

Healthcare Homes (LSC) Limited

Cedar Court Care Home

Inspection report

60 Moorland Road
Witney
Oxfordshire
OX28 6LG

Tel: 01993703536
Website: www.healthcarehomes.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Cedar Court on 12 June 2018. This was an unannounced inspection.

Cedar Court 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.

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The care home accommodates up to 63 people. At the time of the inspection there were 38 people living at the service.

At our last inspection on 25 October and 1 November 2017, the overall rating was Inadequate and the service was placed into special measures by the Care Quality Commission (CQC). Five breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. Following the inspection, we received regular action plans which set out what actions were being taken to bring the service up to standard.

We undertook this inspection on 12 June 2018 in line with our special measures guidance to see if improvements had been made. At this inspection we found significant improvements in the service. We could see that action had been taken to improve people's safety, ensure there was enough staff, provide care that met people's needs, ensure consent was sought in line with legislation and had effective systems and processes to monitor and improve care. However, improvements were still required in some areas which the provider was already working towards.

We were welcomed by the registered manager, the regional director and staff who were happy to see us and keen to show their caring nature and share the positive changes they had made in the last six months.

There was a registered manager in place. 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.

We found the provider had made significant improvements to ensure people's safety. Staffing numbers had been increased to ensure there were sufficient numbers of suitable staff to meet people's needs. The provider continuously recruited staff. The home had staff vacancies which were covered by regular agency staff to meet people's needs. Same agency staff were used to maintain continuity. The management team

were doing all they could to ensure safety and maintain staffing levels. The home had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People told us they were safe living at Cedar Court. Staff demonstrated they understood how to keep people safe and we saw that risks to people's safety and well-being were managed through a risk management process. There were systems in place to manage safe administration and storage of medicines. People received their medicines as prescribed. However, records relating to application of topical creams were not always completed. We also found people's records in relation to activities and repositioning were not always up to date.

People had their needs assessed prior to living at Cedar Court to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team. Staff support was through regular supervisions (one to one meetings with their line manager), appraisals and team meetings to help them meet the needs of the people they cared for.

People living at Cedar Court were supported to meet their nutritional needs and maintain an enjoyable and varied diet. Meal times were considered social events. We observed a pleasant dining experience during our inspection.

People told us they were treated with respect and their dignity was maintained. People were supported to maintain their independency. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager and staff had a good understanding of the MCA and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety.

People knew how to complain and complaints were dealt with in line with the provider's complaints policy. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible.

People, their relatives and staff told us they felt Cedar Court was well run. The registered manager and management team promoted a positive, transparent and open culture. Staff told us they worked well as a team and felt valued. The provider had effective quality assurance systems in place which were used to drive improvement. The registered manager had a clear plan to develop and further improve the home. The home had established links with the local communities which allowed people to maintain their relationships.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is

no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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 has improved from inadequate to requires improvement.

Records relating to administration of topical medicines were not always completed. However, people received other medicines as prescribed.

Staff had a good understanding of safeguarding procedures.

Risks to people were assessed and risk management plans were in place to keep people safe.

There were enough staff to keep people safe.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to meet people's needs.

The MCA principles were followed and people were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

Is the service caring?

Good ●

The service was caring.

People were treated as individuals and were involved in their care.

People were treated with dignity and respect and supported to maintain their independence.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

People had access to activities.

People knew how to raise concerns and concerns.

Is the service well-led?

The service has improved from inadequate to requires improvement.

People's records were not always completed.

The provider had made significant improvements

The leadership created a culture of openness that made people and staff feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Requires Improvement 

Cedar Court Care 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.'

This inspection took place on 12 June 2018 and was unannounced. The inspection team consisted of three inspectors and two Experts 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 and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We received feedback from one social and health care professional who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed. We reviewed previous inspection reports and the monthly reports the provider submitted as a result of the warning notice they had been served after the last inspection. We also obtained feedback from commissioners of the service.

We spoke with 10 people and six relatives. We looked at nine people's care records and seven medicine administration records (MAR). The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the home and getting their views on their care. During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the regional director, the registered manager, assistant manager and ten staff which included nurses, care staff, domestic staff, catering staff and activities coordinators. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

At the last inspection on 25 October and 1 November 2017, we found people's needs were not met by sufficient numbers of staff. These concerns were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 12 June 2018, we found improvements had been made.

