HC-One Limited

Cedar Court Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Cedar Court Residential and Nursing Home on 28 March 2017. The visit was unannounced. This meant that the staff and the provider did not know that we would be visiting.

Cedar Court Residential and Nursing Home is located in Wigston, Leicester. The service provides accommodation for up to 48 people who require nursing or personal care. There were 44 people using the service at the time of our inspection.

The service had a registered manager. 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.

The people using the service, relatives and members of staff told us that there were not always sufficient numbers of staff deployed to meet the needs of the people using the service. This was observed during our visit.

The records kept in relation to peoples medicines did not always correspond with the medicines held at the service. People received their medicines in a safe way.

People told us they felt safe living at Cedar Court Residential and Nursing Home. The staff team were aware of their responsibilities for keeping people safe from avoidable harm and knew to report any concerns to the management team.

Risks associated with people's care and support had been assessed to enable the staff team to provide the safest possible support. Where risks had been identified these had, wherever possible, been minimised to better protect people's health and welfare.

Appropriate checks had been carried out before new members of staff commenced work. This was to make sure that they were suitable and safe to work at the service.

People received support from a staff team that had the necessary skills and knowledge. New members of staff had received a comprehensive induction into the service when they were first employed and training relevant to their role had been provided.

People's food and drink requirements had been assessed and a balanced diet was being provided. Records kept for people assessed as being at risk of not getting the food and drinks they needed to keep them well were not always accurate.

People were supported to maintain good health. They had access to relevant healthcare services such as

doctors and community nurses and they received on-going healthcare support.

People's privacy and dignity was respected and promoted by the staff team.

People had been involved in making day to day decisions about their care and support. Where people lacked the capacity to make their own decisions, evidence was seen to demonstrate that decisions had been made for them in their best interest and in consultation with others.

People had plans of care that reflected their care and support needs. These provided the staff team with the information they needed in order to properly support the people using the service.

Relatives and friends were encouraged to visit and they told us that they were made welcome at all times by the staff team.

People were supported to follow their interests and take part in social activities. An activities coordinator was employed and they supported the people using the service with both one to one and group activities.

There was a complaints procedure in place and the people using the service and their relatives and friends knew what to do if they had a concern of any kind.

Staff meetings and meetings for the people using the service and their relatives had been held. These meetings provided people with the opportunity to be involved in how the service was run.

The service was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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.

There were not always enough staff deployed to meet people's needs.

Records with regard to people's medicines were not always accurate.

People told us they felt safe. The staff team were aware of their responsibilities for keeping people safe.

An appropriate recruitment process was followed when new members of staff were employed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

A balanced diet was being provided. Records relating to people's eating and drinking were not always accurately completed to demonstrate that people received the food and drink they needed to keep them well.

The staff team had received training and had the knowledge they needed to be able to meet the needs of the people using the service.

People's consent to their care and support was always sought.

People had access to all the necessary healthcare professionals.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People told us that on the whole the staff team were caring though observations during our visit did not always demonstrate this.

Staff members did not always assist people to move in a caring or thoughtful manner.

People were encouraged and supported on a daily basis to make choices about their care and support and their privacy and dignity was maintained at all times.

People's relatives were able to visit and were made welcome at all times.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and they and/or their relatives had been involved in deciding what care and support they needed.

People had plans of care in place that reflected the care and support they required.

People were supported to follow their interests and take part in social activities.

A formal complaints process was in place and people knew what to do if they were concerned or unhappy about anything.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Monitoring systems were in place to check the safety and quality of the service being provided however, these had not identified the shortfalls identified during this inspection.

The management team were open and approachable.

The staff team working at the service felt supported by the registered manager.

People had been given the opportunity to share their thoughts on the service they received.

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.

This inspection took place on 28 March 2017. The visit was unannounced. This meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of two inspectors, a specialist nursing advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We took this information into account when we made judgements in this report

We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people using the service. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to gather their views of the service.

At the time of our inspection there were 44 people using the service. We spoke with eight people living there and six relatives of people living there. We spoke with the registered manager, the area director, the deputy manager, a registered nurse, two nursing assistants, three care workers and the cook.

We observed care and support being provided in the communal areas of the service. This was so that we

could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care. We also looked at associated documents including risk assessments and medicine administration records. We looked at records of meetings, three staff recruitment and training files and the quality assurance audits that the management team had completed.

