

Healthcare Homes (LSC) Limited

Cedar Court Care Home

Inspection report

60 Moorland Road
Witney
Oxfordshire
OX28 6LG

Tel: 01993703536
Website: www.healthcarehomes.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cedar Court Care Home is a purpose-built nursing care home providing personal and nursing care for up to 63 people. At the time of the inspection the service was supporting 46 people.

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

Staff understood their responsibilities to protect people from harm. Staff were encouraged and supported to raise any concerns they may have. Incidents and accidents were recorded and checked by the provider to see what steps could be taken to prevent these from happening again.

Medication administration records (MAR) confirmed people had received their medicines as prescribed. We received mixed but mainly positive feedback regarding staffing levels from people, their relatives and staff. Robust recruitment processes aimed to ensure only suitable staff were selected to work with people.

There was no registered manager in post. The service provider told us they had recruited new manager who was awaiting their starting date. The service was run by an experienced deputy manager with the help of an operations manager and a regional director. The provider carried out regular checks on the quality of care and services to identify any areas that required improvement. Policies, procedures and other documentation were reviewed regularly to ensure staff were provided with up-to-date information.

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 28 March 2020).

Why we inspected

We received concerns in relation to poor infection prevention control, medication errors, low staffing numbers and unlawful restraint. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions, and therefore we did not inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings obtained at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Cedar Court Care 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 Care 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.

There was no registered manager in post. The service provider told us they had recruited new manager who was awaiting their starting date. The service was run by an experienced deputy manager with the help of an operations manager and a regional director.

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. 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 five people using the service. We spoke with two agency nurses, a senior carer and three healthcare assistants. We reviewed a range of records. These included care records for four people and multiple medication records. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We contacted six relatives of people to obtain their opinion on quality of care provided by the service. We sought feedback from the local authority and professionals working with the service.

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 'good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Most of the people told us they felt safe living at the home with the staff who supported them, which was confirmed by relatives of people. One person told us, "I feel safe and I've been here nearly 12 years." Another person told us, "Staff are OK with me."
- Staff understood how to identify potential safeguarding concerns and knew how to report these to the management team or to the local safeguarding team. A member of staff told us, "I would report things related to abuse to the manager, or externally to the safeguarding team."
- The service had contacted the local authority safeguarding team appropriately and had sent required notifications to the CQC.

Assessing risk, safety monitoring and management

- People's care plans contained regularly reviewed risk assessments relating to the development of pressure ulcers, moving and handling, mobility, and eating and drinking.
- Regular checks and tests were completed to promote safety in the home, such as weekly fire alarm tests. The service took appropriate action to reduce potential risks relating to Legionella disease.
- Each person had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person has to ensure that people can be safely moved away from danger in the event of an emergency.

Staffing and recruitment

- We received mixed but mostly positive feedback regarding staffing levels from people and their relatives. One person told us, "It is not too bad with waiting time. I have no complaints." Another person's relative told us, "Staffing levels are good, he seems well looked after." However, one person told us, "If I ring a bell, I need to wait a little bit for staff. I think they might be short." On the day of the inspection we observed that sufficient numbers of staff were dispatched to meet people's needs safely. Staff were busy but not rushed and had time to stop and interact with people. We checked staffing rotas for the last four weeks which confirmed that staffing levels were safe.
- Staff told us that staffing levels were appropriate. However, they were affected by an outbreak of COVID-19 and quite often had to be replaced by agency staff due to self-isolation.
- The provider operated a safe recruitment procedure which helped to ensure only staff who were suitable to work with vulnerable people were employed.

Using medicines safely; Learning lessons when things go wrong

- One person's relative told us they had concerns due to the past medication errors. We asked the provider

about the details and the outcome of their internal investigation into those errors. The registered nurse responsible for medication errors had been asked to repeat their Medication Administration Competency assessment. We saw evidence that additional measures to prevent medication errors had been introduced. For example, signed checks after each medication round to confirm that the balance of each drug tallied and there were no undocumented gaps on MAR. We saw there were no other medication errors after those checks had been introduced.

- Medicines were managed safely. There were clear processes and systems to ensure they were ordered, stored, disposed of and administered safely. We checked a sample of medicines and found that the stock agreed with the records maintained which demonstrated safe systems were followed.
- There were clear processes in place to ensure 'as required' (PRN) medicines were given appropriately.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 good. At this inspection this key question has remained the same. 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

- There was no registered manager in post. The provider had put measures in place to support the management of the home in their absence and the operations manager and the regional director were overseeing management of the service every day.
- The provider had quality assurance systems in place which were used effectively to monitor key aspects of the service. The management team completed audits and checks on a regular basis and acted to improve the service.
- Daily handovers and regular communication helped staff and the management share information to plan and coordinate ways and means to meet people's needs.
- Staff and the management demonstrated a clear understanding of their respective roles within the service. We saw they worked in an organised manner and communicated well with one another.

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

- Most of the people and their relatives spoke positively about the overall management of the home and the quality of the care provided, and their direct dealing with the management. One person told us, "I have no complaints. I am happy with the way things are." Another person's relative told us, "I'm quite happy with them. I get on well with front office staff and care staff."
- Staff told us the service was managed well and the deputy manager and the senior management team made themselves available to provide support if needed. A member of staff told us, "[Operations manager] and [regional director] try to pick all minor things if there are any. They are encouraging improvement."
- The regular agency staff supporting people told us they worked well as a team with the permanent staff to achieve the best outcomes for people. An agency staff nurse told us, "Team work is brilliant, the carers here are very hard-working and respectful. They report to me if there are any concerns about the residents' well-being."

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 encouraged an open and honest culture at the service. They understood their responsibilities in relation to the Duty of Candour. If any incidents or accidents occurred, they ensured that all relevant people were informed about them, and every opportunity was used to support organisational learning.
- The management team recognised their responsibility to be open and honest with people and relevant

others if something went wrong with the care provided.

- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way. The home's previous rating was displayed and available on the organisation's website.

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

- Most of the people and their relatives told us they were asked for their views on the service.
- People's care records demonstrated staff and the management cooperated with a range of community, health and social care professionals to ensure people's needs were met.
- Staff told us that the senior management team were approachable and listened to their concerns. A member of staff told us, "The management are approachable. As a matter of fact, I complained to the manager today." Another member of staff told us, "The deputy manager is very supportive, always available. She works on the floor with us. Really leads by example."

Continuous learning and improving care; Working in partnership with others

- People's care plans clearly stated advice obtained from other professionals. Staff were aware of this information and knew how they should support people in line with it.
- The management team worked with healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up-to-date professional guidance.