We asked people if there were enough staff and they said, "I think there are enough staff. I have a call bell and staff are very good at the moment at getting to me. Even if they are busy they will come down and say can you hang on for a few minutes because I am helping so and so. They don't ignore you" and "Staff have improved on reaction to bells". People's relatives also told us staffing levels had improved. They commented, "A lot better, more attentive enough staff now" and "Definitely more staff now. They use some agency but are trying to recruit their own".

Cedar Court had staff vacancies and the registered manager told us they were continuously recruiting. The home used regular agency to cover staff shortages and this allowed continuity of care. One member of staff told us, "The new manager is bringing up the number of staff by using agency. They are regular and have good relationships with the residents. Would be good if we had more permanent staff though". Another member of staff told us, "Staffing is so much better even though we still using agency. We had two recruitment days and recruited six staff".

Throughout our inspection we saw people were attended to without unnecessary delay. Call bells were answered in a timely way and staff took time to engage with people. Staff rotas showed there were enough staff on duty to meet people's needs and confirmed that planned staffing levels were consistently maintained.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC).

At the last inspection on 25 October and 1 November 2017, we found safe care and treatment was not provided to people. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 12 June 2018, we found improvements had been made.

Risks to people were identified and risk management plans were in place to minimise and manage the risks and keep people safe. Some people had restricted mobility and information was provided to staff about how to support them when moving them around the home. Risk assessments included areas such as

nutrition, falls, fire and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person became high risk of choking. The person was referred to the speech and language team (SALT). Staff were advised to give the person pureed food and thickened fluids. This person's risk assessments and care plans were reviewed promptly to reflect the changes. People had personal evacuation emergency plans in place (PEEPs). These contained detailed information on people's mobility needs and additional support required in the event of a fire.

We observed some people had access to call bells. Other people could not use the call bells and therefore assessments and alternative plans had been completed which guided staff to check on these people frequently and recorded these checks. On the day of the inspection we saw staff did the frequent checks and records showed these had been recorded.

The environment looked clean and equipment used to support people's care, for example, weight scales, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations. People's bedrooms and communal areas were clean. Staff were aware of the providers infection control policies and adhered to them. One person's relative commented, "It has improved. It was very smelly when we first arrived. Much better now".

During our inspection we found records relating to the application of topical medicines were not always complete. Some topical medicine administration records (TMAR) seen indicated that people did not always receive these at the required frequency. For example, one person had been prescribed a barrier cream once a day, but was receiving it two or three times per day. There were instances where other creams required twice a day, had only been signed for once. We looked at a further five TMARs and all of them had several gaps on them. Records of staff meeting minutes showed these shortfalls had been discussed during staff meetings.

Records relating to administration of other medicines showed people received their medicines as prescribed. We observed staff administering medicines to people in line with their prescriptions. The home had safe medicine storage systems in place. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

People told us they felt safe living at Cedar Court. One person said, "It's a nice place. It is safe and I get on well with all the staff and well looked after by nice people". Another person told us, "Place is brilliant, safe because it feels that all the pressure is gone, support is there if you want it". People's relatives told us people were safe living at the home. They commented, "I have a peace of mind now. I used to come in every single day. Now I come in twice a week", "100% safe here because of not being able to get out of the building" and "[Person] had a fall and broke her collar bone. All handled well".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff said, "We can report to safeguarding and CQC (Care Quality Commission)".

The service learned from mistakes. Staff told us and records showed shortfalls were discussed with the aim of learning from them. For example, staff told us a lot of learning and changes had been implemented following our last inspection.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to

people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. For example, records showed there had been a reduction in the number of falls due to the improvement in people's nutrition and hydration status. Staff knew how to report accidents and incidents.

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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 Act 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.

At the last inspection on 25 October and 1 November 2017, we found people's consent to care and treatment was not always sought in line with legislation and guidance. These concerns were a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 12 June 2018, we found improvements had been made.

The registered manager and staff ensured that the rights of people who may lack mental capacity to make particular decisions were protected. Where people did not have capacity to make certain decisions, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests. For example, where people refused medicines and had no insight on why they needed it.

Staff told us they understood the MCA. One member of staff said, "You cannot assume someone does not have capacity, you have to presume they always have the capacity to make decisions. The principles are to act in the least restrictive way and to act in the best interest of the person". Another member of staff told us, "If we think someone might lack capacity to consent, we complete a mental capacity assessment which will be followed by a best interest decision".

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way. Staff had been trained and understood the requirements of the MCA and the specific requirements of the DoLS.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff sought verbal consent whenever they offered care interventions. Throughout the inspection we saw and heard staff seeking permission and explaining care to be given. For example, when people were supported with personal care.