Requires Improvement

Is the service safe?

Our findings

At our last inspection visit carried out in April 2015 some concerns had been raised by the people using the service, their relatives and staff members with regard to the numbers of staff deployed to meet peoples needs. This was because people were not always provided care and support in a timely manner.

At this visit we asked the people using the service whether there were enough staff on duty to meet their needs. They told us there were not. One person told us, "I don't really need a pad on but they put one on me. I have to wait so long for them to come for me to use the toilet." Another explained, "They [staff] took so long that I wet my pad." Another commented, "They are short staffed, they were way too late when I wanted to go to the toilet, I ended up going in my trousers. They told me, 'you have a pad, do it in that'. Toileting and showering are the really big issue."

Two people told us that they have had to wait for over an hour for their call bell to be answered and one person told us, "I have had to wait a long time many times for a cup of tea."

We discussed the staffing levels with the relatives we spoke with. One relative told us, "I never think that there is enough staff." Another explained, "There is never enough staff on, it gets less and less. We attended a meeting before Christmas, there were about nine relatives and we all raised that there were not enough staff."

Staff members we spoke with told us that there were not always enough staff on duty to enable them to support people in a timely manner. One told us, "There really is not enough staff. This morning [person] and [person] were asking to go to the toilet but they had to wait." Another explained, "There's not enough staff, today we are struggling, there are 20 odd residents for two staff. It's not the norm but it has been like this for quite a while. People have to wait to be assisted to go to the toilet and they don't always get showers because there are only two of us." A nurse we spoke with felt there was not enough qualified staff on duty and told us that they felt unsafe at times but felt there was nothing they could do about this.

We observed the people using the service and it was evident that people had to wait for assistance. During the morning of our visit one person asked to be taken to the toilet however 14 minutes later, they were still waiting for assistance.

Lunch time was observed. It was noted that at times there were not enough staff to support the people using the service. One person kept trying to stand; a staff member knelt down and explained to the person that they needed to wait as they [staff member] were alone in the dining room. Another person asked for help as they had spilt their drink. The staff member did assist them but then had to leave as the other person kept trying to stand. The staff member asked for help from kitchen staff who came to bring out more drinks. The staff member apologised and explained to people that they would go back to their rooms as soon as other staff came back. Other staff did return and took people back to their rooms.

We checked the staffing rotas and discussed staffing levels with the registered manager. They explained that

currently there was one nurse and three care workers on the first floor and one nursing assistant, one senior care worker and two care workers on the ground floor. On the morning of our visit however the staff members we spoke with told us that there was only the nursing assistant and two care workers on the ground floor which they explained, made it difficult for them to meet people's needs in a timely way.

We asked the registered manager how they decided what safe staffing levels were. We were told that people's dependencies were assessed using a dependency tool and staffing levels were determined by this. We shared our findings with them for their attention and action.

The instances we identified during our visit showed that the deployment and numbers of staff was not sufficient to meet the needs of the people using the service.

These matters constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

At our last inspection visit carried out in April 2015 we found a missing signature on one person's medicine administration record (MAR) and the signing for the administering of creams was inconsistent.

At this visit we looked at the way people's medicines had been managed to see if they had received these as prescribed. We noted that there were gaps in some people's MAR's. This meant that the registered manager could not demonstrate that people had received their medicines when they should. There were discrepancies with regard to the stocks of some people's medicines held. For example, on 20 March 2017, a balance of 26 had been carried forward for one person's co-codamol tablets. The MAR showed that they had received eight tablets up to 28 March 2017 yet the stock held showed that 20 tablets remained, a discrepancy of two tablets. For another person, records showed that 224 paracetamol tablets had been received on 21 March 2017. The MAR showed that the person had received seven tablets up to 28 March 2017. The stock held showed a balance of 212, a discrepancy of five tablets. We discussed this with the registered manager who looked into it but were unable to resolve it. They said they would investigate this.

Protocols were in place for medicines prescribed 'as and when required' (PRN). This included pain relief for when a person was in pain. These protocols informed the staff what these medicines were for and how often they should be offered. We did note in one person's hospital discharge letter that staff should have offered the person two tablets PRN, however on their MAR, staff were instructed to offer one tablet PRN. It was not clear who had made this change.

