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# Cedar Lodge

## Inspection report

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Date of inspection visit:  
14 June 2016

Date of publication:  
25 August 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 14 June 2016 and was unannounced, which meant the provider did not know we were coming.

Cedar Lodge cares for people with a learning disability and is registered for 10 people. There was a registered manager in post. 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.

People were cared for by staff who understood their responsibilities to keep people safe from harm. There were risk assessments in place which were reviewed regularly and helped ensure people were protected from identified risks. There were sufficient numbers of staff on duty to meet the needs of people using the service. Staff who administered medicines were suitably trained and their competency checked, to ensure they had the knowledge and skills to manage medicines safely.

Staff received relevant training for their job role and had frequent supervisions and appraisals with the managers. Training was arranged in response to the particular needs of people using the service; and ensured that staff had the knowledge and skills to fulfil their responsibilities to people. Staff gained consent from people before offering care and explained what they were doing in ways that people understood. People were involved in planning their meals, which included shopping and preparing meals or setting tables. People were supported to access community healthcare services to manage their overall health.

People were cared for by caring and compassionate staff who enjoyed their work. Staff spent time getting to know people and their personal characteristics. They developed positive and supportive relationships with people whilst promoting independence and dignity. People contributed to their care plans and made decisions about their daily activities. The provider welcomed feedback and comments from people who used the service along with their family and health and social care practitioners who were involved with the care of people. The service had not received any formal complaints but had systems in place to respond to comments and suggestions and provided examples of how this had improved the service.

The service was well led and managed by the registered manager; who was supported by a senior management team and the provider. There was an open and inclusive culture within the organisation where people and staff felt supported and heard. People and staff were involved in the development of the service and the registered manager used feedback when developing the improvement plan.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People received care from suitably trained staff who understood their responsibilities to keep people safe from harm. There were sufficient staff to meet the needs of people using the service. People received their medicines from trained and competent staff and medicines were stored and managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff received training and support that enabled them to care for people effectively. Staff gained consent before caring for people. There was a varied and nutritious menu that included people's choices and suggestions. People were supported to maintain their health by accessing community health services.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and compassionate and enjoyed their work. Staff developed positive, supportive relationships with people based on mutual respect. People's dignity and independence was promoted by caring staff.

### Is the service responsive?

Good ●

The service was responsive.

People contributed to their care plans and made decisions about their daily lives. Staff spent time getting to know individuals and their preferences and developed personalised activities that people enjoyed. The service responded positively to comments and suggestions, using them to improve care.

## Is the service well-led?

Good 

The service was well led.

There was an inclusive and empowering culture within the organisation, where people, families and staff were able to comment and make suggestions. There was visible leadership and staff felt supported and motivated. There were effective quality assurance systems in place that were used to improve the service and care of people.

# Cedar Lodge

## **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 14 June 2016 and was unannounced.

The inspection team consisted of an inspector 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. In this case the person had experience of caring for someone with a learning disability.

Before the inspection, we reviewed the information we held about the service. This included the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted commissioners for feedback before the inspection and viewed notifications sent to us by the provider. Notifications are events or incidents that the provider must tell us about under the terms of their registration.

In order to gather information during the inspection we spoke to three people who used the service, two relatives and five staff including the registered manager. We also met with the registered manager and the provider to discuss the leadership and management of the service. We observed interaction between staff and people using the service and we viewed various records, including: care plans, staff files, rotas, training records, questionnaires, meeting minutes and action plans.

# Is the service safe?

## Our findings

People told us they felt safe living at the home and we saw procedures were in place that enabled staff to identify and reduce risks to people. One person said, "Yes I feel very safe here, this is my home and it is the best place for me". A relative told us, "Oh yes [my family member] is very safe there, we trust them completely". Another relative told us, "Yes I would say [my family member] is very safe and secure there".

Staff told us they knew how to recognise and report abuse and would not hesitate to report any concerns or whistle blow if necessary. Records we viewed confirmed that staff had received safeguarding training and this was also discussed in team meetings. This provided a regular opportunity for staff to discuss further, review their practice and the safety of people.

We saw risk assessments in people's records that were used to identify risks to people and measures were in place to reduce the risk of harm to people. We saw that people had been involved in their own assessments and were also consulted when they were reviewed. This meant assessments and plans were up-to-date and enabled staff to care for people safely and reduce the risk of harm from known risks.

