HC-One Limited

Cedar Court Residential and Nursing Home

Inspection report

22-27 Long Street
Wigston
Leicester
Leicestershire
LE18 2BP

Tel: 01162571330
Website: www.hc-one.co.uk/homes/cedar-court

Date of inspection visit:
18 May 2018
21 May 2018

Date of publication:
09 July 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

In our previous inspection, there was a breach of Regulation 18, Staffing. The provider submitted an action plan outlining how improvements would be made to the service. At this inspection we found improvements had been made and this breach had been rectified.

The inspection took place on 18 and 21 May 2018. The first day of the inspection was unannounced.

Cedar Court Residential and Nursing Home provides personal and nursing care and accommodation for up to 48 people. On the day of the inspection the registered manager informed us that 46 people were living at the home.

At our last inspection we rated the service as Requires Improvement. At this inspection we found the service had improved but was still rated as Requires Improvement.

People's risk assessments provided staff with information on how to support people safely, though some assessments were not fully in place. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area, although they were not aware of all the relevant outside agencies they could report any concerns to.

People told us they liked the staff and got on well with them. We saw many examples of staff working with people in a friendly and caring way, though the registered manager agreed that some staff were not always friendly and caring. Confidentiality of people's information had not always been protected.

Care plans were individual to the people using the service and covered their health and social care needs. However, care staff had not read all of care plans to equip them to meet all the needs of people. Care did not always meet people's needs and . Activities were organised to provide stimulation for people and they had opportunities to take part in activities in the community if they chose.

A registered manager was in post. This is a condition of the registration of the service. 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 and associated Regulations about how the service is run.

Lessons to prevent incidents occurring had been learnt from past events. Staffing levels were sufficient to ensure people's safety.

Staff were subject to checks to ensure they were appropriate to work with the people who used the service. People were protected from the risks of infection.

People using the service and relatives we spoke with said they thought the home was safe. They thought

their medicines were supplied to them safely and on time, and this had been the case when we checked.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs. Staff understood their main responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives.

People had plenty to eat and drink and everyone told us they liked the food served.

People's health care needs had been protected by referral to health care professionals when necessary.

People and their representatives were involved in making decisions about their care, treatment and support.

People and their relatives told us they would tell staff if they had any concerns and were confident these would be followed up.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessments to promote people's safety were not always in place. Medicine had been safely supplied to people though more robust procedures were needed to ensure this was always the case. Staffing levels were sufficient to keep people safe. Lessons had been learned from past incidents. Staff recruitment checks were in place to protect people from unsuitable staff. People had been protected from infection risks. People and relatives told us that people were safe living in the service. Staff knew how to report any suspected abuse to management though not to all relevant external agencies.

Is the service effective?

Good

The service was effective.

People told us that staff support to meet their needs had been effective. Staff were trained and supported to enable them to meet people's needs, though training on all people's health conditions had not yet been provided. People had sufficient quantities of food to eat and drink and told us they liked the food served. People's needs were met by the adaptation and decoration of the premises. There was positive working with and referral to health services.

Is the service caring?

Requires Improvement

The service was not comprehensively caring.

People we spoke with told us that staff were kind, friendly and caring and respected people's rights, though staff reported that this was not always the case. Most staff respected people's privacy, independence and dignity, though staff reported this was not always the case. Confidentiality of people's information was not fully in place.

People and their relatives had been involved in setting up care plans that reflected people's needs. People's cultural identities had been recognised and met.

Is the service responsive?

Requires Improvement

The service was not comprehensively responsive.

Care had not always been provided to respond to people's needs when needed. Care plans contained information for staff on how to respond to people's needs, though staff had not read all plans on how to provide individual care to people. Activities based on people's preferences and choices were available to them. People told us that management listened to and acted on their comments and concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems had been audited but had not identified some essential issues in order to provide a quality service.

People and their relatives told us that management listened to them and put things right. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs.

Cedar Court Residential and 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.

