

Alphacare Holdings Limited

# The Cedars Nursing Home

## Inspection report

Northlands  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Cedars Nursing Home is a care home providing nursing and personal care to 41 people aged 65 and over at the time of the inspection. The service can support up to 62 people.

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

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

Improvements had been made to the service since the last inspection. People felt the management team had a good understanding of any issues in the home. The quality of the service was regularly assessed, and action taken to make improvements where needed. However, the service did not have a registered manager and notifications were not always made to us when necessary. We have made a recommendation about ensuring management staff are clear about the responsibility to inform us of certain events in the home.

People said they felt safe living in the home and staff supported people to manage the risks they faced. People received support to take the medicines they had been prescribed. There were enough staff to provide the care that people needed.

People were supported to have maximum choice and control of their lives and staff supported support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People liked the food provided by the home and staff helped people to eat and drink where required. People were able to access the health services they needed. Staff received suitable training to give them the skills to meet people's needs.

People received caring and compassionate support from kind and committed staff. Staff respected people's privacy and dignity. People and their relatives were positive about the care they received and about the quality of staff.

People were supported to take part in activities they enjoyed. People were involved in planning the activities schedule. Opportunities had been developed for people who were unable to participate in group activities to help ensure people did not become socially isolated. People had been supported to develop care plans that were specific to them. These plans were regularly reviewed with people to keep them up to date.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 March 2019) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was

no longer in breach of regulations.

#### 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# The Cedars Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Cedars Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission, which is required as a condition of their registration. A registered manager 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

Before the inspection we reviewed the information we held about the service and the service provider. The manager completed a provider information return. 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 13 people and seven relatives to gather their views about the care they received. We looked at five people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the manager, deputy manager, regional director and five care and nursing staff. 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.

# 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 improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection action was needed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the management of medicines at this inspection and the provider was no longer in breach of Regulation 12.

- People were supported to safely take the medicines they were prescribed.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take.
- Opening dates were recorded on medicines which had a reduced stability once opened, to ensure they were discarded within an appropriate timeframe.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine.
- Medicines errors were recorded, and action was taken to prevent them reoccurring.

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

At the last inspection we assessed that improvements were needed to ensure risks were identified and well managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the management of risks and the provider was no longer in breach of Regulation 12.

- Risk assessments were in place to support people to be as independent as possible, while managing any risks they faced. Examples included assessments about how to support people to minimise the risk of falls, to maintain suitable nutrition and to manage the risk of pressure damage and tissue breakdown. People and their representatives had been involved in the process to assess and plan the management of risks.
- Staff demonstrated a good understanding of risk management plans, and the actions they needed to take to keep people safe.
- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events.
- The management team reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.
- There were systems to ensure the building was safe. Fire equipment and alarms had been serviced and there was a fire evacuation plan. Regular checks and servicing had been carried out on electrical appliances, gas and electrical services, lifts and lifting equipment and the water systems. This helped to ensure any

defects were identified promptly and equipment was safe for people to use.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at The Cedars. Comments included, "I feel safe because I know there's someone here at all times" and "I can't ever think that I wasn't safe."
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff were confident the management team would take action if they raised any concerns.
- Staff told us they received regular safeguarding training and records confirmed this. Safeguarding issues were also regularly discussed in staff meetings and information was displayed on noticeboards.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff responded promptly to people's requests for assistance. People told us there were enough staff to provide the care they needed.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Preventing and controlling infection

- The home was clean and smelt fresh. Prompt action was taken to resolve any unpleasant smells in the home. People told us this was how the home was always kept.
- Staff had received training in infection control procedures. There was a supply of protective equipment in the home, such as gloves and aprons.
- Regular audits checked whether the home was clean and staff were following infection control procedures.



# 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 remained the same. This meant people's outcomes were consistently good

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home to ensure they could be met. People and their relatives told us staff understood their needs and provided good care.
- Staff demonstrated a good understanding of people's medical conditions and any support they needed. This information was included in people's care plans.
- Staff had worked with specialists where necessary to develop care plans. Examples included the care home liaison team, who provide specialist mental health support, dieticians and speech and language therapists.

Staff support: induction, training, skills and experience

- Staff told us they received regular training to give them the skills to meet people's needs. This included a thorough induction and training on meeting people's specific needs. Staff told us the training was useful and relevant to their role in the service.
- New staff spent time shadowing experienced staff members. Staff said they were not expected to provide care on their own until they were confident to do so.
- The manager had a record of all training staff had completed and when refresher training was due. This helped to ensure training courses were planned when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People could see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments.
- People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.
- The provider was following guidance from the National Institute for Health and Care Excellence (NICE) on oral health. People's oral health was assessed and included in their care plans. People were supported to access dentists and to clean teeth and dentures if needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food provided by the home and had a choice of meals. Comments included, "[The chef] is really good. I have a lot of things I can't eat and they go out of their way to get things for me" and "I have small portions and it's good. I can go and get a snack if I want to."
- People had access to drinks throughout the day and staff supported people if needed.

- Staff provided good support to eat for those who needed it. Staff sat with people, were not rushed and explained what they were offering to people.
- Staff kept a record of people's food and fluid intake where this was necessary. These records were used to identify any increased risk of malnutrition and shared with health staff where needed.

