

Your Health Limited

# Cedar Court Nursing Home (Dementia Unit)

## Inspection report

Cedar Court Care Home  
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Date of inspection visit:  
09 June 2023

Date of publication:  
20 July 2023

## Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Cedar Court Nursing Home (Dementia Unit) is a care home providing nursing and personal care for up to 45 people living with dementia. At the time of the inspection 37 people were living at the home. The home is in a rural location with enclosed accessible gardens. Care is divided across 2 floors and there are several communal lounges for people to spend time in.

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

Throughout the inspection we observed staff monitoring and addressing areas of risk for people. However, we found risks such as skin integrity and malnutrition were not consistently recorded in people's care records. We discussed this with the home manager and action plan was put in place to address the shortfalls promptly. We have made a recommendation about making improvements to the relevant care plans and people's care records to ensure all documentation is accurate and up to date.

The provider's systems for monitoring the quality and safety of the service prior to our inspection were not always effective in identifying issues.

People and their relatives were mostly pleased with the care provided at the home; however, we received some concerns which we shared with the home manager following our inspection. The manager recorded the feedback and followed the home complaints policy to investigate these.

People were supported to maintain a balanced diet where this was part of their care plan, but improvements were required to make sure food and fluid intake was consistently documented. At lunch time, people were having to wait long periods of time for their meals which led to some people becoming frustrated. We spoke with the manager about our findings and they addressed it immediately by introducing staggered mealtimes.

People received their medicines as prescribed, and staff had clear information about how people liked to be supported with their medicines. Staff were knowledgeable about people's health needs and the provider had sought support from other health professionals as appropriate to support people's needs. Staffing levels were appropriate and matched the dependency tool being used to meet the needs of people at the home. Staff received training and support to enable them to effectively meet the needs of the people they supported.

The provider followed safe recruitment practices. Staff completed infection control training and followed national guidelines when supporting people to reduce the risk of the spread of infection. They were aware to report any accidents or incidents which occurred during their work.

Staff were supported in their roles through training and supervision. People had access to a range of healthcare services when needed, and staff ensured people received consistent support across different

services. Staff sought consent from people when offering them assistance. 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.

Staff treated people with kindness and consideration. They respected their privacy and treated them with dignity. People were supported to make decisions about the care they received and were encouraged to maintain their independence wherever possible. The provider had a complaints policy and procedure in place which people and relatives were aware of.

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

The last rating for this service was good (published 1 January 2021).

#### Why we inspected

We received concerns in relation to risk management, documentation, quality of care and governance at the service. A decision was made for us to inspect and examine those risks. We undertook a comprehensive inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. The provider took prompt and effective actions to mitigate the risks following our inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

#### Enforcement and Recommendations

We have identified breaches in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below

**Requires Improvement** ●

# Cedar Court Nursing Home (Dementia Unit)

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by 2 inspectors 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 Nursing Home (Dementia Unit) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager had been in post for 2

years and had submitted an application to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted commissioners of the service for their feedback and reviewed information we held about the service. We also asked healthwatch for feedback. 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 to help to plan the inspection and make our judgement.

#### During the inspection

We spoke with people who lived at the home, but as most were unable to give detailed feedback, we observed staff interaction with them in communal areas. 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 spoke with 12 members of staff including the manager, the operations manager, deputy manager, the quality manager, 2 nurses, a member of kitchen staff, 3 care staff, laundry assistant and the maintenance worker. We reviewed a range of records. These included 8 people's care records and several medication records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating was changed to requires improvement. Whilst we did not have concerns about the care delivered to people, we found some aspects of the care provided did not meet people's individual needs and people's care records were not updated when care and support had been delivered. Therefore, there was limited assurance about safety and a potential risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management.

- The home had safeguarding policies in place. However, not all staff were clear and consistent on how to apply all of them in practice.
- Some of the staff we spoke to did not demonstrate clear understanding of home's Restraint Policy. During the inspection we were informed by the management staff they can not be assured that the agency staff are aware of home's key policies, including Restraint Policy. This increased the risk of incidents not being managed consistently.
- The provider had systems in place to anticipate and mitigate risks for individual people. However, out of the 8 records we reviewed, 1 care plan was not concise, consistent or written in a way to meet the individual needs and care notes for 3 people were found to not be consistently completed.
- Whilst we did not have concerns about the care delivered to people, we found that some aspects of the care provided had not been recorded. This increased the risk of important details during people's treatment and care being missed.
- Following our inspection, the provider immediately addressed the above concerns by updating the care plans and putting measures in place to reduce the risk reoccurring, including daily audits of people's records.

We recommended the provider audits all care plans and people's care records to ensure all documentation is up accurate and up to date.

- We identified multiple hot radiator pipes which were not covered putting people at risk of scalding. The provider addressed it immediately on the day of our inspection.
- Staff completed safeguarding training. The staff we spoke to understood the meaning of safeguarding vulnerable adults and knew how to report safeguarding concerns.
- When safeguarding incidents occurred, the provider investigated them thoroughly. The investigations were carried out in a transparent way.

