

# Messrs A & M & K Desai - Desai Care Homes Cedar Park 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

Cedar Park Nursing Home is registered to provide accommodation for persons requiring personal or nursing care for up to 52 people. On the day of the inspection, there were 29 people accommodated in the service.

This comprehensive, unannounced inspection took place on 3 October 2018.

Cedar Park 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.

Accommodation is offered over three floors, offering single and double bedrooms with hand washing facilities. There are no bedrooms with en-suite facilities. The dining room, lounge and conservatory are located on the ground floor.

At our last inspection we rated the service as good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

During our inspection the service did not have a registered manager in place however the manager had applied to the Care Quality Commission for registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

At our last inspection we found that a fire door had been repeatedly propped open, keys to access medicines had been left unattended and a person who was at risk from choking had been left unattended to eat their food. At this inspection, we saw that these issues had been addressed.

Adequate numbers of suitably trained staff supported people. Staff knowledge was updated through continuous learning, supervision sessions and observations.

Interactions between staff and people were gentle and caring. Staff communicated effectively with people and respected their privacy and dignity.

People and staff spoke positively about the manager, there was an open-door policy in place and this meant that the manager was always accessible. Effective arrangements were in place to monitor the quality and safety of the service.

The service was responsive to people's needs and provided end of life care that was personalised to people's needs and wishes.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below

## 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 has improved to Good

Peoples needs were assessed and care was delivered in accordance with them

A recent audit had identified medicines errors and actions taken to improve medicines administration and recording

People received care from adequate numbers of suitably qualified staff

The manager made checks to fire doors to ensure that they were not propped open and the environment was safe

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Cedar Park Nursing Home

## **Detailed findings**

### Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

We undertook a comprehensive inspection of Cedar Park Nursing Home on 3 October 2018. The inspection was unannounced, which meant that the provider didn't know that we would be visiting.

Our team consisted of one inspector and one 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.

Before the inspection we reviewed the information, we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

We reviewed records including: medicines records, four care plans, three staff recruitment and training files and other information relating to the management of the service including quality audits. We observed interactions between staff and people using the service.

We spoke with six people using the service and one relative. We spoke with the manager, regional manager, two registered nurses and four care staff. We contacted professionals after our inspection, however we did not receive any responses.

# Is the service safe?

## Our findings

The service is safe.

During our previous inspection on 29 and 30 April 2016, this domain was rated as 'requires improvement'. We had identified that a fire door had been repeatedly propped open, keys to the medicines store had been left unchecked in an unlocked office and people with complex swallowing needs had been left unattended. At this inspection, we saw that the keys to the medicines cabinet were kept securely and remained with the person responsible. The manager was aware of our previous findings and was monitoring the fire doors. We did not observe people who required assistance with eating being left unattended. When we asked people if they felt safe, comments included, "Yes, I feel like I'm coming home when I come here" and, "Yes, I just know I am safe here."

Staff spoke confidently and accurately about potential indicators of abuse and about the actions that they would take if abuse was witnessed or suspected, for example one staff member said, "Stop it first and report it." Staff had received supervision sessions with safeguarding themes and all the staff that we spoke with were familiar with a, "See it, stop it, report it" approach to abuse. There was a safeguarding policy in place and this included contact details of external safeguarding organisations.

There were enough suitably qualified staff available to meet the needs of people. The service had recently introduced a staffing dependency tool, and this was used to determine the numbers of staff required based on people's individual needs and how these changed during the day or night. For example, the number of people who required help with repositioning in bed and how often people required assistance to use the toilet. Comments from people included, "We have never had any difficulty when we need someone." We reviewed staffing rotas for the two weeks prior to our inspection and saw that staffing levels had not fallen below the level determined to be safe by the service.

Staff recruitment was undertaken safely and in line with the service's policies and procedures. Staff files that we checked included photographic ID, two references and contained details about gaps in employment history. All the files we reviewed included details of Disclosure and Barring Service checks that had been completed. DBS checks help to determine a person's suitability to work with vulnerable people.