The inspection was unannounced. The inspection was carried out by one inspector, an expert by experience and a specialist adviser. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of the care of older people. A specialist adviser is a person who has expertise of the client group of the service. The specialist adviser was a qualified nurse who had expertise of nursing care.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We observed how people were supported during individual tasks and activities. We also spoke with six people living in the service, seven relatives, the registered manager, the area quality director, the area director, the clinical lead nurse, a cook, a domestic, the activities organiser and four care staff.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at three people's care records.

Requires Improvement

Is the service safe?

Our findings

In our previous inspection, there was a breach of Regulation 18, Staffing. At this inspection we found improvements had been made and people told us that they were kept safe.

However, other systems were not comprehensively in place to keep people safe.

A risk assessment was in place for a person that needed assistance with their continence. This stated that the person needed to be supplied with continence equipment and staff needed to support the person with their needs. However, there was no frequency was stated as to when staff should do this. The person's care records showed that there were gaps of up to 8 hours between staff checking the person. The registered manager acknowledged that the risk assessment needed to state the frequency when staff should support the person but did not think there had been such lengthy gaps between checks. She said the recorded gaps between support looked lengthy because staff had not recorded some support that in reality would have been provided. She said this issue would be followed up.

A risk assessment was in place for a person who needed to have their needs checked every hour. However, in the person's care records this showed that there had been gaps in checking the person of up to three and a half hours. Again, the registered manager thought this had been a recording issue rather than staff not checking. Nevertheless, there was a risk that the person's health needs had not been safely protected.

An assessment for a person with swallowing needs stated that the person needed to be in a set position to receive nutrition. This information had not been incorporated into the person's care plan. Although the nurse on duty was aware of the person's feeding position, there was a risk that other staff, without this information, would not safely put the person into the safe feeding position. This was a potential safety risk to their health. The registered manager said this would be incorporated into the person's care plan.

People's fluid charts did not have the fluid intake consistently recorded. The chart asked whether the person had received adequate hydration on the day. This had not been completed for a number of days, a potential safety risk to their health. The registered manager said this would be followed up with staff.

Staff told us they had never witnessed any abuse towards people living in the service. We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it to the management of the home. One member of staff was not immediately aware of all relevant external agencies, but knew how to seek advice to obtain this information.

People thought the premises were safe. One relative said, "The maintenance man spotted that his trailing call chord was a trip hazard and sorted him out a pendant one." However, we found a small number of tripping risks and access to potentially dangerous substances. For example, a toilet chair was in a toilet. A shower room contained a hoist and a wheelchair, so both rooms had tripping risks in them. The activities room, which contained paints, which had the potential to cause health problems if taken, was unlocked. A storage room displaying a sign stating it should be locked shut when not in use, next to bedroom 5 was

unlocked. The registered manager followed up these issues to ensure that these areas were safe.

Wound plans showed that that staff followed recommended interventions including appropriate use of pressure relieving equipment, regular checks of the equipment and re-positioning of the person. All wounds had showed improvement.

The registered manager monitored people's weight and checked whether appropriate referrals had been carried out to specialist health staff. People with catheters had information recorded to indicate any possible medical issues. The care plan clearly stated how the catheter site should be cared for and described possible signs of infection to safely protect people's health.

Fire records showed that fire drills had taken place regularly. Fire tests such as testing fire bells and emergency lighting had been carried out. Personal evacuation procedures were in place to ensure the risks to people were individually assessed. A fire risk assessment was in place which had been reviewed. The review stated that there were two issues that needed attention. However, there was no evidence that these issues had been attended to. The registered manager said this would be followed up and submitted this information after the inspection visit.

Staff used safe moving and handling techniques and equipment. One person who had some difficulty standing and moving was appropriately supported and encouraged. This was carried out in an unhurried way, at the person's pace.

The registered manager told us that sufficient staffing levels were in place to keep people safe as a dependency tool was used to ensure this was the case. She had identified that another staff member was needed for one level of the home that accommodated people who needed nursing care. This was awaiting approval from head office.

Staff said that there were enough staff on duty to ensure people were always safe. A staff member said there was constant supervision of lounges where people sat. We observed this to be the case on the day of the inspection to ensure people were safe.

