

Cedars Castle Hill

The Cedars Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Cedars Nursing Home is a large detached property in Shaftesbury. The home provides long term accommodation for up to 31 older people with personal care and nursing care needs. At the time of our inspection 26 people were living at the home.

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

Quality monitoring systems had improved since the previous inspection. Improvement actions were identified promptly and measures put in place to prevent a reoccurrence.

People felt safe and were protected from avoidable harm as staff had been trained to recognise signs of abuse and knew who to report this to if they had concerns.

People had personalised risk assessments and staff understood the actions required to help minimise these risks. This included close monitoring of food and fluid intake for people at risk of malnutrition and dehydration. Effective staff communication meant concerns about people's intake were handed over and escalated as required.

Medicines were managed safely. A system had been introduced since the previous inspection to record time critical medicines. People told us they received their medicines on time. Staff had received the relevant training and competency checks.

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. The home was recording mental capacity assessments and best interest decisions in line with the Mental Capacity Act 2005 (MCA).

Staff sought timely advice from health care professionals when people showed signs of being unwell. The home understood the importance of good daily oral health care and supported people to access dental services.

People had the opportunity to participate in a range of activities and were consulted monthly about the activities programme. When people wished to spend time alone this was respected.

Assessments and care plans were detailed and included involvement from people and, where appropriate, their relatives and health and social care professionals.

The home worked closely with other agencies including GP surgeries and the local authority to ensure people's health and wellbeing was maintained and to prevent any unnecessary hospital admissions.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 05 July 2018) and there were two breaches of regulation. Since July 2018 the provider had sent in monthly reports to CQC which demonstrated more robust auditing and improvements in medicines management, pressure care, falls, nutrition and hydration and the accuracy and completeness of people's care records. At this inspection we found further evidence to confirm 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?

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 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 well-led.

Details are in our well-Led findings below.

Good ●

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 was carried out by one inspector, a specialist advisor with clinical experience and expertise in nursing 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives. We spoke with eleven members of staff including the registered manager, staff services manager, operations manager, clinical manager, three care assistants, activities coordinator, cook, kitchen assistant and a domestic assistant. We walked around the building and observed care practice and interactions between support staff and people to help us understand the experience of people including those who could not talk with us.

We reviewed a range of records. This included four people's care records, multiple Medication Administration Records (MAR), mental capacity assessments and best interest decisions, wound and pressure care records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at compliance data sent via email. We spoke by telephone with a health professional and two more relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

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

- People had personalised risk assessments to help reduce risks associated with things such as poor dietary intake, vulnerable skin and mobility. Care plans had been developed to help reduce these risks with this information up to date, known and available to staff.
- People had equipment they needed to reduce risks linked to their health. This included pressure relieving mattresses, cushions and sensor mats. At the previous inspection people's mattress settings were not always checked. Since the previous inspection the home had introduced new pressure relieving mattresses which automatically adjusted to match people's current weight and skin condition.
- At the previous inspection a fluid chart for one person identified poor fluid intake over three days with no evidence of information being handed over. At this inspection we found people's records clearly identified their optimum and actual fluid intake. Each person's fluid intake was handed over to staff when they started the shift.
- Thickening agents were now stored safely. These are used to make drinks and soups of a thicker consistency, so people can swallow them more easily. It is important that these powders are not left out for people to access as harm can be caused if people accidentally swallow them.
- General environmental risk assessments had been completed to help ensure the safety of the home and equipment. These assessments included: water temperature checks and safety of equipment.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.
- Accidents and incidents were reviewed and analysed by the registered manager so that any trends could be identified, and learning could be facilitated. Learning was shared with staff at team meetings and supervision.

Using medicines safely

- Medicines were stored safely including those requiring additional security.

- At the previous inspection we found there was no system to record time critical medicines which meant people who required medicines at specific times may not receive them correctly. At this inspection we found that a system had been introduced and people were receiving their medicines on time and at the correct intervals.
- Medicine Administration Records (MAR) were completed and legible.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to keep people safe from harm or abuse. Staff told us they would feel confident whistleblowing if they observed poor practice.
- People who were able to speak with us told us they felt safe at the home. One person told us, "I couldn't feel safer. It's the staff, they make me feel as though I belong to somebody. It's a big comfort to me."
- There were effective systems and processes in place for reviewing and investigating safeguarding incidents.