People's medicines and creams were managed safely. When a cream was opened, the date was recorded on the container in line with guidance. The service had recently worked with a Pharmacist to try and improve how they recorded that 'as required' (PRN) medicines had been offered to people. This had resulted in some incorrect entries being made in medication administration records (MAR) however a recent audit had identified this and actions at the time of our inspection were ongoing, these included reviewing and changing procedures, team meetings and supervision sessions. Comments from people included, "I don't like taking tablets, but I know I have to. Staff do this for me and I am happy with that. In the summer I suffer with migraines and the staff give me something for it."

The service assessed risks and acted when incidents occurred. Risk assessments were undertaken for bed

rails and falls. When a person had experienced a fall, their moving and transferring risk assessment had been updated and staff members had received further training and supervision sessions.

The measures taken to prevent cross infection protected people. Staff received infection control training and we saw them wearing gloves and aprons appropriately. The service managed the laundry safely, using the red bag system to separate soiled items and so minimising the risk of cross contamination. There was hand washing guidance for staff displayed on the walls.

There were emergency and business continuity plans in place. This meant that in the event of an emergency that prevented people from receiving care in the home, plans were in place to ensure that their care continued.

The service had achieved a five-star food hygiene rating from the Food Standards Agency.

## Is the service effective?

### Our findings

The service remained effective.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, two people had a DoLS in place and 12 applications had been submitted.

Staff understanding of the MCA was variable however staff were demonstrating the principles of it during our inspection. Staff spoke to us about the importance of people making choices and people told us that they were supported to make choices. Comments from people included, "They come the day before and ask what you would like the following day. If there is nothing on the menu I like, then I ask for sausages. They cater for you". We observed staff offering people choices throughout the day.

Staff received regular and varied training. An induction programme was completed with all new staff and this was undertaken in line with the Care Certificate and on person said, "Yes, the new staff are supervised." The Care Certificate is a set of 15 standards that helps staff who are new to care learn the basic skills and knowledge required to carry out their role. Comments from people included, "They certainly know what they are doing we trust them." Training was delivered using various methods, including e-learning and practical sessions. Staff that we spoke with told us that they received training that supported them to do their job.

People were supported effectively to eat and drink. The service completed a nutrition and hydration assessment and we saw some people being assisted to eat and drink by members of staff. When required, the Malnutrition Universal Screening Tool (MUST) was used to identify people who were at risk from malnutrition. We saw that actions were taken to try to prevent malnutrition, for example there were high calorie nutritional drinks available prescribed by the GP. Fresh fruit and drinks were available to people as required and people were offered a choice of food at mealtimes, one staff member said, "One person likes chips with tomato ketchup. We ask the chef for chips and they get cooked!"

Staff worked in partnership with external healthcare professionals to achieve good outcomes for people. When required, people were supported to access healthcare including the GP, physiotherapist and opticians. When a person had recently returned to the home with a pressure ulcer, the service had arranged for a specialist nurse to visit the person.

Staff we spoke with told us that they worked well together and that there was a strong team bond. Comments from staff included, "We try to work as a team and I think we are" and, "Everybody wants to help."

The environment was clean and free from unpleasant smells, we saw staff cleaning communal areas and bedrooms during our inspection. There was a lift available for people to use and communal bathrooms

were accessible. Equipment that was used to help people to mobilise was serviced routinely. One relative commented, "There is a hoist for transferring my husband when he goes down for the entertainment."

## Is the service caring?

### Our findings

The service remained caring.

People's dignity and privacy was respected. When staff members entered people's rooms as part of the inspection process, they sought the person's consent and provided the person with an explanation of what was happening. Comments from staff included, "I think people are well cared for, we try our best" and, "We are like one big family, everybody is happy." During our inspection we brought it to the attention of the manager that two members of staff had discussed a person in a communal area. The provider contacted us afterwards and told us that they had taken actions to prevent this from happening again.

We saw that staff knocked on people's doors before entering their homes. People told us that staff knocked on their doors before entering, comments from people included, "Staff knock on the door and tell me what they are going to do before they do it" and, "Staff always knock on my door."

People were supported to maintain their independence. For example, "one person's care plan said, "able to help with small things, but needs to be encouraged." Staff spoke positively about helping people to make choices, comments from staff included, "We ask the person what they want to wear, what blouse, socks, skirt, trousers – they choose everything."

