Your Health Limited

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Cedar Court Nursing Home is a residential care home providing personal and nursing care for 28 people aged 65 and over at the time of the inspection. The service can support up to 30 people. Cedar Court Nursing home accommodates people over two floors in an adapted building.

People's experience of using this service and what we found
People were cared for safely. Risks to people's health and wellbeing were suitably managed. Staff were recruited safely. There was good infection control practice in the service including up to date COVID-19 guidance. People's medicines were managed well.

People were supported by staff who knew them and their needs well. Appropriate tools were used to assess and monitor people's health care needs. The home worked in partnership with healthcare professionals and ensured timely referrals where made when appropriate.

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. Care plans recorded how people were involved in making decisions about their care.

Staff were caring and respectful of people's privacy, dignity and independence. People enjoyed positive interactions with staff.

Care was personalised to include people's personal preferences. People had the opportunity to engage with a range of activities and people were supported to have contact with friends and relatives.

The service was well led. People's relatives and staff gave consistently positive feedback about their confidence in the registered manager. Systems had been introduced to improve outcomes for people. Feedback from people, their relatives and staff was used to make improvements in the home.

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 13 March 2020).

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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. This included checking the

provider was meeting COVID-19 vaccination requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

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 Care Act 2014.

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 two inspectors.

Service and service type
Cedar Court Nursing Home 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.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with four people who used the service about their experience of the care provided. We received feedback about the care provided from five people's relatives, both from face to face discussions and in writing in response to emailed questions. We spoke with eight members of staff including the registered manager, deputy manager, senior care worker, care workers, housekeeping staff and the maintenance officer.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data records. A video call involving the inspector, registered manager and deputy manager also took place on 9th December 2022 to complete the inspection.

Good

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff followed guidance in individual risk assessments and care plans to keep people safe.
- All the staff had received suitable training in this area. Staff felt confident to recognise and report safeguarding concerns.
- People were supported to be safe. One relative told us, "My relative feels safe. I am happy they are safe here."
- Where there were safeguarding concerns, we saw where the registered manager had raised a safeguarding alert with the local authority to ensure a suitable investigation was carried out.

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

- People's individual risks were managed safely. People's medical conditions were met, for example, diabetes. Care plans identified the daily support and monitoring guidelines for staff to follow to manage diabetes safely.
- Risks to restrictions on people's freedom, choice and control were managed safely. People's preferences were recorded in their care plans. Staff supported people to make day to day choices, for example, when choosing what to eat at mealtimes and what activities to participate in.
- Assessments, guidance, equipment and training for staff was in place to provide support to people in the event of an emergency. For example, people had personal emergency evacuation plans that detailed the level of support and equipment they would need to evacuate the home safely.
- People were supported to keep safe when anxious or distressed. Detailed care plans provided staff with guidance to recognise and respond to people consistently. These identified people's preferred communication methods to reduce their anxiety and keep them safe.
- The environment was manged to keep people safe. Maintenance issues were identified, reported and acted on to keep communal areas and people's bedrooms safe. The on-site maintenance officer undertook regular checks and audits including fire alarm checks, environmental and infection control checks. Safety certificates, for example, for gas, electricity, lift and hoist servicing were all in place and up to date.
- The registered manager analysed all accidents and incidents each month. Patterns or trends were identified and acted on to minimise risk. For example, where falling was identified as a risk, assessments were completed; referrals to specialist support were made, care plans were updated and recommendations recorded and implemented by staff. Staff were confident they were able to keep up to date with changes.
- Relatives were confident concerns would be addressed if raised. One relative told us, "The manager keeps us informed of any changes or issues." Another relative said, "I have not had to raise any concerns but believe the manager would deal with them if I did."

Staffing and recruitment

● The provider was actively recruiting to increase the number of nursing and care staff at the service. Staff currently employed were working additional hours and agency staff were being used to keep people safe.

● Enough staff were deployed to keep people safe. The registered manager completed a dependency tool to identify the number of staff required to safely meet the needs of people. The staffing rotas confirmed there were enough staff available on each shift to keep people safe.

● Staff were recruited safely. All necessary pre-employment checks had been completed to ensure they were suitable to work with people who used the service.

● Staff completed a range of training to undertake their roles. Staff were confident in supporting people safely.

Using medicines safely

● Systems to manage medicines were well organised and ensured safe and timely administration of medicines to people. Medicines were safely ordered, received, stored and audited.

● Staff received training in safe medicine management. Staff completed records accurately, for example, audits for controlled drugs and medication administration records were maintained.