Some people and relatives stated that call bells were not always answered swiftly. One person stated that the average wait for their call bell to be answered was 30 minutes. The registered manager and staff told us that this was not the case and the maximum time people had to wait in busy times was approximately 10 minutes. We looked at audits of call bells and found this to be the case. There was a twice-daily staff walk around to check on staffing levels and the staff response to answering call bells. The staff rota showed that there were four staff members on each unit, with a trained nurse also on duty. The registered manager is also a trained nurse and in busy periods she also worked on the floor. This meant staffing appeared sufficient to keep people safe.

We saw that staff were aware of how to keep people safe. For example, checking water temperatures in order to protect people from being scalded. Staff told us that they would check equipment before it was used, such as hoists, to safely move people. They checked that foot plates were on wheelchairs and pressure cushions were on chairs, to protect people's safety.

Staff records showed that before new members of staff were allowed to start, checks had been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. This meant people had been protected from unsuitable staff.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals would be made to the local authority. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the management did not deal with them on their own. The whistleblowing policy contained information about reporting any concerns to the local authority and to CQC but no contact details were in place. The police were not included as an agency that staff could report to. The registered manager said this issue would be followed up and this information would be included.

People said they had received their medicines as prescribed. One person said, "I know what all my tablets are for. They come in a little pot and they give me some water and watch me take them." Another person told us, "I get my pills like clockwork and they always watch me take them."

Medicines were securely kept in the clinic room. Room and fridge temperatures were monitored to ensure medicines were effective. Clinical equipment was clean and ready for use. The controlled drugs register was up to date showing that people had received their medicines.

The medicines chart included a current photograph of the person with information about any allergies, to protect people's safety. Where medicines were not given the reasons were recorded. Medicines to be supplied in particular situations as needed, had protocols which were clear and comprehensive.

Some people had medicines which needed to be given before food to ensure the effectiveness. There were no consistent arrangements in place to ensure this. One person was given a medicine once a week that this had not been signed for 17 May 2018. The registered manager said these issues would be followed up.

Any medicine errors had been investigated by the registered manager. This included discussions with the agency who supplied staff. It provided evidence that action had been taken formally with the staff concerned and additional training arranged if necessary.

A staff supplying medicines to people followed safe administration procedures, sat next to the person, explained to them what each medicine was for and asked for their consent. The whole process was unhurried.
Infection control procedures were observed. One person told us, "Staff wear their protective clothing when they are giving me a bed bath. Another person said, "The room is cleaned daily and the bedding is changed regularly."

Staff were aware of infection control procedures such as hand washing and always wearing protective equipment. Staff wore appropriate equipment when providing personal care. Staff had attended infection control training and knew the importance of maintaining infection control. One staff member said, "It's a very important part of this role on a day to day basis, not just when there is an actual infection in the home." Supplies and equipment were available. The home was clean and did not have any offensive odours.

The registered manager said that there were quality assurance processes to ensure that with accidents and incidents, lessons would be learned to prevent situations from happening again. She gave an example of when it was reported that a person's personal care had been neglected. This was not found to be the case but lessons were still learnt. Additional risk assessments were introduced to ensure the person received more checks on their health. This showed that lessons had been learned to build in a system to safely meet people's needs.

Good

Is the service effective?

Our findings

People told us that their needs were met and their choices were respected. They said staff were trained and knew what they were doing when providing personal care to them. One person said, "The staff here know their stuff (job) and look after us well." A relative told us, "They (staff) sorted out dad's blocked catheter... no fuss, got him into hospital and sorted it. Kept us informed all the way, so we really didn't feel worried."

A relative told us that at times their family member did not get up until lunchtime and was not encouraged to be independent. The registered manager followed this up and said that this was a lifestyle choice of the person and this choice was respected by staff.

We found that people had an assessment of their needs. Assessments included relevant details of the support people needed, such as information relating to their mobility and personal care needs. One relative said, "Mum had a good assessment before she came in and they keep on top of her needs regularly."

Staff said that the training they had received had been largely effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "Training is good. If we need any more, we know we can go to the manager and she will organise this."