### Staffing and recruitment

- The provider had a dependency tool to determine what ratio of staff is sufficient to meet people's needs. We observed that staff were able to meet people's care and support needs.

- People, their relatives and staff told us there was enough staff to meet people's needs and they did not have to wait long for care and support.
- Staff had skills to meet the diverse needs of people. Staff were expected to complete training relevant to people's needs. We saw staff's training records confirming that the training was completed.
- There were multiple people who required 1 to 1 support to reduce risks to themselves and others. We observed that people received the required support and saw records of the care taking place.
- Recruitment systems were robust. We looked at staff recruitment records and we saw that staff had appropriate DBS checks and other recruitment checks. DBS checks: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines as prescribed. Staff managed medicines consistently and safely.
- Medicines were stored correctly and disposed of safely. We saw accurate medicines records were maintained.
- The service followed correct procedures to protect people with limited capacity to make decisions about their own care, treatment and support, and when medicines needed to be given to them without their knowledge or consent.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider followed the government's guidance on visiting in care homes. People were able to have visitors at any time.

#### Learning lessons when things go wrong

- Where safety concerns were identified they were addressed promptly by management.
- The provider had an effective system in place to record and analyse incidents and accidents. These were regularly evaluated for trends and patterns to reduce the risk of reoccurring.
- When something went wrong, there was an appropriate thorough review that involved all relevant staff, people and other agencies when appropriate. The provider shared outcomes of the investigation with relevant people in a transparent way.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We observed a mealtime experience in 2 different dining rooms. We saw that that lunch time was chaotic, and people were having to wait a long time for their food to arrive. We saw some people got frustrated due to the delay. We shared our feedback with the manager who immediately employed a new strategy to improve people's mealtime experience.
- Staff ensured that people were referred to nutritional specialists when needed.
- There were pictorial menus available for staff to use for those with a communication impairment, however we had not seen them being used consistently.
- There was a variety of food available, and people could choose what they wanted to eat and drink.

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

- People had their needs assessed upon admission to the home and they were regularly reviewed.
- People's care and support needs were identified based on the assessments.
- People were referred to external health professionals if additional support was required to meet their needs. For example, when people were at increased risk of losing weight, staff referred them to a dietician.
- People and their relatives told us they were supported with access to other external services, such as GP or Speech and Language Therapists when required.

Staff support: induction, training, skills and experience

- All staff completed a comprehensive induction and training to equip them with the right skills for their role.
- We saw records and staff told us they had regular supervisions and appraisals, in order to review their practice and support professional development.
- Staff felt supported in their role. A staff member said, "We [care staff] are a good team and we are well supported by the manager."

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

- The provider had a clear system in place for referring people to external services. We saw examples of multiple referrals and seeking advice from external professionals to maintain continuity of care and support.
- The staff supported people well upon their admission and if they needed to move to another service or go

home.

- Where possible, staff provided people with information about their care and support options, considering their individual communication needs.

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

- Where possible people and their relatives were involved in decorating their bedrooms and they were encouraged to bring items which made them feel comfortable and homely.
- We saw a range of sensory items placed around the communal areas of the home. Sensory stimulation can improve moods, trigger memories, and offer the opportunity for people with dementia to take part in activities.
- People had access to a specious garden that had been assessed for risks. We saw people who mobilised independently walking around the garden, and we also saw people with mobility impairments being supported to use the garden by staff and family.
- There was a quiet room available in the home where people could see their visitors, engage in quiet activities, or spend some time 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where possible, staff ensured people were involved in decisions about their care. When people were no longer able to communicate their wishes and feelings due to living with dementia, staff encouraged their relatives to support.
- Staff assessed whether people had the capacity to make specific decisions. We saw evidence of mental capacity assessments being completed. When people were no longer able to make particular decisions, staff made decisions in people's best interests and involved relevant relatives and professionals when appropriate.
- Staff upheld people's rights to make sure they have maximum choice and control over their lives and supported them in the least restrictive way possible. For example, when people who smoked wished to continue to do so, staff supported them to make an informed decision, respected their choice and provided them with risk assessed facilities to smoke.
- People who could not consent to their care arrangements were protected and arrangements were made to deprive them of their liberty lawfully. The arrangements were made in people's best interests.
- Staff received appropriate training and demonstrated a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- We observed people being treated with kindness. We saw staff talking to people whilst supporting them with daily tasks.
- People and their relatives were mostly happy with the care received at the home. A person told us, "They [staff] do a good job." Another person added, "They [staff] are very nice. They never argue with me." However, we were also told, "some carers are better than others". A relative told us, "overall I am happy with my [relative's] care but there a few niggles".
- Staff knew people's care needs and told us they had enough time to support them. A staff member said, "It takes us ages to help people with getting up in the morning, because we never rush people."
- People's personal histories and cultural backgrounds were recorded in their care plans and staff knew people well.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff involved people in making decisions about their care whenever possible. For example, 1 person did not wish for staff to check on them at night. This person's decision was respected and clearly communicated to all staff. Measures were put in place to reduce the risks to the person whilst staff are not completing the night checks.
- Staff maintained people's dignity and respected their privacy. We saw staff knocking on people's door before entering their bedrooms or bathrooms and asking for permission whenever possible, when supporting people.
- When people did not have the capacity to communicate their views and wishes about their care, staff involved their relatives whenever possible.
- Whilst no one was seeking support and advice from advocates, the information about potential sources of support and advice were available to people and their relatives should they need it.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained 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; 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 and their families were involved in developing their care, support and treatment plans whenever possible. People's backgrounds, life stories and needs were identified. This included people's sexuality, religion, and culture.
- People's preferences, for example about their diets and activities were documented in their care plans, staff were aware of them and made effort to implement them. One person said, "I like my puzzle books, also [staff] comes in every now and then to do exercises". Another person said the staff help them with keeping fit and attending a church.
- People had control over their choices. For example, some people preferred to be supported with personal care by female care staff and this was documented and put in place.
- People were supported to stay in touch with their families and friends. People could have visitors whenever they wanted and there were facilities at the home so people could have privacy when their loved ones visited.
- People whose families lived away or could not visit were supported to stay in touch with their families by using technology, such as video calls.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs and preferences were explored and recorded, and staff knew them well.
- We saw examples of communication aids, such as pictorial menus and signs on doors to help people identify specific rooms, for example a bathroom or a kitchen.
- One person had a hearing impairment and preferred for staff to communicate with them by writing on a white board. This was arranged and put in place for this person.