One of the people using the service required oxygen. The oxygen was being inappropriately stored and a risk assessment to assess its safe use and storage had not been carried out. The registered manager assured us that this would be dealt with as a matter of urgency.

We asked the people using the service whether they were appropriately supported with their medicines. The majority of the people we spoke with told us they were. One person explained, "They never forget to give me my medication, I would remind them if they did." Another person told us, "I am given medication regularly, they make sure I take them." One person did tell us however, "They are always short of staff and I am always receiving my medicines late." And another claimed, "They sometimes forget to put in my eye drops and sometimes run out." People were always asked for their consent to take their medicines.

Medicines, including controlled drugs (medicines that require extra checks and special storage arrangements) were stored securely and monitored regularly.

People told us they felt safe living at Cedar Court Residential and Nursing Home and felt safe with the staff team who supported them. One person told us, "I feel safe here and the staff come and check on me at night." Another explained, "I feel safe when they hoist me." Visitors we spoke with agreed that their relatives were safe living at the service. One told us, "I feel that my relative is safe when I leave and that she is in this caring environment."

Staff members we spoke with were aware of their responsibilities for keeping people safe from avoidable harm. They had received training in the safeguarding of adults and knew the process to follow if they were worried about anyone. This included reporting their concerns to the management team. One staff member told us, "I would bring it to the manager's attention or the deputy or the nurse." Another explained, "I would report it to the manager or the nurse and if they did nothing I would go to the top, HC-One."

The registered manager was aware of their responsibility for keeping people safe. They knew the procedures to follow when a safeguarding concern had been raised with them. This included referring it to the local authority who have responsibility to investigate safeguarding concerns. Appropriate referring of safeguarding concerns makes sure people using the service are protected from harm or improper treatment.

Risks associated with people's care and support had been assessed when they had first moved into the service. These had then been reviewed on a regular basis to ensure they remained relevant and accurate and so that staff had up to date guidance to follow. Risks assessed included those associated with people's mobility and their eating and drinking and those related to specific health conditions, for example diabetes. This meant that the management team could wherever possible, reduce and minimise the risks identified and provide people with safe care and support.

Regular checks had been carried out on both the environment in which people's care and support had been provided and on the equipment used. This made sure that people's safety was being maintained. An up to date fire risk assessment was in place and regular fire drills had been carried out. This made sure that the staff team knew their responsibilities in the event of a fire. Personal emergency evacuation plans had been completed to show the staff team how each person using the service were to be assisted in the event of an emergency and a business continuity plan was in place.

We looked at the recruitment files for three members of the staff team and found that an appropriate recruitment process had been followed. Previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. (A DBS check provided information as to whether someone was suitable to work at this service.) A check with the Nursing and Midwifery Council (NMC) had also been carried out to make sure that the nurses working at the service had an up to date registration. Nurses can only practice as nurses if they are registered with the NMC.

Requires Improvement

Is the service effective?

Our findings

We asked people their thoughts of the meals served at Cedar Court Residential and Nursing Home. One person explained, "The food is ok, and we get lots of drinks throughout the day." Another explained, "I go to the dining room for my lunch, we have a choice and the food is enough. I never feel hungry." A relative told us, "The cook is nice and [relative] eats well, much better than she has done."

During meal times people were offered a choice of where to sit. We saw the tables were set with table cloths, placemats, serviettes and flowers and salt and pepper was available. A variety of drinks were available including orange and lemon juice. Menus were devised on a four weekly cycle and provided a variety of meals and choices. For people who did not like what was on the menu, an alternative was offered. We noted that for people who required their food pureed, this was blended all together and looked neither appetising nor appealing. We shared this with the registered manager for their information.

The cook had access to information about people's dietary needs. We did note that the records for one person, who had been identified at high risk of malnutrition, stated that they required a fortified diet. The cook was not aware of this.

For people who had been assessed to be at high risk of not eating or drinking enough, monitoring charts were used to document their food and drink intake. Not all of the monitoring records we checked were up to date or accurate. For example, one person's records showed what food they had eaten but not how much, so staff would be unable to gain an accurate picture of what they had eaten. Another person's charts showed us that on 27 March 2017 no food was recorded as being offered after 12.45. Also no fluids had been offered between 12.45 and 7.55, a period of seven hours. On the 26 March 2017 the evening meal had been declined and nothing else had been offered after 12.30. On 25 March 2017, fluids had been offered but the evening meal had been declined and they were offered nothing after 12.30. On 20 March 2017 no food was recorded as being offered at all. We checked their weight record and found that they had lost 2.2kg in 11 days. This had not been picked up by the staff team. This was shared with the registered manager for their attention and action. Following our visit the registered manager informed us that the person had commenced a fortified diet, they were to be weighed weekly and a referral to the dietician had been made.

