



Enter and View report

Cedar Court

November 2018

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	60 Moorland Road, Witney, OX28 6LG
Service Provider	Healthcare Homes Group Ltd
Date and Time	Wednesday 7 th November 10:00 – 16:00
Authorised Representatives	Jeanne Humber, Carolyn Newbert, Sophia Purushothaman
Contact details	01865 520520

1.2 Acknowledgements

Healthwatch Oxfordshire would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time



2 What is Enter and View?

Part of the local Healthwatch Oxfordshire programme is to carry out Enter and View visits. Local Healthwatch Oxfordshire representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Oxfordshire authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Oxfordshire Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

- To observe how the facility operates and provides its services.
- To collect views from residents, staff and visitors on how services provided may affect the quality of life of residents.
- To identify 'Best Practice' and highlight any areas of concern.

2.2 Strategic drivers

In early 2018 Healthwatch Oxfordshire commenced a programme of planned visits to Care Homes in Oxfordshire to look at the quality of life of residents from a resident, care and relative point of view. The visit to Cedar Court was part of this programme as a planned visit.



2.3 Methodology

We held a pre-visit meeting on the 18th October with the Home Manager and discussed the purpose of the visit.

We held a planning meeting for the team on the 2nd November.

We collected information by talking with residents, relatives and staff by using prompt sheets to act as an aide memoire to promote free-flowing conversation. We met with six residents individually and five as a group, six staff, two relatives and the care home manager.

We checked with the provider if there were individuals that should not be approached or were unable to give informed consent.

We were transparent about why we were there ensuring we obtained consent from everyone we spoke to.

We discussed our initial findings with the care home manager.

2.4 Summary of findings

- There is a dedicated staff team who are working very hard to make improvements at Cedar Court
- There are some identified staff training requirements
- Residents are generally content with the care they receive
- Staff receive a thorough and comprehensive induction

2.5 Results of visit

Cedar Court is a care home for 63 residents which is currently home to 48 people. The service is divided into four units, two of which are manned by one senior carer and one carer and the larger two each have one nurse and three care staff. This is a total of two Nurses and eight carers in the day. The units are split into the nursing units, the dementia unit and the younger adults' unit. One resident requires 1:1 support. Cedar Court has faced a number of challenges and is striving to rebuild the trust of residents, relatives and the local community. There are a core of staff committed to getting Cedar Court to where it needs to be, and many new staff have been recently employed, but like many care homes, Cedar Court faces recruitment problems in the competitive care sector.

We were warmly welcomed by the Manager and Regional Director and given a tour of the home by the Deputy Manager. Cedar Court is a bright and cheery home with nice additional touches such as garden and beach themed chill out areas. Due to a recent flood, the home had been recently redecorated. Plans were in place to add to the décor. There was intention to decorate the bathrooms to make them more



dementia friendly and to provide an environment where a bath is more of an 'experience' as opposed to something functional. Residents are invited to personalise their own rooms and each room has an individual feel to it. Cedar Court was clean and tidy, however there was a smell of urine on the dementia unit. We were told this was due to a couple of residents being confused about the location of the toilet and using an area in the hallway. The carpet had been repeatedly cleaned and the manager was obtaining quotes in order to get that section of carpet replaced.

During our visit we came across a safety issue which we immediately informed the manager, and both Healthwatch Oxfordshire and the Care Home manager took appropriate action.

Medical Support

A local GP visits once a week, usually on a Monday but will come at other times as required. Dental and podiatry services are provided at the Witney Community Hospital. The homes uses VisionCall to enable residents to have in-home sight tests. Advice is provided initially via email around tissue viability concerns and followed up where required. Cedar Court is engaged with the Care Home Support Service which works in partnership with care home staff to improve the care of their residents. They regularly visit care homes to identify and manage unwell patients. All new referrals to Cedar Court are seen by the Care Home Support Team.

Speech and Language Therapy referrals are carried out as and when needed.

