

Mr Michael Lewis Spendley

# Cedar Lodge

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

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?

Good 

### Overall summary

The inspection took place on the 15 October 2015 and was unannounced. Cedar Lodge provides accommodation and personal care to 25 older people. There were 23 people living in the home on the day of our visit.

The home has a registered manager and they and the registered provider were available on the day of the inspection. 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 told us that they felt safe. Staff were clear about what was abuse and the steps that they should take to protect people. The likelihood of harm was reduced as risks to people's health and welfare had been assessed. Risk assessments guided staff in how to reduce the risks and keep people safe.

# Summary of findings

There were some inconsistencies in the management of environmental risks and some of the safeguards need to be strengthened.

Checks were undertaken on staff suitability for the role and there were sufficient numbers of staff available to meet the needs of the people living in the home.

Medication was generally managed safely but we did find inconsistencies in the recording and checking systems. Staff would benefit from further guidance about when they should be administering some medications.

Staff received an induction to prepare them for their role and additional training was provided to support their learning and development.

People who lived in the home were positive about the quality of the food and our observations were that people enjoyed their meals.

People received the support they needed to maintain their health. Staff were proactive in their contacts with healthcare agencies and acted on their guidance.

Interactions between people using the service and staff were warm and friendly. Staff knew people they were caring for and what their care preferences were. Care plans were detailed and informative and reflected people's needs. Where people's needs changed, advice was sought and the plan revised.

People's wishes and aspirations were identified as part of the planning process and efforts were made to help people achieve their goals.

People were positive about the leadership of the service and the care provided. Staff understood their role and were well supported. There were systems in place to ascertain people's views and drive improvement.

# Summary of findings

## 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

Environmental risks were identified but not always managed effectively.

Risks to individual's health and welfare were identified and plans put into place to reduce them.

Staff were available to meet people's needs.

Medication procedures was well organised but procedures could be strengthened to further safeguard people.

### Is the service effective?

Good



The service was effective.

Staff had a good understanding of capacity and the principles of the Mental Capacity Act (MCA).

Staff had been provided with training and supervision which gave them the knowledge to meet people's needs.

People were positive about the quality of the meals provided.

People had good access to health care support.

### Is the service caring?

Good



The service was caring.

Staff had developed positive relationships with people who used the service.

People were enabled to make decisions about their care.

People had their privacy and dignity respected.

### Is the service responsive?

Good



The service was responsive.

Care plans were detailed and informative and provided clear guidance about how to meet people's needs. Plans were written in a positive way and peoples aspirations were identified and efforts made to meet them.

Complaints procedures were in place.

### Is the service well-led?

Good



The service was well led.

The manager provided clear leadership and direction to the staff team.

Audits were undertaken to check the care provided and to ensure that people received the care they needed.

# Summary of findings

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People were asked for their views on care delivery.

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# 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 the 15 October 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included any statutory notifications

that had been sent to us. A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with seven people who used the service, two relatives, four staff and the manager.

We reviewed three care and support plans, medication administration records, three recruitment files, and records relating to the quality and safety monitoring of the service.

# Is the service safe?

## Our findings

People told us they felt safe with the staff that supported them. One person said, "I am happy here." Another person said, "We are well looked after."

Resident meeting minutes reviewed showed us that safeguarding people from the risk of harm was discussed and people were told that the home had a "zero approach" to abuse. Staff told us they would not hesitate to report safeguarding concerns and they had received training in recognising abuse. While not all staff were clear about the role of other organisations such as the Local Authority Safeguarding team they were confident that senior staff would take the right actions to protect people. They were aware of the provider's whistleblowing policy and procedures to follow if they had concerns about people's safety and wellbeing. Staff told us that they had undertaken training on restraint and care plans referred to this, but they were not clear as to in what circumstances this would be used. We discussed this with the manager who agreed this was not clear and assured us that it was unlikely that restraint would be used but to avoid confusion agreed to update the care plans accordingly.