People using the service had access to the relevant health professionals such as doctors, chiropodists and community nurses. Records seen showed us that the staff team contacted the relevant professionals when concerns were raised regarding someone's health. This included contacting the doctor when a person had difficulty using their arm.

The majority of the people we spoke with told us that they were looked after well and they felt the staff team had the skills and knowledge to meet their individual care and support needs. The exception to this we were told was when agency staff were used. One person told us, "They sometimes have agency staff, and other staff who do not seem to know what they are doing." Another explained, "Some staff are good but others haven't got a clue." A relative told us, "I feel the staff are trained on a day to day basis."

New staff members had been provided with a comprehensive induction when they had first started work at the service. This covered the standards of the Care Certificate. The Care Certificate is a set of standards that social care and health workers should follow in their daily working life. It is the new minimum standards that should be covered as part of induction training for new care workers.

Relevant training had also been provided and completed. One of the staff members we spoke with told us, "I had an induction and lots of training. I've done moving and handling and lots of other things." Another explained, "We do so much training, a lot of it is on line though and it would be nice to have training in class sometimes."

On the day of our visit the registered manager and area director were in the process of inviting staff members in to renew training courses that had expired. This made sure that the staff team had the up to date training they needed to appropriately support the people using the service.

The staff members we spoke with felt supported by the management team. They explained that they had been given the opportunity to meet with a member of the management team to discuss their progress and there was always someone available for support and advice. One staff member told us, "I feel supported in my role and I have supervisions and appraisals." Another explained, "[Registered manager] is fab, great, she's changed things for the better."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

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). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

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. The registered manager understood their responsibilities with regard to the MCA. Applications for DoLS authorisations had been made in respect of people who lacked the mental capacity to make their own decisions about their care and support. At the time of our visit there were two authorised DoLS in place. We found that people were being supported in line with those authorisations.

Mental capacity assessments had been carried out to determine whether people lacked the capacity to make a decision about their care or support. For example, when deciding whether to accept support with their personal care. Where capacity had been assessed as lacking for specific decisions, a decision had been made with others on their behalf.

We did note in one person's records that a best interest meeting had been carried out. The reason for this was that the person had vascular dementia. There was no specific decision that this was for and the best interest decision did not identify any decision or what the person would want, or prefer.

The staff team had received training on MCA and DoLS and those we spoke with understood their responsibilities. One staff member told us, "It is about making decisions in people's best interest." Another

explained, "Sometimes it's difficult for people to make decisions and they struggle. In those cases you need to make a decision in their best interest."

We saw that on the whole, people had been involved in making day to day decisions about their care and support and staff gave us examples of how they obtained people's consent to their care on a daily basis. One of the people using the service told us, "I can get up when I want and go to bed when I want." Another person did share though, "They get me up at 5.30, I don't really want to get up at that time." A staff member explained, "We offer people choices and treat them as individuals, we always make sure they are happy for us to help."

Requires Improvement

Is the service caring?

Our findings

People we spoke with told us that on the whole the staff team treated them with respect and they were kind and considerate. One person told us, The staff support me when I have a shower." Another explained, "I do my own personal care, but the staff stay with me when I am having my shower." One person did tell us though, "Some of the staff are a bit bolshie, but most of them are ok." When we asked them to elaborate, they declined. A relative we spoke with told us, "The staff are very caring." Another explained, "The staff seem to be here for all the right reasons."

We observed support being provided throughout our visit. The staff team showed a good understanding of people's needs. We saw examples of staff supporting people in a caring manner. For instance one member of staff sat down next to someone and had a chat with them as they were anxious about their daughter visiting. She reassured them and distracted them until their relative came.

A staff member explained to us about a person who had Parkinson's. They had encouraged them to colour a Christmas card for a relative of someone who had used the service and supported them with this. They had got other staff members and people to sign the card so it was not just from the person. This was really important to the person as they used to be an acclaimed artist and were embarrassed about their abilities now but felt involved without the pressure of the card being just from them. The staff member had also supported this person to get a large artists table for their room as this was something that was important to them.