Activities

Cedar Court employs three Activities Co-ordinators. Activity options are discussed at resident meetings. There is a rolling schedule of outside entertainers visiting the home such as singers. The home tries to meet with individual residents for 1:1 work where possible. Residents were positive about the range of activities provided by the home telling us they took part in bingo, exercise, watching films, dominoes and had people in to entertain them. Residents are free to take part as they choose, and no-one felt forced to engage. Two residents told us that they would like to be able to go out on trips from the home, even if it was just for a cup of tea. Two others told us that they relied upon family members to take them out, and one other said that trips were possible if you wanted them. The home does not have a minibus. Cedar Court aims to encourage and support residents to be able to continue to engage with activities they enjoyed prior to moving in such as reading, golf etc



One resident felt that activities could be better organised and publicised more fully as they weren't aware of all that was going on. Another resident told us that activities could be improved giving the example that they would like to do cooking. One relative felt that not all activities were suitable for their loved one.

Mealtimes

We observed lunch within the dementia unit and partially observed lunch in the nursing unit. Breakfast is a choice of a full English, or porridge or cereal. At lunch residents can choose between the vegetarian and non-vegetarian option. There is a 4 weekly rotating menu. On the dementia unit the two plates are taken round so residents can see exactly what it is they can choose from - this is to enable decision making when communication or reading ability may be limited. There was a choice of potato type. Alternatives were available such as omelettes for those who do not wish to eat either option.

The food appeared to be of good quality and quantity and we observed staff using a probe to check food was at the appropriate temperature. A choice of squash was available to drink and one resident was seen enjoying a glass of wine.

There was a noticeable time delay between when residents sat down and were served their lunch on the dementia unit. They also appeared to be understaffed with staff not being that free to support residents with their food as they were busy serving the food out. One resident was seen to eat their food from their knife and another ate with their fingers. Finger food was made available to some residents who prefer to wander around and find sitting still for lengthy periods difficult. Residents who clearly required support were given so in a timely enough manner however.

On the nursing unit there also appeared to be few staff available over lunch. Healthwatch staff were asked by a resident to support her to sit down as no staff were available. After lunch, residents appeared to wait some time before being supported to leave the dining room.

A senior staff member gave the suggestion that Cedar Court could employ hostesses whose sole responsibility is the serving of meals. This would leave the staff free to support with eating and help with personal care needs that arise during lunch.

Residents informed us that the food was good, although not always served on time.

Resident Movement

The home is split into different zones which are secured with locks and key pads. The home uses mats and hip protectors where residents were at risk of falls. Safety checks are carried out on residents who are identified as being at risk. Risk assessments are reviewed by the GP.

Addressing Previous CQC Report and Plans for the next 12 months

Cedar Court staff and management have worked hard between the Inadequate CQC report of October/ November 2017 and the Requires Improvement Report of June 2018. It should be noted Cedar Court was rated as good in the areas of effective, caring and responsive. The team are working hard to address the areas that require improvement. The home has a very supportive Regional Director and a staff team who are very committed to bringing about change. The home is aiming for a good rating in its next CQC report.

The current manager would like to develop a café area where the reception currently is, moving some of the admin staff elsewhere leaving the receptionist to welcome people upon arrival. He would also like to do more with the garden area. Another key concern for management was the use of agency staff with a desire to reduce numbers used and therefore increase the consistency of staffing for residents. Staff recruitment was a priority for Cedar Court, but was recognised as being a challenging area to recruit people into, especially around concerns to do with Brexit.

Complaints and Communication

The current manager runs a monthly surgery from 1-7pm where his door is open, computer turned off and anyone can drop in. Some residents said they were not aware of this process taking place. The manager will try and deal with complaints or concerns informally at first and will then escalate following the complaints policy. The home holds quarterly relatives' meetings. Cedar Court is in the process of setting up Resident Representative Committees to represent residents more fully. The manager walks around the entire home to chat to residents at the start and end of each day.

Staff Feedback

We spoke to a range of staff including those working as nurses, carers, domestics and admin. Staff spoke very positively about working at Cedar Court saying that they loved working with the residents and that they had a great staff team. Staff told us they received plenty of training with the five day mandatory induction being very thorough and comprehensive. We heard that staff can progress at Cedar Court with options for personal as well as professional development being funded by the care home. One staff member suggested a buddy/mentor system for new staff as it was identified that the first few weeks of work could be quite overwhelming.