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

- The provider had a complaints policy in place, and it was available to people and their relatives. People and relatives told us they could confidently raise their concerns to any staff.

#### End of life care and support

- Whilst no one was receiving end of life care at the time of our inspection, the provider had End of Life Policy which was in line with current national guidance (NICE) guidance. Staff were aware of the policy and understood the importance of providing good end of life care.
- People's end of life wishes were recorded in their care and support 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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

- The provider understood the importance of their role but had not always effectively managed risks. The provider completed a range of audits, but they were not always effective in identifying shortfalls. For example, there was no effective systems to make sure people's care plans were thorough and informative.
- We found instances where records had not been accurately maintained. For example, some records associated with people's care had missing entries and inaccurate daily notes. This had not impacted on people's care and the provider assured us the process of moving from paper system to computer system was still under way and care records would be updated accordingly.
- Provider did not always have efficient systems in place to identify all environmental risks to people's health and safety. For example, we found exposed hot pipes increasing risk of scalding. This was addressed immediately during our inspection.
- The home had a restraint policy; however the provider did not ensure all staff were made aware of the policy. Whilst no harm occurred, there was an increased risk of distressed behaviour not being managed consistently by staff. Following our inspection, the provider took appropriate actions to ensure all staff are aware of the home key policies

The provider had failed to implement effective systems and processes to assess, monitor and improve the safety of the service provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. At the time of our inspection there was not a registered manager in post, however the current home manager had submitted an application to register. We are currently assessing this application.

Continuous learning and improving care

- Quality assurance arrangements were not always effective in identifying shortfalls. However, the provider was receptive to feedback from other agencies and where areas for improvement were identified, the provider was keen to make positive changes.
- The provider responded promptly to feedback from CQC inspectors. The manager completed an action plan to address the concerns identified during the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- Managers were supportive and responsive to staff and people using the service. Staff were positive about the home manager and told us if they raised concerns, they would be listened to.
- The manager encouraged the staff to speak up if they have any concerns about people's care and this was reflected in home's policies. We saw from the staff meeting minutes this subject was discussed regularly.
- Staff told us the manager was visible in the service and spoke with people regularly.

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 provider and the home manager understood their legal responsibilities in relation to duty of candour and sent the necessary statutory notifications.
- During the inspection process, the home manager spoke openly about actions taken to improve the service, and areas where action was still required. There was an improvement plan in place to address the shortfalls of the service.

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

- The culture of the home was open and transparent. Safeguarding concerns were reported and dealt with openly.
- People, their families and friends were encouraged to share their feedback. Relatives had opportunity to express their views on the service in an annual survey and the provider was in the process of arranging relatives meetings.
- Staff had opportunities to meet and discuss best practise in regular team meetings. Staff told us the manager was approachable and friendly, and they felt supported.
- When incidents or accidents occurred, they were investigated thoroughly, and the outcomes were shared with all relevant people.

Working in partnership with others

- The provider worked in partnership with other professionals and agencies. We saw examples of multiple referrals to healthcare professionals, such as speech and language therapist or dieticians when people's needs changed.
- We saw evidence of staff seeking support from other agencies to make sure people's needs were met. For example, when concerns about person's mental health were identified, the staff promptly contacted the mental health support team to get advice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to implement effective systems and processes to assess, monitor and improve the safety and experience of the service provided.