Adapting service, design, decoration to meet people's needs

- Specialist equipment was available when needed to deliver better care and support. This included pressure relieving mattresses and equipment to help with mobility.
- Technology and equipment was used effectively to meet people's care and support needs. This included sensor alarms to alert staff that people may be at risk of falling.

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.

- Staff gained people's consent before providing any care or support.
- Applications to authorise restrictions for some people had been made by the service. Cases were kept under review to ensure any restrictions in place to keep people safe were the least restrictive option available.
- The manager had a record of any conditions in place as part of an authorisation and whether the conditions were being met. These were reviewed regularly.
- Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.

# 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 good. At this inspection this key question has remained the same. 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 were treated with kindness and were positive about the staff's caring attitude. Comments included, "They are very good here. They are very caring and very efficient. I haven't come across anyone who doesn't welcome you with a smile" and "The staff are excellent. They are all so kind. Whatever the time of day or night the staff are always helpful and kind. They are all brilliant."
- We observed staff interacting with people in a friendly and respectful way. Staff responded promptly to requests for assistance and did not rush people.
- People's cultural and religious needs were reflected in their care plans. People said staff supported them to meet these needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people and their representatives to make decisions about their care. People's views were clearly represented in their care plans.
- Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded.
- Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them in ways that maintained their privacy and dignity.
- Staff were discreet when asking people whether they needed support with their personal care. Staff ensured sensitive conversations about people were not held in public areas.
- Confidential records were locked away when staff were not using them.
- Staff encouraged people to do things for themselves where they were able and maintain their independence. Care plans included information about what people could do themselves and what they needed support with. Staff were observed encouraging people to do things for themselves before providing support if needed. Equipment was used to help people maintain their independence, such as plate guards and adapted cutlery.

# 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

At the last inspection improvements were needed to ensure care plans contained information on how to meet people's specific needs. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People had been supported to develop care plans specific to them. Plans included detailed information about people's life history and what was important to them. The care plans had been regularly reviewed with people and had been updated where necessary. One person told us, "I have sat down with staff to write my care plan."
- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted. People told us staff respected their preferences.

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

- There was a planned schedule of group and one to one activities. The schedule was regularly reviewed with people. Comments included, "They have an activity person who manages to do something most days which gets me out of my room" and "There are lots of activities going on. We have a good laugh together."
- People had been supported to establish a prayer group and invite members of their local church. This had helped people to maintain their social relationships and meet their spiritual needs.
- The activities co-ordinator kept records of the activities people had taken part in, including group and one to one activities. These were used to assess how successful events had been and to plan future events with people. The activities co-ordinator said they had been given good support from the new management team.
- Staff supported people to engage with the activity where needed. Staff supported people who were not able to participate in group activities to have regular one to one sessions. This helped to reduce the risk of social isolation.

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 had identified people's communication needs and included them in their care plans. Methods included using any aids such as glasses and hearing aids, and written documents made more accessible

through the use of large print. Written documents were available in Braille and different languages where needed.

- We observed staff using these different methods of communication throughout the inspection. There was information on the front of people's care plans setting out their specific communication needs and how to meet them.

#### Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. People and their family were given a copy of the complaints procedure when they moved in.
- Records demonstrated complaints had been investigated and action taken in response. The manager had responded to the complainant to let them know the outcome of their investigations and the actions they had taken.

#### End of life care and support

- People and their relatives were supported to make decisions about their preferences for end of life care. This information was used in developing care and treatment plans. The service worked with health professionals where necessary, including the palliative care team.
- Staff understood people's needs and were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection improvements were needed to ensure the quality assurance systems identified shortfalls in the service and improvements were made. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The service had quality assurance systems which included reviews of care records, staff files, the environment and quality satisfaction surveys. The management team completed observations of staff practice, to assess whether staff were putting the training and guidance they had received into practice.
- The results of the quality assurance checks were used to plan improvements to the service. A senior manager visited the home regularly to assess the service being provided and ensure the improvement plan was being implemented effectively.
- The service did not have a registered manager. A manager had been brought in from one of the provider's other services to help while a new manager was recruited. The manager said they were planning to submit an application to register with CQC.
- The management team had not always ensured statutory notifications were submitted to CQC when necessary. One incident had resulted in the police being called to help ensure people's safety. The incident had been managed well and had been reported to the local authority, in line with safeguarding procedures. The management team involved in the incident were not aware of the need to report this incident to CQC. Other notifiable incidents had been reported to us as necessary.

We recommend the provider reviews guidance and training to ensure all members of the management team are aware of their responsibilities to report events to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team had promoted a person-centred approach in the home. This was evidenced through the content of staff meetings, supervision, appraisals and the training staff received.
- Staff reported the manager was focused on ensuring people received specific care to meet their needs and building on the improvements that had been made over the previous year.

- The manager had a good understanding of their responsibilities under the duty of candour.

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

- The service involved people, their families, friends and others effectively in a meaningful way. The manager responded to issues raised in quality surveys and let people know what action they had taken.
- The manager held regular meetings for people and their relatives to express their views on the service provided. People had been kept informed of changes to the management of the service. Comments included, "The transfer to the new management has gone smoothly and the staff seem very positive" and "They did say there wouldn't be any changes to the day to day running and it doesn't seem there is."
- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Working in partnership with others

- The manager worked well with the local health and social care professionals. They had established good links and working relationships.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.