Staff training information showed that staff had training in relevant issues such as medicines administration, health and safety and infection-control. There was evidence that staff had been provided with information about people's health conditions such as dementia. However other training on people's conditions such as stroke, epilepsy and diabetes had not been provided. One staff member said that in the past there were training sessions from expert speakers in staff meetings to give talks on these conditions. The registered manager stated that training would be provided on these topics. Although there did not appear to be any impact on people's care, this will then ensure staff had the proper knowledge to be able to effectively meet people's needs.

We saw evidence that some staff had been undertaking Care Certificate induction training. This covered essential personal care issues and is nationally recognised as providing comprehensive training. To achieve the certificate care workers must successfully complete 15 training modules by demonstrating that that they have the right skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was evidence of induction training for agency workers to try to make sure they could effectively meet people's needs.

Staff were supported in effectively meeting the needs of people. Staff told us that they started work, they shadowed a more experienced member of staff for a long period so that they understood how to effectively meet people's needs. We saw that staff had supervision sessions to discuss their work and any issues they had. These sessions included relevant issues such as identifying any training needed and discussing care issues

People said that they enjoyed the home's food. One person said "The food here is good and there is plenty

of it." Another person told us, "Food here is excellent. The cook knows my likes and dislikes and has found ways to tempt me to eat. I have certainly put on the weight I lost." A relative said, "Kitchen staff are great. They offer us meals when we are here, there are good choices and it is mainly home cooked and nutritious."

We observed the lunch service. This was swift and as soon as people had finished their meal, they were offered their pudding choice. Food looked well-presented and appetising. People had jugs of water or juice available at all times. This prevented people suffering from dehydration.

Staff were aware of people's nutritional needs. Food records showed there were choices to each meal. We saw the cook going round and asking people what they wanted for lunch. There was a choice and if people did not want food on the menu, they could choose something else. There was also the information contained in care plans that people's food likes and likes were included to ensure that the food supplied met these needs.

People thought their health needs were met. One person told us, "My hernia is playing me up a bit at the moment, but I have seen the GP and went to hospital to have it checked out, so it's under control." Another person said, "I can get to see whoever I need really – nurse, GP and chiropodist. They organise all that for me."

Staff ensured that people with specialist needs received their specialist check-ups with health professionals. A staff member said, "If someone is not well then we report this and the nurse goes to assess them. GPs are called if necessary."

We saw in people's records that their health needs were met. Each person had a list of all their health professionals. This contained detail about a variety of relevant health appointments people that people had attended. For example, there was evidence of people seeing specialist nursing staff. A nurse carried out a daily walk around the home to ensure that people's nursing needs were met. For example, there was a review of any wounds that people had and the treatment they needed.

We looked at accident records. If the person had been injured, staff had made proper contact with emergency services to ensure that they were treated. This showed that people were provided with an effective service to meet their health needs.

The premises were accessible to people. Working lifts were available to take people to different floors. Decor and furniture appeared in generally good condition though the registered manager said that there was always a programme of improvements in action to maintain a safe and pleasant environment. A relative told us "There have never been any nasty smells here, it's always clean."

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that not all staff were aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe. The registered manager said staff would be reminded of mental capacity issues they needed to be aware of, as they had already received this training.

There was evidence of people's mental capacity being formally assessed to ensure that people's capacity had been taken account of. We saw evidence of applications being made to the relevant authority with

regard to restricting people's choices in their own best interests.

We asked staff about how they ensured people consented to the care when they provided care to people. They said that they talked with people and asked for their consent before supplying personal care. We observed this to be the case when staff provided care to people. However, one staff member told us that not all staff checked with people that they were happy for staff to assist them with personal care. The registered manager said this would be taken up with staff as this was expected of staff to ensure people had choice and this was always respected.

Requires Improvement

Is the service caring?

Our findings

People at Cedar Court told us they felt listened to and that staff were friendly and supportive. One person said, "The staff are the main reason I stay living here. They are great and we have a bit of banter when they are looking after me. I can do what I like when I like here. There are no restrictions." A relative told us, "What I see when I come makes me think that they look after nan well. She would tell me if she wasn't happy." Another relative told us, "I can honestly say that we are really pleased with the caring staff here. It is because of them that dad is physically much fitter and more independent. He is even doing activities I never thought I would see him do."