Staffing and recruitment

- There were enough staff to meet people's needs in a timely and flexible way. Staff were visible on both levels of the home. People told us, "I can't fault them (staff). They are always available for me", "There is always someone around" and, "I never feel rushed when they walk me to the toilet." A relative said, "There is a good staff ratio to residents in my opinion."
- The home had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support people. These included verified references from previous employers and criminal record checks.
- The home had recently introduced values-based job application questions and revised their exit interview process to improve the selection and retention of staff. The staff services manager said, "We've got some good staff. The application form now gives us a better idea of whether we should interview."

Preventing and controlling infection

- The home was visibly clean with no malodours. Each person we spoke with said they thought the home was kept clean.
- There was an infection control policy and staff understood their responsibilities in this area. A cleaning schedule helped ensure that risks to people and staff from infection were minimised.
- Staff had a good supply of Personal Protective Equipment (PPE) such as gloves and aprons and were observed using these appropriately.

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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's mental capacity and ability to consent to living at the home had been checked as part of the pre-admission assessment process. Where people had been assessed as lacking capacity, best interest decisions were recorded with evidence of families and professional's involvement.
- Staff were able to tell us when and who they would involve if a person lacked capacity to make complex decisions.
- The home had applied to the local authority for each person that required DoLS. A record was kept of when these were due to expire and when the home had chased updates from the local authority.
- Staff had received mental capacity training and understood how to apply the principles of the MCA when supporting people.
- Staff were observed asking for people's consent before supporting them and provided them with information that helped them to make meaningful choices. People told us that staff always asked for consent before looking to support them.
- People's care plans identified if they had a legal representative and the extent of the authority these representatives had, for example for decisions around property and finance and/or health and welfare.

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

- People had pre-admission assessments that supported their move to the home.
- On moving in, staff worked with the person, their family and relevant professionals to develop a personalised care plan that identified achievable outcomes and provided care in line with relevant standards. One relative said, "I'm very pleased with this care home. The staff are very good." Another relative commented, "Since [family member] has been here [family member's mental health has improved. [Family member] gets so much attention and [family member] has responded to the environment."

Staff support: induction, training, skills and experience

- People were supported by staff that had received an induction and shadowing opportunities with more experienced staff. Each new staff member had an induction plan.
- People had confidence in the skills and knowledge of the staff supporting them. One person said, "They know what they are doing. You have to have confidence in the staff. I rely on them." A relative expressed, "I have no concerns over [family member's] care whatsoever."
- Staff had received mandatory training and additional training in areas specific to people's needs. This included: dementia awareness, pressure relieving equipment, falls prevention and mouth care.
- Staff received supervision that provided them with an opportunity to discuss concerns, reflect on their practice and discuss their professional development. Group supervisions had included staff discussions about preventing contractures and catheter care.

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

- People were supported to maintain a well-balanced diet and remain as independent as possible with their meals.
- The meal time experience was affected by the layout and size of the lounge/dining room. A relative said, "I think they could do with another room. It's sometimes mayhem." Staff described the room as "claustrophobic" with "not a lot of room." We raised this with the registered manager who said they would look at how to improve the layout. The registered manager told us they were fundraising for a conservatory which would provide more space at meal times.
- Where people required support from staff to eat and drink this was provided in a kind and encouraging way that helped maintain the person's dignity.
- A kitchenette area had been introduced where staff supported people to develop or maintain their ability to make their own drinks.
- People told us they liked the food which looked and smelt appetising. Comments included: "Very good. There is always an alternative", "They try to accommodate your likes and dislikes" and, "I can't fault it." A relative said, "It's very good. I have Sunday lunch with [family member]."
- During hot weather, or when people's intake was low, staff offered foods with a high fluid content, such as jellies and ice lollies. This helped people stay hydrated. We asked two people if they could get a drink when they wanted one. They responded, "I only have to ask, and they get me one" and, "They (staff) are always coming around with something – drink, ice cream."
- Picture cards were available to help people choose what they wanted to eat and drink. The menu was displayed in the lounge/dining room as a reminder and conversation point for people.
- Staff took covered meals to people who had chosen to eat in their rooms. This ensured people had food that was warm and enjoyable to eat.