On the day of our inspection we saw people were able to move around the building and outside freely. People knew the risks to themselves and asked for support where needed. We observed people telling the manager if they were going out and where they were going, which they told us they found reassuring. Care plans we viewed confirmed that lone trips out had been discussed in care plans and appropriate risk assessments were in place. Other people went out on the day of inspection with staff in the service's mini-bus. In line with personal risk assessments that we saw, two staff had accompanied people on this excursion, to manage known risks and reduce the risk of harm to people.

On the day of our inspection we observed there was sufficient staff on duty to attend to people's needs. People and relatives told us they felt there was enough staff to meet individual needs. One person said, "There are always staff to help me". A relative told us, "There always seems to be plenty of staff there when we visit", another said, "Yes there is enough staff on duty". We checked the rotas and confirmed that staffing levels were adequate to meet the individual needs of people and the manager ensured there was always the right skills mix of staff on duty. For instance there was always someone on duty who could administer medicines and a senior worker who could support the staff team.

We confirmed that the provider followed safe recruitment guidelines, as we saw application forms, references and appropriate pre-employment checks were completed and stored in staff records, including Disclosure and Barring Service (DBS). This meant the provider ensured that staff were suitable to work with people.

We looked at medicines management and checked storage, record keeping and protocols for medicines. We found everything to be in order, with records up-to-date and correctly completed with items correctly labelled and stored. People told us they received their medicines on time, they said they either went to "the clinic" (the medicines room) or their medicines were brought to them, it was their choice. One person said

they had their morning medicines brought to them as they liked a lie-in in the morning. A relative told us, "We have had no problems with medication and they have changed several times over the years". This demonstrated that medicines were managed safely and systems were in place that protected people from the risk of medicine errors.

Staff who administered medicines told us they were confident in their role as they had been suitably trained and their competency checked by the pharmacist and again internally. Records we viewed confirmed that training and competency assessments took place. This meant that staff had the knowledge and skills to administer medicines safely and reduce the risk of harm from medication errors.

# Is the service effective?

## Our findings

People received care from staff who had the knowledge and skills to meet their individual needs. One person told us that staff knew how to deal with them when they were distressed and knew what activities calmed them. Relatives said they believed staff were well trained and competent. One relative told us, "They are very well trained, but more than that - they know [my family member] and their individual likes and needs. Yes they are very good; they definitely know what they are doing".

Staff told us they were trained and supported to provide effective care for people and improve their own practice and skills. New staff told us they had received lots of support throughout their induction and observed staff before supporting people on a one-to-one basis. Staff told us the training, induction and support meant they felt more confident in their roles. We viewed staff records which included training records, supervisions and induction plans. This confirmed that staff received sufficient training and support to carry out their role.

One staff member said, "This a good team, we all work together". They told us how information was shared at daily handover and care records were updated daily. This meant that staff always had access to up-to-date information and were able to provide the most appropriate care for people. For example, if a person was particularly anxious about something, this was recorded in their daily log and staff coming on duty knew how they were feeling, and adopted appropriate strategies to manage their behaviour or mood.

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 so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA and no-one currently using the service required a DoLS to be in place.

Staff told us they asked for consent before offering care to people and were led by what people wanted. For instance people decided whether they wanted a bath or shower and how much support they required. All the people using the service had capacity to make decisions about where they lived and were free to move around and leave the building as they wished. Policies and procedures supported this independence and helped staff manage the risks.

The meals were homemade, nutritious and looked appetising; and people told us they enjoyed them. People were involved in developing the menus and their personal favourites or choices were included. Menus were personalised to make them more interesting; with individual names alongside their choice, for



example 'curry and rice (named persons favourite)'. This demonstrated people were involved in meal planning and the service was personalised. One person told us, "The food here is excellent, I have lost a lot of weight with the staff's help". This person's relative confirmed this and said, "The food is very good and because [my family member] has a problem with their weight, they are good at helping them choose the right things to eat. They also watch what they eat between meals". Another relative said, "[my family member] has never complained about the food and is well fed".

The cook and staff were aware of who needed assistance with their food or special diets and followed advice from specialist healthcare practitioners to ensure they received this. For example thickeners for drinks or softened food for people who had difficulty swallowing. We also saw that where possible softened or blended food was prepared to look like the original food to make it more appetising. For example mini quiche without pastry and blended meat arranged to look like a pork chop. This showed a good understanding of individual needs by the cook and a personalised service.

