

Cedar Court Care Ltd

Cedar Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cedar Court Nursing Home is a care home providing personal and nursing care to 25 people aged 65 and over at the time of the inspection. The service can support up to 25 people in 1 adapted building. The service provides support to older people, people with dementia and people with an eating disorder.

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

New staff to the service had a series of checks carried out on them during their recruitment to try to ensure they were suitable to be working at the service. Enough skilled and suitable staff had been safely recruited. Staff had received the required training, competency checks, supervisions and appraisals. Ongoing support was given to help staff maintain and improve their skills to fulfil their role and responsibilities.

Staff used their training and knowledge to safeguard people wherever possible and support people to keep them safe. If staff had any concerns about people, they knew where to report this both inside and outside of the service. People received their medicines as prescribed and staff ensured they followed infection prevention guidance and good practice. Staff encouraged people to eat healthily and drink enough. They supported people's individual dietary requirements and choices. Staff listened to and respected people's choices. Communication was good.

Staff knew people's individual needs, wishes and preferences well. They also knew people's assessed risks and these risks were monitored by staff. Staff were responsive to people's changing care and support needs. Care plans were reviewed and updated when changes occurred.

The building had been adapted to meet people's needs. The building was also undergoing refurbishment and a lot of this work had been completed. People's rooms were personalised and signage to help people orientate themselves around the building was in place.

The governance systems in place monitored the service provided and was effective in identifying and driving improvements. The registered manager and the staff team took on board learning when incidents happened. The registered manager and staff team worked well with other organisations, health and social care professionals to provide people with joined up care. The registered manager was aware of all the incidents they were legally obliged to notify the CQC of.

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.

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

Rating at last inspection

The last rating for this service was good (published 09 February 2018).

Why we inspected

The inspection was prompted in part due to concerns received that included concerns about staffing levels, staff recruitment, staff training, incident reporting and governance, lack of choice around food, personal care concerns around a lack of hot water and maintenance and lack of bedding/ towels. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedar Court Nursing Home on our website at www.cqc.org.uk

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Cedar Court 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 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

This inspection was carried out by 2 inspectors.

Service and service type

Cedar Court Nursing Home is a 'care home'. People in care homes receive accommodation, nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Cedar Court Nursing Home is a care home with nursing care. 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals including the fire service who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 2 relatives (by telephone). We received feedback from the local authority, the fire service, the Cambridgeshire and Peterborough Integrated Care System (ICS) about the service. We spoke with 5 members of staff including the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the homes co-ordinator, a nurse, and 2 senior care staff.

We reviewed a range of records, this included 3 people's care records. We looked at medicines' records and 9 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed, including incident and accident records, utilities safety checks, quality assurance processes and policies.

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 has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff had identified, assessed, and monitored people's individual risks and health conditions and these records were updated. Records included any actions staff were to take to reduce known risks. A relative said about the communication with staff about their family member's wellbeing, "(I'm) updated promptly on what I need to be prompted on."
- Guidance to enable staff to support people positively during periods of anxiety and distress was available. This included how staff could identify a person was feeling distressed, how they would display their anxiety and what actions could be taken to reduce this.
- A fire alarm inspection and service certificate, fire equipment checks, fire drills records were held. People had personal evacuation plans as needed in the event of an emergency. A staff member said, "We have practice fire drills, all staff are fire trained. The nurse in charge is the fire marshal."
- Maintenance audits were completed in relation to people's environment. These checks included window restrictor checks, water temperature checks and legionella testing (a bacteria found in a water system that can cause illness), bed rail inspections and radiator checks. Utilities checks and equipment checks such as moving and handling equipment were also undertaken.
- Staff used technology to support people to receive safe, care and support. There were care call bells and lifelines (personal alarms worn around a person's neck) in place for people to summon staff when needed. A registered Closed-Circuit Television (CCTV) cameras and audio were in communal areas of the service to promote people living at the service and staff's safety.

Staffing and recruitment

- There were enough suitably trained staff to meet people's needs. The registered manager used a dependency tool to establish staffing levels based on people's care and support needs. An on-call system to summon additional staff who lived nearby, when needed, including at night was in place.
- People and relatives had no concerns around staffing levels at the service. A person confirmed to us, "(I) don't have to wait long when I use the call bell (to summon staff)." Another person said, "(Staff) are only a push button (call bell) away and (you) don't have to wait long."
- The registered manager told us, and records showed that new staff were recruited following a series of checks. Checks included staff members right to work in the UK, police clearance checks from overseas countries where they had worked, previous employers' references and Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helped employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood the requirement to notify incidents that had occurred to the

appropriate organisations. This included the local authority safeguarding team and the CQC.

