care. This was to minimise the risks of cross contamination. The same took place when they helped people with their food.

## Is the service effective?

### Our findings

People we spoke with were positive about how they were being assisted at the home. One person told us "They can't do enough for you they are like family to me." Another person said, "Staff are attentive and they ask me what I need when I call for them." A further comment was "The staff here are all so hardworking and they are always so kind."

We saw that staff provided people with effective support with their care needs. This was evident in a number of ways, staff used mobility aids correctly and they talked through what they were doing with the person. This was to reassure the person when they supported them. We also saw that staff sat people in a comfortable position before they had lunch, and also when they were in bed. We saw staff assist people in bed and encourage them to eat and drink enough. Staff checked on people regularly to ensure they were safe and to find out if they needed anything.

We observed that staff ensured that charts were also completed to record any staff intervention with a person. For example, for recording when and how much people had eaten and how much fluid they had consumed. Records were also in place for those people who needed assistance to be moved so that their skin did not break down.

Staff were knowledgeable about the needs of people they assisted. The staff told us about people's preferences and daily routines. Staff also told us they were allocated a part of the home to work in. They told us they then assisted a smaller number of people with their care needs. Staff explained this helped them get to know people and what sort of care and assistance they needed. They also told us caring for people in small teams was a good way of ensuring they received an individualised service. This was because staff got to know people very well.

People's physical and health needs were properly monitored. A GP from the local surgery visited the home regularly and saw people when needed. Arrangements were in place for people to receive the services of opticians, dentists and chiropodists. We saw a chiropodist came to the home to see people for appointments during our visit. We read in people's care records when they had seen the dentist and we saw appointments were made for people when required.

People were happy with the food and told us they were always offered choices at each mealtime. We saw that people were sometimes offered a glass of wine with their lunch. People told us "The food is very good here" another person said, "It's lovely food and to be honest there's too much of it."

When lunch was served, the atmosphere was calm and relaxed in dining rooms. Tables were set with tablecloths. There was specialist cutlery and plate guards in place for those who needed them. This was to maintain some independence. Some people chose to eat in the lounge area in lounge chairs. We heard staff offer people a choice of where to sit for their meals. People were discreetly encouraged to eat their food. When needed staff sat next to people and helped them eat their meals in discretely. We heard staff talk with people and tell them what the food was. The staff were organised and they communicated among

themselves to ensure everyone had their meal in a timely way. There were menus available in pictorial format and to help people make a choice from the meals to be served. We observed a choice of water and other soft drinks were available in the lounge and people were offered tea and coffee throughout the day.

There was information in the care records showing how to provide people with effective nutritional support. An assessment had been undertaken using a recognised assessment tool. This is a five-step screening tool to identify adults, who were malnourished, at risk of malnutrition or obesity. People's care plans clearly showed how to assist them with their particular dietary needs. For example certain people needed a diet that was of a certain softer texture. We saw this was provided for them.

The catering staff were aware of people's different nutritional needs and told us special diets were well catered for. They told us they were given information from staff when people required a specialised diet. Catering staff also kept nutritional records to show when people had any specialist needs or dietary requirements. For example, vegetarian, or diabetic needs. The chef also knew that people who needed to increase weight should be offered a fortified diet with butter, cream and full fat milk as part of their diet.

Staff understood how to obtain consent and ensure peoples' rights were upheld before they offered them care and support. They said they asked and then explained what they were about to do before carrying out care. We saw staff asking people before they carried out any part of their care. Peoples care records showed they had signed consent to care where able to do so.

Staff had gone on Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 is a legal framework to support decisions to be made in the best interests of adults who do not have the capacity to make an informed decision. There was guidance available about the Deprivation of Liberty Safeguards Law (DoLS). This information meant staff could get hold of guidance, if needed to ensure safeguards were in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application. There were 21 DoLS applications in place on the day of our visit.

People were cared for staff who were suitably qualified and experienced to meet their needs. There was an effective system of staff supervision for monitoring the team's performance and their development. The staff told us they met with their named supervisor and other staff to review how they were performing. They also explained that at each meeting the needs of people were discussed with them.

Staff were provided with a thorough induction programme before they began working at the home. The induction programme included learning about different health and safety practises and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. They were also inducted about the needs of people who lived at the home and how to meet them. We spoke with recently employed staff who told us they had completed an in-depth induction programme and this had included working alongside experienced staff learning how to provide good care.

Training records showed there was regular training available for staff. Sessions staff had been on included nutrition, wound care, and medicines management. This was to ensure they had the skills and knowledge to effectively meet people's needs.

## Is the service caring?

### Our findings

People told us they liked living at the home and enjoyed warm relationships with the staff. Comments included; "The carers are lovely" and "The staff are all very kind". A relative told us "they bend over backwards for people here" Another visitor told us "My relative is well looked after and I never have to worry."

We saw people were consistently treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff spoke with people whilst providing care or assisting them with their meal.

Some people preferred not to socialise in the lounge areas and spent time in their rooms. Staff supported people in their rooms we saw they popped in on them regularly to see how they were. One person said "They are always popping by to say hello to me and have a little chat."

Visitors told us they were always made welcome in the home and this meant people could see their friends and family when they wanted.