People were supported to access community healthcare services to maintain their health. A GP visited the home if needed or people attended the local surgery. People were supported to visit the dentist, who provided information in an easy read and pictorial format for people to understand. District nurses and a chiropodist also visited regularly. A relative told us, "They [staff] always let me know what's happened at different appointments". We saw records that confirmed referrals were made where needed and care plans were updated on receipt of information from healthcare practitioners. Individual health action plans were in place to support people when accessing healthcare services. Staff confirmed they acted on instructions from healthcare professionals to help people maintain their health. For example one person's diet was changed to enable them to continue eating safely and independently; and another person was assisted with applying lotions to protect their skin. This demonstrated that people were supported to maintain their health.

# Is the service caring?

## Our findings

People were cared for by staff who were kind and compassionate. Staff developed positive, caring relationships with people based on respect. We observed people appeared happy and relaxed, with lots of friendly interactions with staff. One person told us, "I love the people here dearly, they are family". Another person said, "They [staff] are the best friends I have ever had – friends for life". Relatives we spoke to told us they were reassured that their family members were happy and safe at Cedar Lodge and had their independence. One relative told us, "My [family member] is very happy there and we are happy with the situation".

People were involved in their own care planning and daily living decisions. Care plans and individual activity records were personalised and included lots of photographs and personal contributions. We saw evidence in people's records where they had personally recorded their comments regarding decisions or activities. Staff clearly knew people's interests and preferences and supported them to maintain them. For example one person liked playing the piano and staff were observed encouraging this and singing along with them. This person told us they really enjoyed playing the piano, it helped them relax and they enjoyed it when other people or staff joined in or listened to them. Other people told us they liked listening to the music which demonstrated the friendly supportive atmosphere within the service and the mutual respect between staff and people living there.

People were given information in ways that they would understand. The provider used a widget to translate information into easy read and pictorial documents, which helped people to understand them. We saw examples of this on notice boards, in people's rooms and in people's files. For example the cook used pictures of food when discussing menu options and pictures were used to display the daily menu. One person told us, "I like choosing what food I like with the cook when they do the menu". This showed that people were involved in making decisions and their choices were listened to and respected.

We observed that staff promoted the privacy and dignity of people. Assistance was offered discreetly when required and we observed staff were quick to recognise the subtle signs that a person needed assistance to visit the bathroom and offered support promptly. We saw food that met special dietary requirements was prepared to make it look like the original food where possible. This promoted the dignity of people and made meals more appealing.

We also saw items around the building that promoted dignity. There was a dignity tree in one of the lounges with people's comments hanging from it and dignity bunting hanging in the corridor that included people's personal comments. People showed us framed, personalised, dignity poems in their rooms and in communal areas, which had been written by a staff member. People were proud to show these to us, especially the poems that were personalised and included their names and comments about them and their families. This demonstrated how well staff knew and cared for the people using the service and how they respected people as individuals with their own particular characteristics.

People were supported and encouraged to maintain their independence and support offered depended on individual abilities. We saw records where people had been involved in making decisions regarding their activities and had been involved in discussions about their support needs when taking trips into the community. Some people were confident to go out on trips on their own and did so daily. Other people chose where they would like to go, but preferred to be accompanied by staff who provided reassurance and guidance as appropriate. Everyone made decisions about their daily activities and were supported by staff who respected these decisions and supported them where required.

One person told us, "I love my own company and sometimes I like to be on my own and staff respect that". Family and friends were free to visit at any time and people visited families whenever they wanted. A relative told us, "Staff are very caring and kind. They are brilliant, not only with my [family member] but they have helped me so much. They have given me advice on how to cope with situations and it is much easier to take [family member] out now". This meant that staff supported independence and privacy, and enabled people and their families to develop relationships based on dignity and equality.

## Is the service responsive?

### Our findings

People were supported by staff who knew and understood their needs and interests. Staff provided personalised care and support to meet people's needs. People made decisions about their daily activities and staff supported them where required. One person said, "It's a good place to live, I'm happy to live here, staff talk to me nice and help me". This person was excited to tell us about the holiday they had planned with staff and how they were looking forward to it. They showed us pictures of previous holidays and trips and told us how they had enjoyed them. It was clear that these activities had a positive impact on this person's wellbeing and supported their independence. Another person told us they were looking forward to going on a boat trip with staff and would be booking it the following day. This demonstrated that people's interests, goals and aspirations were known and supported by staff.

People were encouraged to access services and activities in the local community and support was offered where required. For instance some people attended a local drama group and others went to the local pub for meals out. Where possible, people used public transport and visited local shops independently, enabling them to develop relationships with people in the local community.

People contributed to their care plans and reviews and made decisions regarding their care and support needs. We saw evidence in people's records where they had made personal comments or suggestions. Each person had a 'person centred plan' as well as a care plan and these contained lots of pictures and comments from activities they had participated in. People enjoyed showing us these records and reminiscing about their trips and activities. We also saw pictures displayed around the building and in people's rooms of them taking part in activities and people were happy to show us these.