Risks to individuals were identified and plans were in place to reduce the likelihood of harm. The Malnourishment Universal Screening Tool (MUST) for example was used to identify individuals at risk of malnourishment. We saw that those individuals who had been identified as being at risk were weighed regularly and there was a plan in place to manage the risks. We saw that people at risk of pressure ulcers were identified, and staff were aware of who were at risk. Appropriate equipment such as pressure relieving mattresses and cushions were in place and in use.

Environmental risks were not always adequately addressed. The provider had procedures in place to guide staff in the event of emergencies and there was a clear protocol for staff to follow where individuals had an accident. We saw that regular checks were undertaken on equipment such as bedrails to ensure that they were correctly fitted. External contractors had undertaken checks on the arrangements in place to safeguard people from risks associated with legionella. We saw that there was a significant gap in water temperature testing however the manager assured us that these checks would be reinstated as soon as possible. The manager told us that risks of scalding were reduced as temperature checks were

undertaken on water temperatures before individuals were supported with bathing. We saw that checks were completed on the chair lift and fire safety equipment such as extinguishers. We noted that a door wedge in use which would prevent doors closing in the event of a fire. The manager told us that this had been agreed with the fire officer but there was no documentation to evidence this. Further clarification should be obtained from the fire officer about alternative methods of ensuring safety and enabling the individual to have their door ajar.

People told us that their needs were being met and staff were available and able to meet their care and support needs. We observed that staff responded promptly to individuals and were visible throughout the service. We saw that people had mobile call bells and therefore were able to summon staff wherever they were in the building or garden.

We looked at the recruitment records for three staff who had recently been appointed. Records showed that checks such as references and Disclosure and Barring Scheme (DBS) checks had been made prior to the commencement of employment. This was to ensure that they were safe to work with people.

We found that medication was in the main safely managed but the arrangements could be further strengthened. We observed the medication round as part of our inspection, and noted it was undertaken safely. The senior carer ensured people had a drink, and gave them time to take their medicines. We saw that eye drops and inhalers were given to people as they were sitting at the dining table with other individuals but it was not clear if this was their choice.

The medicine trolley was kept locked when unattended, and the member of staff signed the medication administration charts after the medicines had been taken. We checked samples of medication as well as Controlled Drugs (CD) and saw that they were appropriately signed for and the quantities in stock tallied with the CD register. Staff recorded when they administered PRN medication such as pain relief but there were no protocols in place regarding its use and how staff could recognise if individuals were in pain. Medicines which were being returned to the pharmacy were clearly logged but there was an anomaly between the return and actual stock. These were signed by two members of staff and may indicate that staff do not fully understand their responsibilities as witnesses. The manager agreed to clarify the role of witnesses with staff.

# Is the service effective?

## Our findings

People told us that they felt well supported. One person said, “This is a good home.” A relative told us, “The carers are brilliant.”

Staff told us that they had good access to training and that they had undertaken an induction when they had first started to work at the service, this included a range of areas including moving and handling and infection control.

Staff told us that they had been supported to undertake additional training such as Qualification and Credit Framework (QCF). The manager told us that a number of the individuals who lived in the service had been enabled to attend some of the recent training held in the home on equality and dignity in care which had been positive for the individuals and staff. There were certificates on staff files to evidence that training had been completed in a range of areas relevant to the needs of people using the service including percutaneous endoscopic gastrostomy (PEG), where individuals are fed via a tube.

Staff demonstrated through discussion and observation that the training was effective as they had a good understanding of how to assist people to move safely and infection control procedures.

Staff told us that they were supported by the management team and were provided with regular supervision sessions to reflect on their practice. We saw records which showed that regular observations of practice were undertaken and where a need for further learning was identified staff were given details of the actions that they should take to improve. Staff meetings were held regularly and these were minuted and clear directions given about expectations and what they were trying to achieve.