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

- Staff understood the importance of working effectively with health and social care professionals to meet people's needs. This included GPs, dentists, diabetes nurses and chiropodists. One person said, "Staff would

sort it for me if I needed anyone." A relative said, "I have every confidence that staff would contact whoever was needed." A local practice manager for GPs and clinical professionals told us, "Nurse practitioners provided diabetes training for staff and they were very receptive. Any concerns are acted upon in a timely way."

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

- People lived in an environment that had been adapted to meet their needs. Signage around the home helped people understand what each room was used for.
- People had access to a secure, enclosed courtyard where activities took place in better weather. This area included colourful mosaics that people had designed to celebrate the home's recent 25th anniversary.

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 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 told us staff treated them with kindness, respect and patience. People's comments included: "Staff are kind and look after me well", "Caring, kind. No problem – I love 'em!" and, "We are on first name terms. It makes me feel part of a big family. That's such a comfort to me." A relative said, "Staff are very caring. Can't do enough for the residents."
- Staff understood how to reassure people at times they felt emotional. One staff member said their response at those times "would depend on the person, we would explore the issue with the person, check if it was related to any pain and would help them to feel cheerful."
- Compliments were shared with staff at team meetings and on the staff room noticeboard. Comments included: 'I can never thank you enough for the love and care you have shown [family member] and me. We have lots of memories that will last forever in our heart' and "We were overwhelmed by not only your care and understanding of [family member's] complex needs but your warmth and generosity of love for us all as a family upon our [family member's] passing.'
- People were seen as individuals with this reflected in the way staff supported and interacted with them. A staff member told us a person in bed was "not one for bright lights." Staff had ensured that one of the person's curtains was kept closed in the afternoon to prevent them being dazzled by sunlight from their window.
- People's needs and right to sexual expression had been explored in their care plans. This included who they wanted to spend time with, when they wanted time alone, preferred clothing and grooming routines.

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

- People told us that staff involved them in decisions around their care and knew how they liked things done. Their comments included: "I have a routine in the mornings. I like to have the same breakfast everyday and I get it" and "Staff know better than me what I like and don't like."
- People had been able to personalise their rooms and bring in furniture and other items of sentimental value such as photos and ornaments which made them feel settled and at home. One new resident had brought their budgie with them. Another resident was observed enjoying watching Wimbledon with their cat.
- People's cultural and spiritual needs were acknowledged, respected and met. This included people being supported to access faith-based services such as Communion or staff respecting people's need for time to reflect or recharge.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy. We observed staff knocking on people's doors before entering their rooms. Ground floor windows had been tinted to ensure people were not overlooked from adjoining properties.
- People's dignity was upheld. For example, when people required help from staff to transfer, screens were put in place to ensure their dignity.
- People were given a choice of whether they preferred to have male or female staff supporting them with personal care. One person said, "I don't mind they are all good."
- Staff were encouraged to support people to live their lives how they wanted to live them with as much independence as possible.

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 Good. At this inspection this key question remained the same.

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

- People's needs were regularly reviewed with support and involvement from their relatives where people experienced difficulties communicating what was important to them. A relative said, "There are regular assessments where I have my say. I'm very satisfied."
- People had 'This is Me' documents which included details about their previous jobs, achievements and things important to them. One person had shared with staff that they loved classical music. We heard this playing in their room when we walked around the home.
- People had the opportunity to participate in a range of activities including one to ones, trips to the library, arts and crafts and outside entertainers. During the inspection 13 residents were observed enjoying a visiting musician while sitting under parasols in the courtyard.
- Monthly meetings took place where people could decide what activities they would like to do. One person said, "There is always something going on."
- There were occasions when activities coordinators were required to support care assistants in meeting people's needs. We raised this with the registered manager as this could affect the time they had to devote to activities. The registered manager said they were "conscious activities staff are getting pulled into caring" and they would look to ensure this does not happen.
- People were supported and encouraged to maintain contact with family and friends. We observed staff and people's relatives speaking on first name terms and enjoying conversation about recent holidays and family events. One person said, while laughing, "My family come to visit and end up chatting to staff and not me. Staff always make them a cup of tea." A relative said, "I pop in any time and always feel welcomed."

