

Cedar Care Homes Limited

Waltham House

Inspection report

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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

The inspection

Waltham House care home provides personal and nursing care for up to 40 people. At the time of the inspection, 31 people were living at the home.

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

People were happy with the care provided and they felt safe living at the home. There were systems in place to protect people from abuse and staff had received safeguarding adults training. They knew how to respond to any allegation of abuse. Medicines were stored and managed safely within the home. Medicines were administered in a timely manner and in a way that respected people's preferences. The homes staffing levels ensured that people were safe, and they received their care in a timely manner. Recruitment procedures had been followed to ensure new staff were suitable to work at the home.

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.

Robust governance systems were in place to ensure the registered manager, area manager and the provider had effective oversight of the home. There was a warm and welcoming atmosphere within the home, and it was evident that the staff put people first. People, staff and relatives were encouraged to provide feedback about the home. They had different opportunities to share their views.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people.

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 08 November 2017). The rating at this inspection remains good.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We inspected two key questions, Safe and Well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the home remains good based on the findings of this inspection.

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.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Waltham House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

This inspection was carried out by one inspector 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

Waltham House is a 'care home' with nursing care. 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We 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 12 people who lived at the home, 5 relatives, 6 staff members, the registered manager, clinical manager, area manager and the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 3 people's care records in relation to risk assessments in place, 3 staff files in relation to their recruitment, medicines administration charts, health and safety checks and maintenance records. We looked at a variety of audits relating to the management of the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating 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 helped to keep safe from harm by staff who understood how to protect people from abuse. Staff completed training on how to recognise and report abuse and understood how to implement this.
- We spoke to people and asked if they felt they were safe living at the home. Their comments included, "Yes, I do feel safe. I like to know the staff are around and prefer my door being left open." Another person told us, "I feel safe knowing I have staff around to care me 24 hours a day."
- Where concerns had been identified, the registered manager had raised these concerns with the local authority safeguarding team and worked with them to investigate any concerns.

Assessing risk, safety monitoring and management

- Risks which were associated with people's care had been assessed by the staff. This included how to support people with risks associated with eating and drinking safely and falls management. Protocols were in place for staff to follow, including how to help to minimise risks to people.
- Some people had been assessed as being at risk of pressure sores. Air mattresses were used to prevent skin breakdown.
- Health and safety checks of the premises were undertaken out at regularly. Any issues arising from the checks were dealt with appropriately. Safety systems and equipment used at the home were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- The staff had been trained in how to deal with emergency situations and events if these should arise so that they would know what action to take, to keep people safe in these circumstances. This included attending fire training and regular fire drills.

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. Any conditions related to DoLS authorisations were being met.

- At the time of our inspection, 5 people had an authorised DoLS in place, the registered manager had submitted further applications and informed the local DoLS team of changes as required.

Staffing and recruitment

- The staffing levels were safe and regularly reviewed. This helped the staff to meet the needs of people who lived at the home. The staffing levels were based on the occupancy of the home and the dependency of people's needs.
- Where required the home used consistent and familiar agency staff to maintain safe staffing levels. We were told existing staff also helped to cover annual leave and sickness.
- Staff and people told us they felt the home had enough staff to keep people safe. One staff member told us, "The staffing levels have just been increased as the occupancy has gone up. I feel we manage well." One person told us, "Yes, I do feel we have enough staff. If they have emergencies to deal with they let us know".
- Recruitment checks were thorough. Important information about potential staff was collected, such as references, identification and Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were suitable systems in place to support people to receive their medicines as prescribed. The clinical manager had overall oversight of the medicines system.
- The nursing staff ensured medicines were ordered, stored, administered and disposed of safely. This included the management of controlled drugs.
- There was suitable information and guidance for staff on when to support people to take 'only when required' medicines, such as for pain relief.
- Medicines were safely administered by staff who were trained to do so. We checked the medicine administration records, which showed that medicines were given at the correct time and signed for.

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

Visitors were welcomed at the service and supported in line with the most recent government advice on managing COVID-19.

Learning lessons when things go wrong

- The registered manager and the clinical lead reviewed all accident and incidents that occurred at the home. Monthly audits were undertaken.

The registered manager looked at the number of falls which occurred each month and identified any trends with falls. Learning from these events was shared with the team to keep people 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 registered manager and clinical manager were visible in the home, approachable and took a genuine interest in people, staff and their relatives.
- The staff felt respected, supported and valued by the managers. This helped to create a positive and driven culture. The staff told us, "I come to work and feel like we are a big family. I enjoy the team I work with. I feel really supported. Another staff member told us, "The door to the manager's office is open. They support me to do a good job here."
- The management team and staff were committed to supporting a person-centred approach for people living in the home. The registered manager promoted an ethos of openness and transparency, which had been adopted by staff. It was clear from speaking with the staff that they shared the registered manager's vision.
- The provider had introduced a well-being action plan for the home. This included providing meaningful activities and interactions. One to one time was also planned with people and staff. Mealtimes were protected for people to enhance well-being and interactions.

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 and manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at of harm.
- The management team understood their roles and responsibilities. Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it, such as safeguarding's. The provider had notified CQC as required of any events.

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

- The registered manager was supported by a clinical manager. The registered manager also managed another of the provider's homes. They were located in close proximity to each other. They divided up their time between both homes equally.
- The quality assurance systems in place was effective and helped to identify any shortfalls. The quality and safety of the home was well monitored through regular auditing and follow up actions had been taken

appropriately.

- A range of audits were undertaken by the registered manager, clinical manager and the nursing staff. This included audits in relation to call bells, infection control, training, maintenance and medicines.
- An area manager visited the home regularly. They carried out internal quality audits of the home and produced written report. These were shared internally amongst senior managers and the provider.
- The provider was very much involved with the home and had a regular presence within the home. There was a clear commitment to drive continuous improvement at all levels of the organisation.
- The home worked closely with other professionals to help provide people with joined up care. This included the GP, social workers, tissue viability nurses, physiotherapists, speech and language therapists and the dementia well-being team.

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

- The staff told us they were given the opportunity to discuss their performance and training needs through regular supervisions. Regular staff meetings were held at the home to discuss any matter arising.
- Handover meetings took place during shift changes at the home. This was led by the nurse on duty. Weekly heads of department meetings were carried out and chaired by the registered manager.
- Regular resident and relative meetings were held at the home. People's views were sought, and any important updates were shared.
- The provider engaged with people and their relatives to collect feedback. Surveys were sent out to seek their views regarding the home and the care which people received. The results from the last survey carried out in 2022 was positive. This was analysed by the management team.