Staff told us that they thought their colleagues were mostly friendly and kind to people. However, one staff member said that they had noticed that not all staff always engaged with people in a friendly way. Though they stressed that staff were not unfriendly to people. The registered manager said that this issue had already been recognised with a small number of staff, and work was ongoing to ensure that this attitude changed so that staff were always friendly, kind and caring to people.

One person said that dignity was compromised when staff, when they were busy, reminded them that they were wearing continence equipment. The implication was that the person was to use continence pads rather than being assisted with their toileting needs. The registered manager investigated this issue by speaking with the person and asking them whether they had always received a proper service from staff. The person had then not referred to this type of incident and said that they were fully satisfied. The registered manager said this issue would be kept under constant review.

Staff were discreet when people needed assistance and protected their dignity. They reassured people who were anxious and distressed and responded promptly, calmly and sensitively. Staff respected people's dignity. They were observed knocking on bedroom doors and identifying themselves on entering the room. Doors were closed when personal care was being given.

Throughout the inspection we saw staff being friendly and caring towards people. They chatted to people, had a joke with them, provided reassurance when people were anxious and greeted them when they came into the lounge. They called people by their first names. They asked if people wanted a drink and gave them a choice of drinks . People said that staff stopped to speak with them when they had time. We saw this was the case. Staff usually got down to level of people so that they could communicate with them more effectively.

This showed that people were treated with kindness, respect and compassion and that they were given emotional support. However, we noticed in the dining room that some staff towered over people, rather than sitting next to them. The registered manager agreed this was not a friendly posture and said this would be followed up with the staff concerned.

People's care plans showed that they or their relatives were involved in decisions about how they wanted to live their lives. A relative said, "Management communicate with the family and we are included in the care

planning." There were residents and relative meetings to give people an opportunity to put forward their views on the running of the service. Questionnaires were provided to people and their relatives so they could again express their views on how they wanted the service to be run.

There was evidence in staff supervision that people's well-being was a focus of how staff worked with people.

People told us that they exercised choice at all times. For example, what clothes they wanted to wear and what time they wanted to get up and go to bed. They said that there were no set rules that they had to abide by. Information in care plans included choices about whether people wanted to have male or female staff and the name they preferred to be addressed by. People were seen to be supplied with choices throughout the inspection visit.

A staff member said that family wanted their family member to go to bed in the afternoon but the person did not want to do this. This resulted in the person's choice being respected. These issues showed that staff respected people's choices of lifestyle.

We asked staff about the cultural preferences of people from other cultural backgrounds. Staff were aware of the music that one person wanted, which came from their cultural background. This information had been recorded in the person's care plan, so that staff could provide help for them to enjoy this music. Staff said that people from all cultures were satisfied with the food and did not want other food. The registered manager said this issue would be discussed again with people to see whether this was still case. If needed, other foods would be supplied to people. The area quality manager said that any such wishes could easily be accommodated.

People told us that staff tried to maintain peoples' independence as much as possible, for example by encouraging them to walk and to wash themselves where they could manage. This showed that people's independence had been promoted and staff had not intervened early and had allowed time for the person try to complete this task. However one staff member said that not all staff had seen whether people could independently do things for themselves. The registered manager said that staff would be reminded that it was important people were able to retain their independence if they wanted to.

Staff said that they respected people's confidentiality. They had not witnessed their colleagues talking about people's private business to other people using the service. However, we found boxes containing people's information in the stairwell of an emergency exit and in an unlocked storage cupboard. Although in practice it was unlikely that the information would have been accessed by other people or visitors, this did not keep people's information securely. The registered manager recognised this and took action to secure the information.

Requires Improvement

Is the service responsive?

Our findings

We did not always find that responsive care had been provided.