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.

- People's diverse communication support needs were identified, recorded and highlighted in care plans. These were shared appropriately with others, including professionals. One person's plan noted that they found it difficult to communicate with other people in loud environments. This person had been supported to have their lunch in a quieter part of the home.

Improving care quality in response to complaints or concerns

- The home had an up to date complaints policy with the procedure available in people's rooms. The management acknowledged, tracked and resolved complaints in line with this policy. People told us, "I could talk to any of the staff as they are all very, very good", "The manager is very approachable" and, "I feel comfortable talking to anyone here." A relative told us, "I had an issue about medication and I was satisfied with the outcome."

End of life care and support

- Staff had been trained to support people with end of life care needs. The home had achieved accreditation from a national framework for end of life care.
- People had been given the opportunity to discuss their end of life wishes and these were documented. One person had been supported with their wish to write a letter to their family member and send them their favourite flowers.
- People's advance care plans included their preferred service, wishes around medical input and whether they wanted to be cared for in hospital or remain at The Cedars Nursing Home.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

At our last inspection the provider had failed to establish and operate systems to assess, monitor and improve the service and mitigate risks. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- At the previous inspection quality monitoring systems were not robust which meant improvement actions were not identified promptly or measures put in place to minimise the risk of reoccurrence. Since the previous inspection the home had been required to send us a monthly report covering auditing of medicines, pressure care, falls, nutrition and hydration and the accuracy and completeness of people's care records. These had indicated improvements were being made.
- Review of the monthly audits and our observations assured us of greater managerial oversight of quality monitoring and compliance in the identified areas. The registered manager had actively encouraged staff to deliver, and work to sustain, these improvements and had liaised closely with the local authority and clinical commissioning group. The operations manager said, "The reports to CQC have really helped us focus on areas we needed to improve. Reflecting on this in team meetings has got the staff to buy into what we are trying to do."
- The registered manager and staff were clear about their roles and responsibilities.
- People and relatives respected the registered manager and felt the home was well run. One person said, "I know [name of registered manager] is very approachable." A staff member told us, "The management have an open-door policy here."
- The registered manager had ensured that all required notifications had been sent to external agencies such as the CQC and the local authority safeguarding. This is a legal requirement.
- The registered manager understood the requirements of Duty of Candour. They told us it is their duty to be honest and transparent about any accident or incident that had caused or placed a person at risk of harm.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and relatives said there was a friendly and relaxed atmosphere at the home. Our observations confirmed this. A relative said, "This is the first time I have had any experience with nursing homes and my first impression is fantastic."
- Staff said they enjoyed working at the home. A staff member commented, "It's a nice team. A nice supportive workplace. Friendly and you can have a giggle. I enjoy working here." When we asked people if they thought staff were happy working at the home they said, "I think so, I hear them laughing and joking" and "The home can be busy but they (staff) have always got time for a joke."
- Staff worked well as a team, communicated effectively and were courteous to each other.
- The home had developed and maintained collaborative partnerships with other agencies to provide good care and treatment to people. The management and staff worked closely with district nurses, a local GP and the community mental health team to review and meet people's current and emerging needs. A local practice manager for GPs and clinical professionals told us, "[Name of registered manager] is extremely helpful and [name of clinical manager] is a high calibre individual. Things have improved quite dramatically."

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

- People, relatives, staff and visiting professionals had the opportunity to feedback and influence what happened at the home via annual quality assurance questionnaires.
- Residents meetings took place on a one to one basis as it was felt a more meaningful way of engaging and involving each person. A relative said, "I have been present at a one to one residents meeting. It's much more personal and you can raise any issues you have." Records confirmed that actions were followed up after these meetings.
- People felt involved and listened to by staff and the management. One person said, "Can't fault them for that." Another person said, "I am always being asked if I am satisfied." Two relatives said, "Management does listen. I haven't had any concerns" and "Whatever we have asked for we have got."
- Staff attended regular team meetings where they were encouraged to share their views and develop their knowledge. A staff member told us, "We are free to bring up topics and issues. We don't have to wait for these meetings though. We can raise things in-between."
- Staff could be elected as an employee representative enabling them to raise important staffing issues with management and the provider trustees.