People told us that they had a say in how they were supported and their wishes were respected. The manager had a good understanding of the Mental Capacity Act 2005 (MCA) and the role of the IMCA. We observed staff asking people for consent before providing assistance.

People were generally very positive about the food and told us that they enjoyed the meals. One person told us that the food was, “Wonderful.” Another person told us that, “We can put in requests for different kinds of food.” Two people told us that cooked breakfasts were not available but the manager assured us that these can be provided and agreed to clarify this.

We observed both the lunchtime and evening meal during our visit and both were calm and relaxed. We observed staff assisting people to eat, this was undertaken sensitively and staff sat alongside individuals and chatted with them. The support provided was appropriately placed.

Individuals were offered a choice of main meal and the food served looked appetising. We saw that one person refused the meal provided but they were provided with an alternative.

We noted that people in their rooms all had drinks within reach and those eating in the dining room had different types of drinks reflecting their individual preferences. A cold water dispenser and snacks were available in the lounge

People had access to health care support when they needed it. Care and support plans included details of planning to support people to maintain their health and wellbeing. For example, people diagnosed with diabetes had clear support plans to guide staff in how to respond and monitor people to keep them safe. Referrals were made to professionals such as occupational therapists and the SALT team where specialist advice was required. Equipment such as pressure relieving cushions and mattresses were in use to manage risks to people’s health which had been identified. We saw records which showed that people had good access to range of health professionals such as chiropodists and dentists.

We spoke with a visiting health professional and they told us that the service worked well with them and took on board guidance.

# Is the service caring?

## Our findings

People consistently told us that the staff were kind and caring. One person said, “They talk to people nicely.” Another person said they are “Brilliant I can’t fault a thing.”

We observed support being provided during the inspection and saw that staff had good relationships with people. We observed people smiling and chatting together. Staff were attentive and interacted with people in a respectful way. We overheard staff offering assistance and asking people if they were comfortable and if there was anything they could do to help.

Staff spoke warmly about people and knew them well. They were able to describe individual’s preferences and care needs.

People told us that they were listened to and enabled to make decisions about life in the home. One person told us that there had been a discussion about the seating arrangements and they had hoped that this would be changed to enable more conversation but some people did not want the change, so this was respected. We saw evidence such as minutes of residents meetings which confirmed that people were asked their views on life in the home and how care was delivered. The minutes documented that there were no issues however some residents told us that there were elements of routines which were not as flexible as they could be such as

availability of cooked breakfast and when and how often people could have baths. The manager agreed to discuss this further to try and find a way to accommodate people’s needs.

Staff told us that they gave people choices and we saw staff putting this into practice. We observed staff giving people a range of choices including, what they would like to do, what kind of music they wanted to listen to and what drinks they liked. People were given time to respond.

People told us that their privacy and dignity was promoted and this reflected our observations. People looked well cared for and their clothing was clean and well fitting. Support with eating was provided in a way that respected the individual’s dignity. Staff were supportive, and encouraged people to be independent such as when walking.

Staff had a good understanding of the issues regarding confidentiality and one person told us, “They don’t talk about other people in front of you.” We saw that personal information was appropriately stored.

People were supported at the end of their life and staff were proud of the care they had provided. Staff demonstrated an understanding of the importance of providing compassionate care which took into account individual preferences and wishes. Staff were enabled to spend time with individuals and provide comfort and reassurance. We were given an example of where staff had taken it in turns to sit with an individual in hospital as they did not have a close relative. People who live in the service told us that they were enabled to say goodbye to friends.

# Is the service responsive?

## Our findings

People spoke positively about the care they received and told us that their needs were met. One person said, "It is like a big family here."

We saw that pre-admission assessments were undertaken before people moved into the service and we saw that this included a detailed history of the individual and their interests. This information was used to develop a plan of care. We saw that one person had recently moved into the service and staff had identified a need and obtained resources from the local community to support the individual.