In the late morning of the inspection visit we observed a person with food around their mouth and on their chin. This was crusty in texture indicating it had been there for some time. There was discharge from the person's eye and they said they had pain from their arthritis. Not all relatives were satisfied with the care supplied to their family members. One relative told us, "Dad can sometimes be in bed a long time in the morning before they get him up and ready." After the inspection the provider stated that due to the person's health condition, they went to sleep late in the early morning. This was why staff did not wake them, as it would cause life of sleep, which would be detrimental to their health.

Staff told us that they had not read all of people's care plans. They said that they mainly got information about people's changing needs through handover of information between staff shifts and recorded information in people's care plans. The registered manager said that a system would be set up to ensure that staff read all people's care plans so that they were aware of all the needs of people.

People were largely complimentary about the personal care they received. They said it was personal to them. A person told us, "When the carer comes to help me to bed, she also makes sure that my teeth are cleaned and safely in the bathroom in their pot." A relative told us, "The change in [family member] has been wonderful since he came here and even more since he got this room (downstairs on ground floor). I feel confident he is well looked after." Another relative said, "Mum had a good assessment before she came in and they keep on top of her needs regularly. They are on the ball. They know to check her periodically when she's in her room."

We saw staff being responsive to people's needs. For example, a person asked the activities organiser to get something from their bedroom and this was quickly done. People were provided with drinks when they asked for them. A staff member asked a person if they wanted to sit in an easy chair rather than their wheelchair, for their comfort. A person told us that they had not got on with a staff member. The registered manager had acted quickly and changed the staff to improve the person's experience of living in the home.

We observed a person being assisted with their midday meal in their bedroom. The member of staff assisted the person to an appropriate position. Staff asked whether they liked the food and gently stroked the person's hand and coaxed them gently to eat. The person was given plenty of time to finish each mouthful.

Care plans were personalised and stated how people liked to dress, their favourite foods and bathing preferences. Staff we spoke with spoke about people in a person centred way. This indicated staff were aware of people's routines, and their likes and dislikes. They included of detail about people and their preferred lifestyles. For example, about their personal histories, their likes and dislikes and what activities they wanted to do. This gave staff information about how to support people and to help them to achieve what they wanted.

When we spoke with staff about people's needs, they were familiar with them as they were able to provide information about people as individuals. There was also information in plans about meeting people's communication needs in terms of assisting people with getting regular sight checks.

Care plans had been reviewed to ensure they still met people's needs. There was evidence that people had been involved in reviews of their care. Daily records recorded relevant issues to people's lives in detail. This meant that relevant information was available to staff about how to provide personal care and support to people.

People told us they were provided with activities they were interested in such as crafts and, sing a longs. A person said, "I do enjoy the activities. Some I didn't think I would. [The activities organiser] is very good at getting you involved." They said that they had outings. A person told us, "I have been out on a trip to the local pub which was nice."

People confirmed there were activities they could choose to do such as playing games, sitting in the garden, watching TV and going out to places such as garden centres. A recent residents meeting had commented that there was a good activities program available to people.

We saw people taking part in activities such as making bunting for the royal wedding. The activities organiser provided encouragement and always spoke with people in a friendly and encouraging way. They provided the activities programme, which showed that there were a range of activities such as bingo, games, baking, arts and crafts and dancing.

The registered manager was aware of the new accessible information requirement. We discussed the new accessible information requirement. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager said that various methods had been introduced to ensure everyone could access information. This included large print formats, communication boards and computer equipment.

People said they usually had no need to complain but if anything bothered them they had spoken to staff who had sorted things out quickly. They knew how to contact the management at the home and they felt confident that should they have a problem, it would be dealt with in a professional manner. They said they felt comfortable raising concerns and complaints with the registered manager. A person said, "I don't have anything to complain about but I would be happy to speak to any of the staff or the manager. They are all nice." A relative told us, "I have never had to complain, but the manager is approachable, as she has been from the start when I first visited unannounced, so I have no worries."

We looked at the complaints book. A small number of complaints had been received for the previous 12 months. These had been investigated, a response had been provided to the complainant and action had been taken to deal with the issues.