We heard from staff that they would like to instigate more person-centred activities as well as receiving further training on engaging with residents who have dementia or are non-verbal. Some staff felt that Cedar Court was a bit disorganised



and would like some additional time to create new systems i.e. a different way of organising resources.

Some staff told us that staffing was an issue and they would like to see more staff being employed to reduce the time that residents had to wait until being seen. On the whole, the staff we spoke to felt supported and listened to.

Person Centred Care

Where relevant, staff showed a good understanding of person-centred care. We were told that human relationships are key and that everyone should be treated with respect and as an individual. Staff were able to explain how they established resident likes and dislikes by asking them, offering choices, finding out what they enjoy, and importantly never putting a limit on their capabilities. Staff were very supportive and understanding about supporting residents to keep up with previous interests or hobbies, and were very respectful of how residents chose to do this. We did hear some staff refer to residents via their room numbers as opposed to using their names which we felt was not in line with the homes person-centred approach.

When it came to meeting resident religious and cultural needs we were told that this would be established at the assessment stage, as well as on-going conversation. We were told that people from the church came to visit, one staff member would like to see this happen more frequently.

In regards to the whistleblowing policy, the level of staff knowledge was mixed. Some staff were very clear that it was about reporting bad practice and escalating to the relevant person. We were told that the policy was covered during induction and that copies were kept in the manager's office, the nurses' station and reception. Some staff were less clear about what the policy was, or knew about it in theory but didn't know what it was called.

Where the knowledge was required, staff had a clear understanding of the mental capacity act. We were told that staff never assume someone doesn't have capacity and that a written assessment takes place to establish whether or not someone has capacity. It is then very important to follow directives accordingly if residents have DoLS (Deprivation of Liberty Safeguards) in place.

Staff were very keen to encourage residents to maintain as much independence as possible giving choices for all activities taken part in. This may include a choice of clothing to wear or encouragement to butter their own toast.

Resident Feedback

When asked how they felt about living at Cedar Court residents told us it was alright, that they had made friends and were happy living there. We heard socially it was good and there is always someone to do activities with. The majority of residents told us they felt safe at Cedar Court particularly during the day.

Feedback about day staff was very positive with residents telling us that staff worked hard, were very friendly and often had time to chat. Feedback regarding night time care was less positive with concerns raised about communication methods and levels of respect.

Residents told us they were happy with the way that medication was handled and distributed and that medical and nursing care was very good or excellent. On the whole we heard that dental care hadn't been needed, and where it was, family members would usually make arrangements.

When asked what the best thing about Cedar Court was, residents told us that they enjoy the contact they have with other people, the support received during personal care and the fact that they couldn't wander off. One person told us they would like a little more independence as they are a wheelchair user.

Suggestions for change included less of a wait between being seated for food and the food arriving. The need for more staff as there can be quite a wait when you ring the bell. And more focused care as there is a diverse range of clients and needs. When it came to influencing change, residents said they would speak to the staff or manager, give feedback at residents' meetings or tell their relatives. Not all residents were clear about how to give feedback.

Residents were very happy with the food saying it was good and that there was plenty of it.

Relative Feedback

The relatives we spoke to felt happy with the care their loved ones received. Telling they felt they were safe there and that it was a bright, cheery place that was well maintained.



2.6 Recommendations

- Ensure all staff are familiar with and have easy access to the whistleblowing policy
- Carry out a review of how care is provided during the night
- Provide each resident with written/pictorial information about how to provide feedback, make complaints or raise concerns with clear explanation that this can be done at any time
- Ensure all staff are working in a person-centred manner that treats residents with dignity and respect
- Consider the employment of additional staff to support the serving of meals
- Involve friends and family members in care and activity planning for residents
- Implement a buddy system to mentor new staff members

2.7 Service provider response

We have now revamped our activity program and continue to seek input from our residents and their relatives and have used the information you have provided as well.

The Buddy system discussed following introduction to the business has begun in earnest but will be fully implemented by our next induction in March.

We have had input and training from the Oxford Safeguarding team, as well as feedback from Inspectors who feel that staff now have a good level of understanding in this area, with regard to night staff we continue to recruit and have now introduced an enhanced rate for night care to attract applicants. Management cover now crosses over with the night shift to ensure there is management presence at least at the start and end of these shifts.