- Staff were trained to understand the importance of safeguarding people from poor care or harm and how to identify these risks.
- Staff confirmed they would report any safeguarding concerns they had. A staff member said, "(I would) go to my manager to report it." They went on to tell us who they could report concerns to externally. They said they would, "Call CQC or safeguarding."
- People and relatives told us they and or their family member felt safe using the service. A person confirmed to us, "Staff are good here. Never seen a bad one." Another person said, "(I) feel safe always."

Using medicines safely

- Nursing staff were trained to administer people's medicines for those people who had been risk assessed as requiring this support. Staffs competency to administer people's medicines were checked by the registered manager.
- People and their relatives were happy with how they were supported by staff to take their medicines. A person confirmed to us about their medicines that they, "Always get them," Another said, "Medication (is) always on time."
- As required medicines records included enough information to guide staff. This included body language staff were to look out for that indicated a person may be in pain.
- Senior staff had audited people's medicine administration records (MARs). Actions were taken when areas for improvement had been identified during these audits, this included a request to change the brand of a prescribed medicine due to an allergic reaction.

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.

During our inspection visits we saw, and relatives told us, that staff encouraged them to visit their family members. A relative told us of their recent visits to the service and confirmed that, "Family can go in and visit," as well.

Learning lessons when things go wrong

- The registered manager used the records of incidents and accidents that had occurred to put actions in place to reduce the risk of recurrence where practicable.
- A staff member talked us through an example of a near miss and how learning from this was communicated to staff.

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 Good. At this inspection the rating has remained 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

- Staff gave people choices of different food and drink, including a vegetarian option. One person told us they would like more dessert options. We fed that back to the registered manager who said they would investigate this. People and their relatives were complimentary about the food. A person told us, "The food here is very good." A relative said about the service, "There are some good cooks there."
- We saw staff encouraged people to eat and drink. Where people were at risk of poor food and fluid intake, this was monitored by staff. We saw recorded fluid intake goals to be achieved and how staff tried to promote and maintain these goals.
- A relative whose family member was on a specialist diet due to their risk of choking talked through how staff supported the person with this known risk. They said, "Today [named person] had chocolate sponge with custard and the sponge was crumbled in." Another relative of a person at risk of choking confirmed, "Food is always mashed up (pureed) re choking (risk) and food always comes in the correct form."
- The registered manager and staff were working on making people's mealtime experience even more enjoyable. The registered manager told us about the refurbishment of the dining area and ongoing plans, including new fabric serviettes and condiments that had been purchased.

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

- A maintenance person was seen carrying out work during both of our inspection visits.
- During our first inspection visit we found and were told that in certain areas of the service the hot water could be intermittent. We discussed this with the registered manager who had recently had two new boilers installed in the building. They spoke to the maintenance person during our first visit and they had resolved the issue for our second inspection visit. The registered manager and maintenance person were working to make sure this issue stayed resolved.
- People had personalised their rooms with belongings to make them feel more at home. This included their choice of decorative bedding sets. We also saw that bedding and towels were available and in use. A relative confirmed that, "Everyone seems comfortable." When asked about the decoration they said, "(It) looks clean and tidy."
- We saw that the service had and was undergoing a refurbishment. A lot of the work had already been actioned. However, there were still some areas that were planned for refurbishment but not yet completed. A relative told us, "The home couldn't do repairs during (COVID-19) since restrictions lifted, they do what they can."
- Dementia signage and handrails were in place to help people, who required additional assistance, orientate themselves around the building.

Staff support: induction, training, skills and experience

- Staff were trained to support people. Staff talked us through their training. A staff member told us about the "24 different (training) courses (they had completed)."
- Staff were asked to demonstrate their knowledge of the people they supported and the person's health and care needs. A staff member said, "Nurses will check our knowledge of people."
- New staff were supported with an induction when they first started working at the service. This included training and shadowing a more experienced staff member. A staff member told us, "When confident, you are allowed to work on your own."
- People and relatives seemed confident that staff had the skills and knowledge to meet their or their family member's needs. A person confirmed that staff, "Have a fair knowledge of what I need."

