

Cedars Care Home Limited

Cedars Care Home

Inspection report

Cedar Road
Doncaster
South Yorkshire
DN4 9HU

Website: www.woodcaregroup.com

Date of inspection visit:
25 August 2022

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27 September 2022

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

Cedars Care Home is a residential care home providing support to older people and people living with Dementia. It consists of two buildings known as Cedars Lodge and Cedars House and can accommodate up to 66 people. At the time of our inspection there were 60 people using the service.

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

There were enough staff to meet people's needs. However, people, relatives and staff told us staff lacked time to provide meaningful activities. We have made a recommendation the service assesses how staff are deployed.

Infection prevention and control measures were in place. People were protected from the risk of harm; staff were aware of how to report concerns and told us they felt comfortable to do so. Risk assessments were in place and detailed how to keep people safe and regular checks were carried out on the environment and equipment. Medicines were safely managed, and people were receiving their medicines as prescribed. Incidents and accidents were monitored and shared with the senior management team, any actions required were identified and action taken to mitigate future risk.

People's care plans were detailed, and person centred. The manager understood their role and responsibilities and there was an open and honest culture in the service. People were involved in decisions, regular meetings took place to gain feedback from people, relatives and staff. The manager and staff worked in partnership with other healthcare professionals to ensure people received appropriate care and support. Auditing systems were in place and action was taken to ensure the management team continuously assesses and seeks to improve.

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.

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 27 May 2021)

Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to staffing and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe 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.

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.

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

Recommendations

We have made a recommendation that the provider ensures suitable staff are deployed to meet people's needs.

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?

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.

Cedars 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cedars Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cedars Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager in post who was in the process of registering with us.

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 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 two visiting healthcare professionals and eight staff, including the manager, director, support workers and maintenance staff. We spoke with 10 people who used the service and five relatives. We reviewed a range of records including three medicines records, three care records and risk assessments. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Staffing and recruitment

- Staff were recruited safely. The management team carried out appropriate pre-employment checks, for example Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- People's needs were met and the provider had systems in place to monitor staff numbers required.
- There were competent staff on duty and people and relatives told us staff were kind. However, people, staff and relatives told us more staff were needed to provide activities..
- People were positive about how staff supported them, however felt staff were often rushed. One person said, "The staff are all very good and help me when I need them to, I would like to be able to go out sometimes though" and a relative said, "[Name] is well cared for and safe, but there is not enough for people to do and [name] lacked stimulus."

We recommend the provider ensures suitable staff are deployed to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. The provider had procedures in place to safeguard people from harm or abuse.
- Staff had relevant training and felt comfortable to report any concerns to the manager. One staff member said, "People here are safe, I have never had to report anything, but would report anything of concern to the manager."
- The provider had systems in place for reporting and investigating suspected abuse. The provider had notified the relevant authorities when required and completed a root cause analysis which identified actions to take to help protect people from further harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed and records detailed how to keep people safe. Regular checks were carried out to ensure the environment and equipment were safe for use.
- People's risk assessments covered a range of identified needs and provided guidance for staff about how to support people in ways which reduced the risk to people's safety.
- Visiting healthcare professionals told us people were safe. One healthcare professional said, "I come here to help people, the care is always good, and staff always assist me to do my job."

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- Medicines were safely managed. Protocols were in place for safe receipt, storage, administration and disposal of medicines.
- Staff were suitably trained to administer medicines and records were accurately completed.
- People told us they received their medicines as prescribed. One person said, "Staff look after my medication and bring it to me at the right time."

Preventing and controlling infection

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

Visiting in care homes

- Visiting arrangements were in place and people were receiving visitors.

Learning lessons when things go wrong

- The provider had systems in place to monitor accidents and incidents and took appropriate action to mitigate future risks.
- The provider carried out regular audits in the service to ensure people were kept safe.

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 for this key question 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.

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

- The service had an open and honest culture which promoted good outcomes for people.
- Care plans were person centred and detailed how people liked to be cared for.
- People and their relatives said they were satisfied with the care provided. Comments included, "Staff are respectful and I would talk to anyone if I had concerns", "It's a great place, I love it here" and a relative said, "My relative is very well looked after and happy."
- Staff were suitably trained to carry out their roles and told us they felt supported. One staff said, "The new manager is approachable, I can go to them."

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 manager understood their responsibility around the duty of candour. They submitted notifications of significant events to CQC and informed other relevant agencies, such as the local safeguarding team when required.
- People, relatives and staff told us they felt comfortable to raise concerns and that communication has improved with the new management team.

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

- The management team continuously sought to improve. The manager conducted monthly clinical quality assessments, which was shared with the higher management team.
- Feedback from people and relatives was actively encouraged. A suggestions box was available and visitors' feedback was sought using a digital system when visitors sign out of the service. Should concerns be identified the provider was made aware and action taken to improve.
- The manager had audit and recording systems in place, this helped them identify any issues and improve quality in the service. For example, where a person had an increase in falls, action was taken to reduce future risks.

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

- People, relatives and staff were involved in giving their feedback and a variety of formats were used to do this, including phone calls, meetings and feedback forms.

- Regular meetings with people and relatives had taken place to gain people's views about the care provided.
- The provider formulated a newsletter to help keep people informed and updated about what was happening at the service.
- Staff team meetings were held to share information and give staff the opportunity to raise any concerns.

Working in partnership with others

- Staff worked in partnership with others to help ensure people received appropriate care and treatment. On the day of our inspection we saw a visiting community mental health nurse and a chiroprapist. Records indicated the provider worked closely with the local GP.