At the last inspection on 25 October and 1 November 2017, we found the registered person had failed to ensure that the care provided met people's needs and reflect their preferences. These concerns were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 12 June 2018, we found improvements had been made.

People's dietary needs and preferences were documented and known by the chef and staff. The home kept a record of people's needs, likes and dislikes. Some people had special dietary needs and preferences. For example, people having soft food or thickened fluids where choking was a risk. The home contacted GP's, dieticians, speech and language therapists (SALT) as well as care home support if they had concerns over people's nutritional needs. Records showed people's weight was maintained. Drinks and snacks were available to people throughout the day.

Throughout the inspection we observed people had access to food and drinks of their choice. Where needed, people were encouraged to drink fluids and staff recorded on food and fluid charts. People told us they enjoyed the food and were able to make choices about what they had to eat. Comments included; "Good food, always a choice of good selection. Other people are offered help but I don't need it", "The food is great. I have a choice, I don't eat a lot of meat so they make sure that I have selection of vegetables" and "Food is very good. Sunday roast with roast beef and Yorkshire puddings, can't beat it, my favourite meal".

People's relatives told us the food and support with meals had improved. They commented; "Food has improved a lot. Pureed diet is nicely presented, all separated on the plate and looks attractive", "Food seems fine. They make different things. [Person] really encouraged with meals. Always ate in his room but now goes down to the dining room and hardly ever eats in his room" and "Now [Person] assisted with food support, encouraged to eat. She has put on weight. Given lots of fluid and food. Before staff were just putting food in front of her and took it away".

During the inspection we observed the midday meal experience on both floors. This was an enjoyable, social event where most people attended. There was conversation and chattering throughout. A two-course meal was served hot from the kitchen and looked 'home cooked', wholesome and appetising. People were offered a choice of drinks throughout their meal and, where required, received appropriate support. People were encouraged to eat and extra portions were available. The home used coloured plates to improve people's nutritional intake. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience where ever they chose to eat their meal.

Records confirmed and people told us their needs were assessed before they came to live at Cedar Court. This allowed gathering of the necessary information that formed the base of care planning process. The assessments showed people and where applicable their families were involved in this process.

People told us they received care from knowledgeable staff who had the right skills. One person said, "I have full confidence in the carers, completely different here from my previous home". People's relatives also told us staff were knowledgeable. Comments included; "Staff know what they are doing and know [Person] well", "Training is very good and I am confident they know how to deal with my mum" and "They know what they are doing. Mum is hoisted very well and her dignity managed well". Records showed staff had the right competencies and qualifications to enable them to provide support and meet people's needs effectively.

Records showed and staff told us they received the provider's mandatory training before they started working at Cedar Court. They were also supported to attend refresher sessions regularly. Mandatory training included; manual handling, safeguarding, equality and diversity and fire safety.

Records showed staff received regular supervision sessions which was confirmed by staff. Supervision sessions enabled staff to discuss their personal development objectives and goals. Records also showed that staff discussed topics such as care plan updates, infection control, records keeping and staff allocation. We saw evidence of a group supervision organised in response to poor record keeping.

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed.

The interior of the home was dementia-friendly. For example, carpets were free of any patterns that might cause confusion. All the toilet doors were painted yellow so people knew where the toilets were both in their rooms and in the communal areas. Each floor of the building had been designed with regard to people's health and individual needs. The design allowed people to walk through the corridors and return to the main communal rooms without being faced with 'dead ends', which could be frustrating for people with dementia. There were also different decoration patterns to suit people's personal preferences. For example, in one part of the building there was a seaside corner decorated in sea-related patterns where people could hear soothing sounds of the sea. It provided people with sensory stimulation but also helped them relax and evoke their memories. There were dementia friendly signs to help people in orientation of the premises

Is the service caring?

Our findings

At the last inspection on 25 October and 1 November 2017, we found confidentiality was not maintained. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 12 June 2018, we found improvements had been made.

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality. One member of staff told us, "We do not discuss anything in the communal areas". Another member staff said, "We do not discuss people with other people. We keep our care plans locked in the office".

Throughout the inspection we saw staff were discreet and respected people's confidentiality. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. People knew where their information was and they were able to access it with the assistance of staff. Some personal information was stored within a password protected computer.