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

- The registered manager, a staff member told us, updated staff on new guidance and legislation. This included medicines, National Institution for Health and Care Excellence (NICE) guidance. Staff said the registered manager, "Talked about (updates) at handover and sometimes printed off (guidance) and put it onto the nurse notice board and in the communication diary (for staff to look at)."
- Staff were fully aware of the current government guidance around COVID-19 and care homes. This included when and where a disposable face mask should be worn. However, for staff who wished to wear a disposable face mask this was encouraged.
- The registered manager and senior management assessed people's needs. This would help make sure that staff had the suitable training and knowledge to support the person safely and effectively. It also identified when a person's needs had been assessed as requiring more specialist input and support.

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

- Staff worked with other health professionals to help support people to live healthier lives. This included working in line with guidance as recommended by speech and language therapists for people at risk of swallowing or choking.
- A relative told us about how staff had helped improve their family members' wellbeing. They said, "Since [named person] has been in there... staff have been marvellous. (The) hospital [had given them] 24 hours to live."
- Relatives told us that external health professionals were involved in helping promote their family member's health and well-being. Records also showed that people were supported to see a dentist when needed. A relative gave an example of how a GP visiting the service checked on their family member when they suddenly became unwell. They also said that on another occasion, how they were aware of a video call by staff to the GP and that they, "Took part (in the video call)."

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.

- Staff had training in the MCA and had knowledge of what this meant when it came to supporting people. This included when they were to make a decision in the person's best interest. A staff member told us, "Treat people as individuals and give choices." They gave examples of how they could help people make a choice around food and clothes to wear.
- We saw throughout our inspection visits that people were given choices by staff and how these choices were respected. These included how they wished to spend their time and what they wanted to eat and drink.
- When people had been assessed using a mental capacity toolkit, as being unable to make certain decisions that could increase the risk to their safety, we saw that a DoLS application to the local authority had been submitted. Authorisation for some of these applications were still pending.

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 remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirement to notify the CQC about any incidents that had occurred. Notifications had been received by the CQC. Notifications documented that where appropriate, relatives were informed.
- The registered manager explained how they had oversight of the service. We saw records of the unannounced night visits at the service they undertook. Any improvements found were dealt with during a supervision with the staff member, including evidence that the improvement had been resolved.
- The registered manager and management team audited areas of the service as part of their governance monitoring. Audits and checks included care call bell response times, checks on equipment used to promote people's skin integrity, and people's care plans and records. Where areas of improvement were found actions were taken.
- The registered manager and staff team were clear about their roles and explained these to us.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff involved people and where appropriate their relatives in all aspect of theirs and their family members care and support. A relative told us, "If I haven't seen the manager I will email, communication is absolutely fine."
- The registered manager and staff team worked to support people's wellbeing and for them to remain as independent as possible. Staff told us how they supported different people with their individual needs and wishes and to promote their wellbeing. A person said, "I really like it here I can't imagine being anywhere else I've got everything I want." A relative told us, "(Family member) is happy here and [named person] does not want to be anywhere else."
- People and their relatives were asked to feedback on the quality of the service provided. We saw a satisfaction survey dated 11-15 July 2022. Actions were in place following areas noted for improvement. A relative told us they, "Spoke to [named staff member] about 2 weeks ago and asked if I could feedback so was given a form. (I) just wanted to say, these people (staff) are really good and I'm thanking them on how they are with me."
- Staff felt supported. They felt supported by the registered manager and the management team via supervisions, appraisals, and staff meetings. Staff were also asked to feedback on the service and the most

recent survey was dated 11-15 March 2022. A staff member confirmed, "(We are) very supported, I wouldn't be here, I've worked with [registered manager] for [named] years. [Registered manager] is always on the phone. We can call them 24 hours a day."

- Staff meetings were held. These meetings were to update staff on the service, update staff on the service users and discuss lessons learnt. The agenda included an 'any other business' section where staff could engage and raise any suggestions or concerns, they may have had. A staff member described the staff meetings held. They said, "(You) can talk about any problems."

Continuous learning and improving care

- The registered manager took action to improve the building and the service they and their staff provided. This was based on their own observations and the findings of their governance monitoring processes. Actions were noted as completed or ongoing.

Working in partnership with others

- The registered manager and staff team worked with professionals such as social workers and health professionals such as specialist consultants, GP's and speech and language therapists to try to promote well-being and good outcomes for people.