We observed some instances though that were not so caring. On three occasions a staff member pulled a person's wheelchair from the front using the arms to move them to a position where they could get behind the chair. They did not tell the person they were moving before doing this and the person was napping. We also observed a staff member request the assistance of a second staff member to help put a person to bed as they were worried about their neck and back due to them falling asleep in their chair. The member of staff was sat down eating a packet of crisps and declined the request, suggesting the staff member ask someone else. Neither of these instances were of a caring nature. We shared these examples with the registered manager for their information and action.

Interactions between the people using the service and the staff team were observed. We saw that positive relationships had been developed and good interactions were evident. People were treated with kindness and support was provided in a calm and considerate manner.

We did note, and people using the service told us that staff were not always free to sit and spend time with them. One person told us, "The staff are too busy to sit and talk to me." A relative explained, "We don't seem to see them having a chat they are just too busy."

The staff team respected people's privacy and dignity. We observed them knocking on people's doors and only providing personal care behind closed doors. Staff members gave us examples of how they promoted people's privacy and dignity whilst supporting them. One staff member explained, "We offer people

preferences regarding the sex of the carer helping them. When I'm delivering personal care I cover them with a towel. If I am washing the top half I cover the bottom half and if I am washing the bottom half I cover the top half." Another explained, "I make sure the curtains are closed and the door is shut and I always cover them when I'm helping them with personal care."

We looked at people's plans of care to see if they included details about their personal history, their personal preferences and their likes or dislikes. We saw that they did. The staff team knew what people liked and disliked. For example what people preferred to be called and what they liked to eat and drink and they ensured that personal preferences were upheld. A relative we spoke with told us, "They found out that [relative] likes opera so they got a CD player in her room so that she can listen to it."

We observed the staff team involving people in making choices about their care and support. People were given choices about how they wanted to spend their time, where they wanted to sit, what they wanted to eat and drink and whether they wanted to attend the activities provided. Staff respected the choices that people made.

For people who were unable to make decisions about their care, either by themselves or with the support of a family member or friend, advocacy services were made available. Details of services were displayed and the registered manager explained that they would support people to access these services if and when required.

Relatives and friends were encouraged to visit and they told us they could visit at any time. One of the people using the service told us, "Family and friends can visit at any time." A relative explained, "We can visit when we want and we can stay for lunch."

Good

Is the service responsive?

Our findings

The people using the service had been involved in the planning of their care with the support of their relatives. Though not all of the people we spoke with could remember this. A relative told us, I have been involved in my mother's care plan and they contact me to review it." Another explained, "I am called to take part in mum's care reviews."

People had been visited prior to them moving into the service so that their care and support needs could be assessed. This provided the registered manager with the opportunity to determine whether the person's needs could be properly met by the staff team. A relative told us, "They did an assessment; [registered manager] came and did it in hospital." Another explained, "We came to have a look around and thought it was a really nice place. Yes, they did an assessment."

From the initial assessment, a plan of care had been developed. We looked at four people's plans of care. This was to determine whether they accurately reflected the care and support that people were receiving. We found that they did. The plans we looked at covered areas such as, communication, mobility, eating and drinking and personal care. They were detailed and had personalised information about the people in them. A document entitled 'remembering together' was included in the plans of care we looked at. This document included information about the person and them as individuals, including their history and preferences for daily living. For example, one person's plan of care included that they preferred to wear skirts and blouses, neck scarf and hat. When we saw them they were wearing the clothing they preferred. The plans of care had been reviewed on a monthly basis and evidence was seen of relatives being involved in this process.

The staff members we spoke with told us that they had read people's plans of care and were aware of what people liked and the support people preferred. One staff member explained, "They [staff team] will read the care plans and take an interest in the people."

People were supported to follow their interests and take part in social activities. A full time activity coordinator was employed and they provided both group activities and one to one sessions with people. A relative told us, "The new activities lady is really lovely. [Relative] is always doing activities. They get on like a house on fire. They have had loads of animals in recently and they have done a lot [activities] in the last few weeks." The activities coordinator worked both during the week and at weekends and a fortnightly plan was devised. Activities provided included visits out and a social club and mini bar evening. Other activities offered included, board games, bingo, arts and crafts, movies, pampering sessions and one to one room visits.