There was information in the complaints procedure that if a complaint had been made this would be properly investigated with proper action taken if any issues were identified. This information provided reassurance that the service responded to concerns and complaints.

The procedure included an explanation of the role of the ombudsman,
which people could go to if they did not think the local authority had properly investigated their complaint. However, there was no information about people contacting the local authority, the complaints authority, to

investigate any complaints they had if they were not satisfied with the investigation by the provider.

One person had an advanced plan in place which indicated how they should be supported at end of life. Family members had been consulted about this. Staff had received training on how to provide care for people in the last days of their life. They were aware of the importance of acting on people's wishes. There was a plan in place for a person who needed this care, which included the administration of controlled medicines for pain relief. This indicated that staff responded to people's needs at the end of their lives.

Requires Improvement

Is the service well-led?

Our findings

The home was not consistently well led.

The service had a registered manager, which is a condition of registration.

One person said, "I have filled out a questionnaire about the service and they tell me that they welcome feedback. If I had a problem, I know they would listen to me and do what they can. [The registered manager] is very approachable, as are most of the staff." Another person told us, "The manager runs a tight ship here, but she walks round speaking to everyone as well." Another person said, "They [management] definitely listen to feedback."

A relative told us, "I get told if there are any changes in Mum's condition, so I am confident she is well looked after and the manager has been very supportive." Another relative told us, "They communicate well with me … and I know I only have to ask for help or advice if we need it and it's freely given. We made the right choice in moving here."

A staff member said, "I feel very supported by the manager… Morale is good here now that we are a full team and I really look forward to coming to work. We saw that the shift was well organised as staff appeared to be clear about their duties and responsibilities.

People and relatives received satisfaction questionnaires asking them about the quality of care, any worries and any ideas. There were also residents and relatives meetings. This showed that people were, in the main, satisfied with how the home was led and managed. There were some suggestions put forward such as having more staff so that more time can be spent with people. The registered manager said this information would be reviewed so that people and relatives were given more information about issues that they raised. Monthly surgeries were held where people or their relatives could meet the registered manager to discuss any suggestions and improvements they had.

Staff told us that the registered manager was always available to speak with them at any time to help them in any way. One staff member said: "This is one of the best management teams I've ever worked for. There is definitely an open door policy." Another staff member told us, "The registered manager knows what she is doing. Everything is more up-to-date including policies, equipment and the premises. We are expected to display care and kindness to residents and promote their independence and dignity." This indicated a well led service.

Staff said there had been staff meetings where issues were discussed including care issues and staff training. A staff member said that the registered manager listened to any suggestions made and has introduced changes in care as a result of this. For example, ordering oils to put on wipes used for people with hand disabilities to keep their hands clean and their skin softer. Staff were also commended for any good work they carried out to meet people's needs. This helped to maintain and improve staff morale. This showed us that staff had a voice in organising the home to the benefit of people living there.

During the visit we observed that the registered manager was able to describe the overall culture and attitude of the service as meeting people's needs and promoting their choices and welfare.

Staff members we spoke with told us that the registered manager always expected staff to be friendly and approachable and treat people with dignity and respect. They all told us they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Cedar Court were always been put first.

The manager understood the legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

The registered manager had a system to audit monthly all aspects of how care was delivered and the quality of the service. Findings from audits were incorporated into an action plan. There was a designated person to implement any actions needed and this was signed off by the registered manager when completed. Results were shared with the staff at the monthly staff meetings. The registered manager also worked night shifts to monitor the service. This also assisted to ensure that night staff felt as valued and part of the wider care team.

The quality assurance system included having management walk arounds checking on whether people's needs were being met, medicine audits, checking that mealtimes were a positive experience for people, ensuring health and safety and kitchen hygiene systems were in place, planning for people's care, and maintenance issues. An assessment of people's dependency needs was carried out to indicate what staffing levels needed to be in place to meet people's needs. Falls were assessed to see whether any other measures could be put in place to prevent falls in the future. However, systems had not identified issues we found in the inspection such as the absence of some robust risk assessments to promote people's safety, ensuring medicine systems were always robust, and ensuring people's information was securely kept.