People told us staff were caring. People's comments included; "Staff are brilliant. I get the feeling they know you and that they genuinely care about you", "Staff are great, they sit and chat with us. I have no complaints at all" and "I am well looked after by nice people". People's relatives also complimented the care people received from staff. They said, "Kind and genuine, care staff who want residents to be happy", "You can tell the difference. Regular warmth here attracts staff, implies caring people" and "Staff know [person] very well. When we go he can get upset so a carer comes and sits with him".

We observed staff talking to people in a polite and respectful manner. They interacted with people as they went about their daily work stopping to say a few words to people as they passed by. People were given options and the time to consider decisions about their care. Throughout our inspection, we observed many caring interactions between staff and the people they were supporting. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere was calm and pleasant.

Staff had a calm approach and made sure people were comfortable. People told us staff treated them respectfully and maintained their privacy. One person said, "Staff always knock on the door, I like it open". People received care in private. We saw staff knocking on people's doors and asking if they could go in. Staff told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing. One member of staff told us, "Dignity is giving choices, giving them what we know they like. During personal care we cover them, shut the curtains and close the doors".

People's care plans contained information and guidance on how best to communicate with people who had limitations to their communication. For example, one person's care plan stated the person needed time to verbalize their thoughts and they could get anxious about it. We saw staff took time with this person to ensure they understood them. Staff knew people's individual communication skills, abilities and

preferences.

Staff spoke with us about promoting people's independence. One member of staff said, "We do not take over care. We let people do what they are able to do". Records showed people's independence was promoted. For example, one person's record emphasised on allowing enough time for the person to try and move with minimal support.

The provider's equality and diversity policy was available in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation. Staff spoke to us about how they supported people. One member of staff told us, "We treat people the same and support personal preferences".

Is the service responsive?

Our findings

At the last inspection on 25 October and 1 November 2017, we found there was not enough staff to provide people with activities and meet people's needs. These concerns were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 12 June 2018, we found improvements had been made.

People had access to a range of activities which they could be involved with, including group and one to one activities. For example, social interaction during coffee and cake times, arts and crafts, basic exercises, sensory sessions, reminiscence, cookery, Bingo, and sing-a-longs. We saw evidence that there were links with the local community. These included visits from a local school which gave performances and took part in some of the activities.

A variety of professional entertainers, including musicians, a local choir, a fitness instructor and a group of local belly dancers supported a full programme of in-house events. People also had access to scrabble, quizzes, a PAT dog and cinema. An Aromatherapist also visited and activity staff were trained to offer hand massages.

The provider employed two activities coordinators who were passionate about their roles. The home offered activities every day including weekends. One member of staff told us there had been a huge improvement in provision of activities. They said, "Activities have definitely improved. The activity coordinator does plenty of one to one activities with bed bound people. Outings are organised, even we, carers, sit down and play games with people in the lounge. You can observe changes in the residents' behaviour. Now they go to the communal areas more often as they know they will have some kind of interaction". One of the activities coordinators told us, "We are trying to provide activities to people who are bed bound. For example, we are using a sensory kit, a garden kit or a beach kit with sea shells".

People told us they enjoyed the activities. People's comments included; "There are things to do and I can choose what I join in with. Good choice of things", "I join in with some of the things, I enjoy exercises and going out to town" and "Staff take me to Headway and I meet friends there". On the day of the inspection we saw a group chatting session and a variety of one to one sessions and some people involved in a craft activity.

People's care records contained detailed information about their health and social care needs. The provider used a 'This is Me, My Care Passport' document which captured people's life histories including past work, social life, likes and dislikes which enabled staff to provide person centred care and respect people's preferences and interests. The care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat. People's abilities and hobbies were considered. For example, people who previously enjoyed gardening or who wanted to try a new activity have been involved in planting the newly refurbished courtyard and garden beds. One resident enjoyed tidying and sweeping up in the garden and staff supported them.

People's care plans covered areas such as personal care, eating and drinking, mobility, elimination and communication needs. These care records were regularly reviewed. We saw daily records were maintained to monitor people's progress on each shift.

People's relatives told us they were involved in the planning of people's care. Relative's comments included; "We go through the care plans and read them regularly. Staff will sit with us and explain things", "I see the care plans and meet with the carer who keeps me in touch with things. I have been able to tell them things that are important to him such as the fact that he likes two cushions on his footstool" and "I know all about the care plan. Attended the last welfare meeting with staff".