● People received their medicines in a dignified way as staff followed guidelines detailing people's preferences. For example, protocols for as required pain relief medicines included details of how people expressed discomfort.

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 meeting shielding and social distancing rules.

● 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 accessing testing for people using the service and staff.

● 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 arrangements were aligned with government guidance. Visitors were able to book to see their relative following the providers policy and procedure. One relative told us they always felt safe when visiting.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Good

Is the service effective?

Our findings

Is the service effective?
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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's individual needs were met. Comprehensive assessments were completed by the manager. These ensured the home provided staffing and an environment suitable to meet each person's needs.
● Recognised tools were used to assess and monitor people's needs, for example, the Waterlow tool was used for assessing pressure area care needs. Care plans were up to date and reviewed regularly as well as being updated in response to people's changing needs.

Staff support: induction, training, skills and experience
● People were supported by competent staff who had access to a range of training and support. Training records evidenced staff training was relevant and up to date. Staff confirmed they completed training online and face to face. One staff told us, "I feel confident we provide a high standard of care." One relative told us, "I am impressed by the professional attitude of all staff."
● Staff completed an induction which included assessments of competence. A programme of ongoing staff competence checks was in place to ensure staff skills and knowledge were kept up to date. This included medicines, infection control and manual handling.
● Staff supervision and appraisal meetings with a manager were scheduled to take place. Records showed performance objectives were discussed and managed.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional risks were assessed and monitored using a nationally recognised screening tool, the MUST nutritional assessment form. Changes in people's needs, such as weight loss, were identified and acted on.
● A selection of drinks and snacks were available in the home and options were available at mealtimes. We saw people were encouraged by staff to make choices about what they ate and drank.
● People's meals were provided to meet their individual nutritional needs. Care staff understood people's individual dietary needs and made records of what people ate and drank. For example, in support of diet-controlled diabetes.
● People were supported to eat and drink following the guidance in their care plan. Timely staff support was offered to people who required help to promote independence and eat safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People health care needs were addressed promptly. The home was visited regularly by the advanced nurse practitioner and the GP attended as required in response to people's needs.□

● People were referred for specialist assessment when needed, for example, the falls team, dietitian, and physiotherapy. Professional assessments were completed and recommendations made. Staff followed the guidelines in people's care plans. For example, the use of the correct aides and techniques to support mobility.
● Relatives told us they were kept informed about any changes to their relative's needs.

Adapting service, design, decoration to meet people's needs
● People were able to use adapted equipment to have a bath or shower when they chose. For example, accessible baths and showers, hoists and aids.
● People were able to personalise their own rooms with their own furniture and belongings. People were supported by staff to use their own room as they wished. People chose to spend time in their rooms doing their preferred solo activities.
● The home was undergoing a refurbishment programme which included the upgrade of communal areas as well as areas for staff to use. People were involved in choosing the colour scheme and furniture for their rooms.

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.

● The provider worked in line with the MCA and people were not deprived of their liberty without legal authorisation.
● People were involved in making decisions about their care. Where people's capacity to consent was in doubt an assessment had been completed and, if required, a decision had been made in their best interest. People signed consent forms wherever they were able to.

Good

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

- People were supported by staff who knew them well. We saw positive interactions between people and staff that were caring and kind. We saw staff engage people in lively conversations as well as in discrete one to one interaction.
- Staff were warm and considerate. People consistently told us, "The staff are all lovely". One relative told us, "The staff are very friendly, they have helped my relative to settle well into their new home".
- Characteristics such as age, race, religion and disability were considered in assessments and included in care plans. Staff received training in equality and diversity and were aware of treating people fairly and in a non-discriminatory way.
- People were able to receive visitors at the home following current government visitor guidelines. Staff were available to support people to receive visitors. A relative told us they were happy to now be able to visit with their relative in their own room.

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

- People made choices about their care and support. Care plans identified how people preferred to be supported and these guidelines were implemented by staff. People were encouraged to make everyday choices, for example, what they ate and drank and where they ate their meals.
- People's care plans were person centred. Guidelines were detailed and included a history of each person, their likes and dislikes and their preferences for how they communicated with others. A relative told us they were asked for a lot of information about the person before they were admitted to the home.
- Staff demonstrated they understood how to communicate with people and promote dignity and independence in every-day situations. For example, at mealtimes people were supported to eat their meals with appropriate aides and were not rushed.

Good

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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection care plans did not always include information to meet people's needs. At this inspection we found care plans to be person centred.
- People's care plans were personalised. Care plans gave detailed guidelines for staff to support people's individual preferences. For example, if people preferred a bath or shower and how often and what time they preferred to get up in the morning. Staff confirmed they knew people's preferences and followed them.
- People's care plans detailed individual needs and preferences in relation to oral care. For example, how and when a person preferred to manage their use of dentures. Records showed people's preferences were followed.
- People were supported to access independent advocacy services. An advocate is used to help people express their views and wishes.