Interactions between staff and people were caring and respectful. When we asked people if staff were caring, one person said, "Yes, I would give them ten out of ten." Other comments included, "They usually tell me what assistance they are going to give me before they do it" and, "I've never felt embarrassed."

People told us that staff would sit with them and have a 'chat'. Comments from people included, "Yes, they sit and chat to me," and about the manager, "Yes, he comes and chats."

The service actively considered equality and diversity and there were equal opportunities policies in place for both staff and people. Comments from people included, "I go to the Church service held here" and when people were asked if their diversity, cultural and religious needs were met, comments included, "Yes, I think so" and, "I am not religious."

## Is the service responsive?

### Our findings

The service remained responsive.

People's needs, and choices were assessed. People received a comprehensive person-centred assessment, and this included details about their personal life, history and achievements, medical conditions and the level of help required. People's likes, dislikes and preferences were respected. For example, one person said, "It has just been done [decorated] on this level, but we decided not to have the room done." When possible, people were aware and involved with the care-planning process, one person said, "There is a review meeting coming up" and another person said that their care plan was, "Regularly reviewed."

The service had not received any formal complaints since February 2018 and when complaints had been received they were investigated, necessary actions were undertaken, and the outcomes recorded and forwarded as required. One person said, "I did have a problem and I spoke to a Nurse. Later the Manager came to see me, and it was resolved to my satisfaction." Compliments were displayed in communal areas and comments included, "Thank-you all so much for all the help and support you have given [person's name]," and "During her.... months with you, she was treated with love, kindness and sensitivity."

People were supported to have a comfortable, dignified and pain-free death. Considerations were recorded about the person's wishes and what was important to them during the end stages of their life. For example, one person wished for, "Family to be next me." The person's children and GP had been involved with the end of life planning process.

People received personalised care that was responsive to their needs. For example, we saw that staff changed how they spoke with people depending on who they were speaking with, one staff member said they could communicate with a person by, "talking loudly, not shouting, face to face and repeat" and other comments included, "We have time to chat to people, some people, especially with dementia, you have to say it one by one so they understand."

There was a programme of activities available and these were managed by the activities coordinator. Activities included bingo, comments from people included, "I like bingo and the games" and, "There is something on every weekday which I go to." A newsletter that we looked at included details about a couple had visited the home and demonstrated ballroom dancing.

## Is the service well-led?

### Our findings

The service remained well-led.

Staff spoke positively about the manager and all the staff we spoke with told us that there was an 'open-door policy' and this meant that the manager was always available to talk with. Comments from staff included, "The manager's door is open for everyone" and, "[Manager's name] is so nice, if staff have a problem he helps." Comments from people included, "[Manager's name] is about and says good morning to us. He is good with people."

There was a programme of quality audits in place and these were reviewed by the manager to identify themes and trends, this meant that the service learned lessons when things went wrong.

Staff meetings occurred regularly, and we saw that discussions had resulted in actions being taken. For example, during one team meeting there was a discussion about introducing signs that indicated where potentially flammable products were being stored. During our inspection, we saw these signs in use throughout the home.

There was a clear staffing structure, a clinical lead, registered nurses, senior care staff, care staff and domestic staff supported the registered manager. We saw that regular individual and group supervision sessions, observations and performance reviews were completed with staff to ensure that they had the correct skills to care for people safely.

The organisation produced a newsletter, and these were distributed among the homes. One of the newsletters we saw reflected on a recent visit from a local toddler group and how much people had enjoyed the event. A local library visited monthly and people were assisted to exchange books and enjoy an alcoholic beverage.

The service had not undertaken recent questionnaires with people or their relatives, the most recent having been completed in 2016. However, during our inspection we saw that there was a questionnaire returns box located in the reception area and were shown a copy of the questionnaire that was in the process of being sent to people and their families. People told us that they felt confident to approach staff with problems as they arose, comments from people included, "If I had any concerns I would talk to the staff." The manager and regional manager told us that the questionnaire had recently been redesigned to make it more user friendly.