A formal complaints process was in place. A copy of the provider's complaints procedure was displayed and also included in the information kept in each person's bedroom. People we spoke with knew who to speak to should they have a concern of any kind. One of the people using the service told us, "I have no concerns and I have not had to complain about anything." A relative told us, "I know how to complain but have not needed to." We saw that when complaints had been received these had been investigated and dealt with appropriately including when necessary, following the staff disciplinary process. A relative explained that

they had recently made a complaint but had yet to receive a response. The registered manager explained that this had been reported during her absence and she was in the process of looking into this. This showed that people's concerns were taken seriously and acted upon.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to regularly check the quality and safety of the service being provided. The area director visited the service on a four weekly basis in order to monitor the service being provided. The registered manager was also checking the service on a daily, weekly and monthly basis. Regular audits were being carried out. These included looking at the medicines held and corresponding records, people's plans of care and staffing levels. Health and safety checks and checks on the environment had also been completed. Whilst these monitoring systems were in place, these hadn't been effective in picking up the issues identified during this inspection. For example, staffing numbers were not sufficient to meet the needs of the people currently using the service. Monitoring had not identified that food and fluid records were not always being accurately or consistently completed, medicine records were not always being signed and discrepancies within the medicine stock held had not always been identified.

Incidents and accidents that happened at the service had been monitored. We saw that when an incident or accident had occurred, these had been investigated and control measures put in place to reduce the risk of these happening again. Falls were also being monitored on a monthly basis. These were again being analysed to identify any trends. We saw that the registered manager had purchased pendants and sensor mats as a result. This showed us that the registered manager acted on the findings of the analysis carried out.

People we spoke with told us that they felt the service was appropriately managed and the registered manager was friendly and approachable. Though not all of the people using the service could remember who the registered manager was. One person told us, "I don't know who the manager is, I have never been introduced." Another person told us though,"The manager [name] is approachable." A relative we spoke with told us, "The manager is very approachable and really helps us out. She will let us know if there are any issues." Another explained, "[Registered manager] is very approachable and she will keep in contact. She handled an issue we had appropriately."

Staff members we spoke with told us they felt supported by the registered manager. One staff member told us, "The manager is approachable, you can talk to her." Staff meetings had taken place. These provided the staff team with the opportunity to be involved in how the service was run. Not all of the staff members we spoke with however felt that they could always share their views within this forum. One staff member told us, "I can't always share my thoughts at meetings, it is sometimes better for people not to. I do feel listened to though." When we asked if they could elaborate on this, they declined. Three staff meetings took place on the day of our visit. Topics discussed included, completion of documentation, new staff about to start, staff sickness and training. The staff team were provided with the opportunity to share their thoughts.

Meetings had been held for the people using the service and their relatives, though not everyone we spoke with could remember these happening. These provided people with the opportunity to share their thoughts on the service being provided. One person told us, "I think there are meetings but I do not attend." A relative explained, "Notices are displayed for relative's meetings." Minutes of the last meeting held in February 2017 were not available. However, the minutes for the meeting held on 12 January 2017 showed us that

discussions took place regarding staffing, housekeeping, infection control and the newly appointed activities coordinator.

The registered manager had also used surveys to gather people's views of the service provided. These had been completed by the people using the service and their relatives. Following the return of the most recent surveys, a 'You Said….We Did' action plan had been developed and this was displayed for people's information. In the 'You said' section we saw that 11% of people who completed the survey rated Cedar Court as requiring improvements with the range of activities offered. In the 'We did' section we saw that the activities coordinator had placed within the service's monthly newsletter a wider variety of activities and outings that were focused on improving the activities that were offered. This showed us that people's comments about the service had been taken seriously and actions had been taken to address people's requests.

A copy of the provider's aims and objectives were displayed at the service for people to view. The members of the staff team we spoke with were aware of the provider's aims and objectives and told us that that is what they worked to achieve. One staff member explained, "It is all about kindness. That is the most basic thing we have to get right. One of the companies' values is kindness. We have to show this." Another explained, "It is about giving person centred care and treating them as one of a kind."

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. There was a procedure for reporting and investigating incidents and accidents and staff members demonstrated their understanding of this. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	There were insufficient numbers of staff deployed to meet the needs of the people using the service.