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 communication needs were assessed and recorded in their care plan.
- Information was available to meet people's communication needs, including people with changing sensory needs. For example, information was available in easy read versions and large font.

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

- Resources had been bought to encourage people to keep in touch with family and friends. People were supported to use mobile phones and tablets to make video calls to keep in touch with others during the pandemic.
- People used electronic resources to access stimulating activity. For example, an interactive touch screen device had been purchased which was user friendly. People were enjoying the new experiences available to them, for example, electronic games.
- People were offered the opportunity to participate in a range of activities. Activities were planned in response to people's preferences. For example, hymn singing sessions were organised for people who were unable to attend their local church.
- People were involved in the planning of activities. People told us they were looking forward to playing bingo on the afternoon of inspection.
- We saw how people were included in group activities by staff who understood people's preferences and

support needs. For example, staff used communication methods in response to people's needs to include them in a group activity. One relative told us, "My relative used to spend a lot of time in bed. Now they prefer to join in and are not so lonely".

Improving care quality in response to complaints or concerns

● Relatives consistently told us they or their relative understood how to raise a complaint. People and their relatives said they felt comfortable to speak to the manager if they needed to raise a concern.

● Staff understood their responsibility in supporting people to make a complaint. The service had policies and procedures in place for receiving and dealing with complaints and concerns received.

● There were no records of concerns and complaints being raised at the service. There were cards and letters demonstrating the appreciation of people and their relatives.

End of life care and support

● People were involved in planning their care for the end of their life. Care plans provided detailed guidance for staff to follow to meet the person's wishes.

● Staff demonstrated understanding of people's diverse needs. People and their family of choice were actively involved during the end of life care process. Staff were non-judgemental in supporting people and those important to them.

Good

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. The rating for this key question has remained good.

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

● There was a warm and welcoming atmosphere in the home. People enjoyed friendly interactions with staff who knew them well.

● Feedback about the registered manager was consistently positive from relatives and staff. The registered manager was accessible, and relatives and staff were confident issues would be addressed if brought to the registered manager's attention. One relative told us. "The manager is very friendly; I know I can talk to her at any time."

● The registered manager facilitated daily meetings with staff to share up to date information. Staff were aware the provider was trying to employ more staff. Staff were aware of the current difficulties in recruiting staff. One staff told us, "I know it is difficult to get more staff, it is the same in other services".

● People's preferences were known by staff and daily care and support reflected these, for example, activities and menus were planned to include these. Individual activities were arranged to meet the needs of people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager ensured we received notifications about important events so we could check suitable investigations had taken place.

● People and their relatives knew who the registered manager was and felt comfortable to talk to them. Feedback about the registered manager was consistent from relatives who said they were kept informed of changes and incidents.

● The registered manager acted following incidents to improve outcomes for people. For example, following a medicine safeguarding incident, a change to the medicine booking in procedure was made to ensure medicine had been received as ordered.

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

● The registered manager and deputy manager completed quality audits to measure the success of the service and drive improvements. For example, audits of support plans, risk assessments, infection control and health and safety. Where issues were identified these were actioned. This ensured the delivery of a quality service to people.

● The registered manager reviewed incidents and accidents to identify any trends or patterns. The analysis informed outcomes for people, for example, updated risk assessments and care plans.

● The registered manager completed monthly audits of health records. When this review identified potential weight loss due to illness action was taken. To manage this risk monitoring was increased and a referral

made to the dietitian.

● The provider audited the environment and developed a home improvement plan. Damage to the flooring in a bathroom was seen during the inspection. This was confirmed as being part of the improvement plan and the flooring was replaced very soon after inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The registered manager sought feedback from people who used the service, their relatives, staff and professionals. The registered manager sent out questionnaires and facilitated meetings with people to capture their feedback. This feedback had been reviewed by the registered manager and changes made in response to this. For example, people were not always happy with the meals on offer in the home, so they were involved in choosing meals to include in the new menu.

● The laundry system was improved to provide a quicker turnaround of laundered items in response to feedback from people who were unhappy with the time it took for personal items to be returned to them.

● The service worked closely with other professionals to ensure best outcomes for people. Referrals were made to relevant specialists for input into assessments and care plans and recommendations were implemented by staff. For example, referrals were made to the falls team, speech and language therapy and physiotherapy for people's needs to be assessed.