People showed us their rooms and explained how they had chosen the colour schemes and accessories in their favourite colours. Each person had a named 'keyworker' who was responsible for ensuring particular activities and records were up-to-date and people's needs were being met. Staff told us 'keyworkers' supported people to keep their rooms tidy and helped with decoration and shopping where required. One person told us, "My keyworker helps me choose nice bedding, I love my room". Staff told us because they had a mixed gender team they were able to accommodate individual requests for gender specific care.

People told us they knew who to complain to if they were not happy but most people said they had 'nothing to complain about' as they were very happy. One person said, "I have no problems but if I did I would talk to [deputy manager]". One person told us, "The staff know what to do with me if I'm not happy; they don't send me to my room anymore, they know what calms me down". This demonstrated that staff responded to comments made by people and were flexible in their approach to situations, which respected people's choices and decisions. A relative told us, "We have never had a reason to complain but if we did we would go to [registered manager] or [deputy manager] without a doubt". The staff told us that they were proactive in requesting feedback and responded positively to comments and suggestions. They told us they sent out questionnaires every six months and captured comments and suggestions from people in reviews and general discussions.

We saw completed questionnaires from people and families, where people had made positive comments about their care and the staff. We saw two comments books, one with a smiley face on the cover for positive comments and one with an unhappy face on the cover when people were not happy with any aspect of the service. There were lots of positive comments and compliments in one book and only three complaints or suggestions in the other. The deputy manager explained how they had responded to these complaints and suggestions and made changes where possible. For instance in response to a suggestion, they had purchased garden tubs and hanging baskets which people had planted up, which were on display at the entrance to the building and around the seating area.

The registered manager told us how they collated comments and complaints and used these to feed into the improvement plan or adapted people's care plans to take account of people's wishes.

## Is the service well-led?

### Our findings

The service was well led and managed by the registered manager and senior care team which included a deputy manager, team leader and the provider. People and their relatives felt that staff and the managers were approachable and open to listening to their suggestions or concerns. One person said, "I like the staff here" and another said, "I like the [deputy] manager they make me laugh". One relative said, "[The deputy manager] is very helpful and takes the time to explain things", and another said, "[The deputy manager] is brilliant and understands our situation completely". A staff member said, "The managers are hands on here; they know what's going on".

We found the provider had gathered people's views on the service through regular meetings. We saw suggestions made had been acted on, for example in relation to social occasions and events. Surveys had been completed by professionals in 2016. These were positive and commented on the improvements made in care and support, such as being more person centred. The provider used people's comments and opinions to monitor the quality of the service.

People and families said they were confident any concerns would be addressed. One relative said to us, "I like the fact they are open and transparent, nothing is hidden away". Staff felt able to raise concerns or make suggestions about improving the service. All the staff we spoke with praised the registered manager and the deputy manager. Staff told us they received guidance and supervision from the deputy manager in one to one sessions. They said this was useful and were positive about their job role. One staff member said, "[The deputy manager] talks to us like a person, not just an employee. I like it here; I feel part of the team".

Records confirmed supervision meetings took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were supporting people who used the service. An external professional we spoke with praised the registered manager describing them as approachable and receptive to suggestions. The registered manager described the support from the provider as good and understood their responsibilities, for example, when and why they had to make statutory notifications to the Care Quality Commission.

The registered manager told us they were continuing to develop links with the community and were actively involved in supporting people to use local facilities such as shops and sports facilities. They also maintained professional contacts with relevant agencies such as social services and local medical centres. They told us they were trying to improve the service in order to meet people's needs and aspirations and provide age appropriate occupation.

The provider was striving to promote a positive culture that was inclusive and empowering. The registered manager told us that people using the service were included on staff interview panels. A staff member confirmed this and said, "I think it's a great idea, as I work for them [people who use the service], so they should decide". This showed the provider was creative in how they involved people in the development of the service and in developing individual skills and broadening their experiences.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. The registered manager told us regular visits were undertaken by the provider and a range of audits were undertaken in the home; including care records, accidents and incidents. We saw the audits were thorough and up to date and identified any actions required. Where an issue had been identified, we saw it had been addressed; for example, where there had been a repeated incident with one person, the relevant risk assessment had been updated to minimise the risk of further incidents. We saw regular checks of the safety of the building were undertaken; fire and personal evacuation plans were in place and were tested, recorded and monitored at regular intervals. This meant the provider had systems in place to ensure the service operated safely.