Care plans were detailed and informative and contained information about people such as allergies and health needs and the actions that staff should take to meet them. Plans were written in a positive way and included information about what individuals were good at and what they enjoyed.

Plans were person centred and provided staff with the guidance they needed in accordance with people's wishes. One plan went into detail about the individual and what they were like on "a good day" and on "a bad day" and outlined what staff could do to make a positive difference. The plan stated that staff must, "not to stop loving me and not only judge me on my bad days."

Care plans reflected the care delivered, and we saw that when people's needs changed, for example when they had lost weight, the care plans were updated to reflect changes. A relative told us that, "If anything is wrong I am always notified." Monthly reviews were undertaken and a more comprehensive review was undertaken on a yearly basis.

People were supported to follow their interests and take part in a range of activities. One person told us, "We have a new minibus and in the summer we go out." We were told that one resident had a cat and another had two birds which lived in the communal area. We observed people accessing different areas of the building including the garden. We saw that the garden had been recently landscaped and there were things for people to look at as well as a summer house for people to use. The home did not have a specific member of staff responsible for activities but we observed care staff undertaking activities such as singing with individuals and supporting people to play games such as scrabble.

We saw that there was a wish tree in the entrance on which residents could record their wishes. We saw that staff had made significant efforts to make some individuals' wishes become reality. There were lovely photos of people enjoying themselves doing things which were important to them. One person for example had been supported to go swimming and another person had been supported to visit a local Cathedral.

There was a complaints procedure on display but the manager told us that there were no formal complaints received. People told us that they could raise concerns, one person said, "If there are problems they are sorted out." Another person said "Sometimes they forget things but nothing major, I have had no reason to complain, no one is nasty."

We saw that concerns and complaints were discussed at residents meetings and people were encouraged to raise issues and reminded of the procedure.

# Is the service well-led?

## Our findings

People told us that the home was well managed and any issues which were raised were sorted out quickly. Staff were motivated and spoke positively about the home and the care they provided. The staff team was stable and well organised. Staff were encouraged to take on additional responsibilities and told us that they were encouraged to make suggestions and to contribute to improving the service. They were proud of the recent investment in the fabric of the home, the new garden area and furniture in the dining room. Staff told us that the manager would take action if they raised concerns, and expressed confidence in the way that the manager ran the home.

The manager was enthusiastic about their role and spoke passionately about their vision of good care practice and what they were trying to achieve at Cedar Lodge. The provider and the manager were both accessible and we observed the manager spending time with people who lived in the service, they demonstrated a good knowledge of people's care and support needs. People who lived in the service knew who the manager was and had a good rapport with them. The Manager understood their role and their legal responsibilities for notifying CQC of deaths, incidents and injuries which affected people who lived in the home.

We saw that the manager provided clear leadership and direction to the staff team. We saw minutes of recent staff minutes where the manager set out their expectations regarding the care they wished to see delivered. Staff we

spoke with were clear as to their responsibilities and told us that they received regular supervision and yearly appraisals. One member of staff told us, "I love the job, we get support from the manager." Another member of staff said that the "manager sorts things out and is nice, but firm if something is not right."

There was a range of systems in place to check the quality of the care provided and drive improvement. The manager told us that they analysed information such as falls to identify patterns. We also saw records to show that the manager undertook spot checks on care practice. This included observations on moving and handling practice, medication and personal care. We saw that staff were given feedback on how they performed their duties.

The manager told us that they sought people's views through a range of ways including talking with people, reviews, surveys and resident meetings. We saw that meetings were held with individuals and relatives on a quarterly basis. The minutes of the last meeting demonstrated that it had been well attended, and people were encouraged to share their views, opinions and ideas. Questionnaires were sent to people using the service, relatives and professionals. We reviewed the surveys from the provider's last survey of July 2015 and saw that the results were positive, 90% of people said that staff respected their privacy, dignity and confidentiality. A similar amount said that they would recommend the home. We saw that the manager had analysed the findings and reflected on them with a view to learning and strengthening practice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.