Staff we spoke with told us they felt it was a caring service. One staff member said, "We are here to provide the best care we can." Another staff member told us, "I think that we are a very caring team." We observed staff interacting with people in a kind, respectful and personalised way. . For example, one staff member sat beside someone's chair while talking and gently laughing with the person. Another staff member was observed comforting someone who had become agitated, speaking gently with the person and gently touching their arm.

Bedrooms were for one person to occupy and this meant that people were able to spend time in private if they wished to. The bedrooms we viewed had been personalised with some of the person's belongings. We saw people were able to bring photos and small items of furniture in to them to look more homely. There was also a private lounge which people could use to meet with visitors.

One person told us about staff respecting their privacy. They told us "They are all very polite." Staff we spoke with described and gave examples of how they treated people with respect. One staff told us, "I always make sure people are covered up if I am helping them have a wash."

People's dignity and privacy were respected. We saw staff knocking on bedroom doors before entering people's rooms. When staff were providing personal care people's doors were closed and these actions promoted their dignity. We saw how staff spoke to people with respect using the person's preferred name.

Each person had an identified keyworker, a named member of staff. They were responsible for ensuring information in the person's care plan was up to date and they spent time with people individually.

Care records included plans that were in place for end of life care. These plans were reviewed regularly and they included people's preferences and wishes for preferred place of care and specific funeral arrangement.

Staff we spoke with knew peoples wishes. Some staff had been on end of life training.

## Is the service responsive?

### Our findings

Each person's care records contained details of an initial assessment carried out when people came to live at the service. There was also an up to date person centred care plan in place for each person. Staff were knowledgeable about people's individual care needs and were able to explain how they used the care plans to ensure care was given in the way the person preferred.

Care plans were comprehensive and personalised. Plans had details of people's likes, dislikes and preferences including how often and when they wanted support with personal care, and their bed time and morning routines. Care records were being reviewed regularly where possible with the involvement of the person who they were written about. People's care records contained detailed information and reflected how each person wished to receive their care. Care records also gave guidance to staff on how best to support people.

There was a designated activities co-ordinator who organised a varied activities programme. People told us they had enjoyed recent arts and crafts activities and we saw art works on display in the home. Plans were in place to arrange a party to celebrate a birthday later on the day of our visit. Other activities included visits from external entertainers and outings during the warmer weather. Church services were held regularly which helped to ensure certain people's spiritual needs were met.

People were actively encouraged to give their views about the service and these were acted upon by the provider. For example, people were asked for their suggestions for activities and the menu choices. The service produced a newsletter for people using the service and their relatives. The most recent issue included updates on events that had taken place at the service, dates of meetings and outings, new staff joining the service and birthday celebrations.

Relatives meetings took place at the service. The staff told us although these were well advertised they were not always well attended. We saw dates of future meetings scheduled at different times and days of the week including weekends to make it more convenient for relatives to attend.

People knew how to raise concerns and were confident action would be taken to address them. One person told us "If I was not happy I would tell the carer and she would advise me" and another told us "apart from my relative, I would talk to the nurse". Staff told us they would assist people to complain. One staff told us "I would listen to them and ask if they wanted to speak to me or see if they would like me to take it to the manager". The complaints policy was displayed and contained guidance for people on how to complain. We looked at the complaints folder and saw complaints had been dealt with promptly in line with the service's policy.

## Is the service well-led?

### Our findings

People and staff told us that the registered manager was open and accessible in their approach with them. They spent time with people who used the service and with the staff during our inspection. The staff told us the registered manager was "Very supportive" and "Very hand on". They said the manager would drop any tasks they were doing if staff needed help at any time. This was evident during our visit when we saw the registered manager offered people and staff assistance and support and made plenty of time for them.

Both of the managers demonstrated an open and transparent approach. They clearly explained to us how they were aiming to improve the service even more. For example they told us their own audits checks had picked up the need for care plans to be updated. This had now been actioned when we visited and care plans were up to date.

The manager was able to keep up to date with current matters that related to care for older people by going to meetings with other professionals who also worked in social care. They told us they shared information and learning with the staff at team meetings. We also saw that they read online articles and journals about health and social care matters and made sure useful information was on display for staff to read about.

Staff meetings took place regularly and the staff told us they were easily able to make their views known to the registered manager. We saw records of recent minutes of staff meetings. These were used as an opportunity to keep staff informed about changes and about how the home was run. Staff were also given plenty of time to make their views known. This showed there was an open management culture at the home.

The quality of service and overall experience of life at the home was being openly monitored. Areas being regularly checked included the quality of care planning processes management of medicines, staffing levels and training. When shortfalls were identified, we saw the managers had devised an action plan to address them. For example, social activities' had recently been reviewed to ensure that people were satisfied with what was provided.

Accidents and incidents which involved people living at the home were analysed and learning took place. The manager told us how learning took place and when any trends and patterns were identified, action was taken to minimise the risk of re-occurrence. For example, we read about one person who had fallen from their bed. We saw guidance was in place from other health and social care professionals to offer the person specialist advice. There was sensor equipment in place for people who fell more frequently. This was to alert staff if people moved without assistance when they were at risk of having a fall.

The staff had an understanding of the provider's visions and values. They knew they included being person centred in their approach with people, supporting independence and respecting diversity. The staff told us they aimed to make sure they always used and followed these values when they assisted people with their care.