The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers as well as daily staff meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress. Staff shared information about any changes to care needs, activities attended, planned appointments and generally how people had spent their day. This meant staff received up to date information before providing care, maintaining consistency.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. People told us they knew who to complain to if they had any concerns. One person said, "No complaints. They treat me very good here. Nice and comfortable. I don't mind it". One person's relative told us, "I would see the manager if not happy about something and it gets sorted straight away and he lets us know what is happening about a concern". Records showed there had been two complaints raised since our last inspection and had both been dealt with in line with the provider's policy.

People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support. People and their relatives, where appropriate, were involved in advanced decisions about their end of life care and this was recorded in their care plans. For example, one person had an advance end of life care (a plan of their wishes at the end of life) which stated they wished to have their last rights read when the time came. We saw the person and their family were involved in this decision. Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. The home had links with a local hospice which supported staff in providing end of life support.

Is the service well-led?

Our findings

At the last inspection on 25 October and 1 November 2017, we found the provider did not have effective systems and processes in place to assess, monitor and improve the service. People's records were not always accurate and up date. We also found there was poor leadership and communication within the service. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 12 June 2018, we found some significant improvements had been made. However, further improvements were still required in some areas.

We found some people's records were not always up to date. For example, activity records were not always complete. Records for people who required change of position were not always completed. We could see from the providers audits, recording was still an area to improve.

We reviewed the updates the provider had sent us in the last six months and they showed the provider had done what they said they would in the timelines they had set. It was clear the improvements were on-going but the impact of the changes to people's care was obvious.

The provider had effective quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, meal time and nutrition, health and safety as well as care plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, the provider's audits had identified shortfalls in people's records, nutrition and activities. As a result, new activities had been introduced and hydration stations put in place.

During the last inspection, the then registered manager left. The provider recruited a new registered manager who was making positive changes. At the time of our inspection, the registered manager had only been in post for five months. We saw significant changes had been made since the new registered manager's appointment. They were passionate about their role and had a clear vision to develop and improve the quality of the service. We asked the registered manager what drove them to come on board to manage Cedar Court and they said, "There is good provider philosophy which puts people at the centre of care. I had the same beliefs. Staff have such a passion of what they want this home to be".

It was clear the registered manager had direct support from a 'hands on' regional manager. On the day of the inspection the regional manager was in the home helping with movement of furniture. The registered manager told us, "The director cares about people in these homes. There had been a lot of investment done towards staff training".

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and respectful manner.

People told us Cedar Court was well run. People's comments included; "Manager is first class. This is now a

very well-run place", "Management are always around on the floor" and "I see the new manager around, very pleasant". People's relatives told us the home was well managed. One person's relative said, "We had a relative's meeting to meet the new manager. Manager is always walking around, looks at the food, very hands on. Very good management". Other relatives' comments included; "Definitely well managed, I see manager and the deputy walking about. They pop in and see them" and "Manager is very approachable. He just says come in and have a chat".

There was a clear management structure in place, with staff being aware of their roles and responsibilities. Staff felt that they could approach the registered manager or other senior staff with any concerns and told us that management were supportive and made themselves available. Staff told us the registered manager had an open-door policy and were always visible around the home. One member of staff said, "Manager is very good, very supportive but firm. We can talk to him freely about anything".

Staff were complimentary of the support they received from the registered manager and management team. They were appreciative of the changes and told us the current management made good changes. Staff commented, "Team work is so much better", "Things are improving bit by bit. Definitely 100% improvement from the last inspection" and "The provider has been great in supporting us". One member of the clinical team commented, "Things have definitely improved. Staff want to be here now, those that didn't have left. The management is much better".

People and their relatives told us they recognised the positive recent changes and thought the current management team led the home and communicated very well. One person's relative said, "Communication is much better. We are phoned or told if anything changes".

We received complimentary feedback from health and social care professionals. They spoke positively about their relationship with the registered manager and staff. They commented on how much the service had improved since our last inspection. They told us, "The atmosphere has definitely improved. The management team much more approachable".

The service encouraged open communication among the staff team. Staff described a culture that was open with good communication systems in place. Team meetings were regularly held where staff could raise concerns and discuss issues. Records showed discussions were around suggestions on how to improve care in relation to people's care plans and staffing levels. Staff also attended daily head of department meetings. These allowed continuous updates among staff and aimed at improving people's care.

People's views and feedback was sought through residents and relatives' meetings as well as suggestion boxes. Records of family meetings showed that some of the discussions were around what changes people wanted. For example, in one meeting there were discussions around staff recruitment, refurbishment and gardens renovation. We saw the refurbishment was on going and the gardens had been fully transformed.

Records showed the service worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The home was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the

registered managers and the provider to act in an open way when people came to harm.