Swanton Care & Community (Autism North) Limited

The Cedars

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 25 February 2016 and was unannounced. A second day of inspection took place on 1 March 2016 and was announced. We previously inspected the service on 26 August 2014 and found the service was not meeting a regulation in relation to effective systems to regularly seek the views of people who used the service to enable the registered person to come to an informed view in relation to the standard of care and treatment provided. Quality systems have since been updated and the home actively seeks views from people and their relatives to improve the service.

The Cedars is a residential home that provides personal care and support for up to six adults with a learning disability or autistic spectrum disorder. At the time of our inspection there were five people living in the home.

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.

The registered manager and staff understood the principles of safeguarding and how to keep people safe from abuse.

Risk assessments were in place for people when required and there were clear links to care and support plans. There were also general risk assessments regarding the premises and environment. The home had an up to date fire risk assessment in place and each person had a personal emergency evacuation plan (PEEP) that detailed their individual support needs in the event of a fire.

Medicines were managed safely, effectively and in a way which reflected people's individual needs. All records were up to date and fully completed, with medicine audits being carried out regularly.

Staff were recruited in a safe and consistent manner with all appropriate checks carried out. Staffing levels were consistent to meet people's needs.

Deprivation of Liberty Safeguard (DoLS) authorisations were in place for some people who used the service. Where there was a delay experienced due to an application being with a local authority there was evidence of the registered manager requesting updates and chasing the authorisation with the local authority in question. However, appropriate action had not been taken to ensure an authorisation was in place for one person being deprived of their liberty.

Staff had up to date training in safeguarding, moving and handling, fire safety and first aid. Staff also received training in areas specific to people's needs such as autism, epilepsy and Makaton.

Staff received regular supervision and annual appraisals. Staff told us they felt supported in their roles and they could approach the registered manager if they had any issues or concerns.

People's preferences, likes and dislikes were taken into account when menu planning. People were given choices each meal time and offered alternatives if they did not want what was on offer.

Relatives told us they thought the service was caring and their family members were well looked after and happy. We observed staff supporting people in a caring, compassionate way and communicating with people in friendly, respectful manner.

The service provided personalised care. Staff had good knowledge and understanding of each person and knew how to support them in a way that met their specific needs. Relatives told us they felt people were looked after and well cared for in the home. Each person had a goal and activity plan in place.

There were communication profiles in place to inform staff how to effectively communicate with people and what signs people may show to express different moods and feelings.

Relatives and staff felt the service was well managed. There was an open, calm, relaxing atmosphere within the home. Staff felt supported in their roles and were kept informed and updated in relation to any changes in the service.

The provider had a quality assurance system to check the quality and safety of the service provided, and acted upon identified improvements.

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. Relatives told us their family members were safe and happy.

Staff had a good understanding of safeguarding and were confident in their role of protecting people from abuse.

Medicines were managed safely.

People had detailed personal emergency evacuation plans in place.

Staff were recruited in a safe way and staffing levels were consistent with people's support needs.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager had not always taken appropriate action to ensure people had authorisations in place prior to being deprived of their liberty.

Staff had up to date training in people's specific needs.

Staff received regular supervisions and annual appraisals.

People had access to healthcare professionals as and when they needed them.

Is the service caring?

Good

The service was caring

Relatives told us their family members were happy, comfortable and content living at The Cedars.

Staff supported people in a warm, friendly manner with patience and genuine compassion.

People could access advocacy support if needed.

Is the service responsive?

Good

The service was responsive.

People enjoyed a range of activities which included independent living skills and hobbies.

Each person had a goal plan in place that was regularly reviewed and updated to reflect their personal development.

Care and support people received was personalised and tailored to reflect the individual needs of each person.

The registered manager had a procedure in place for dealing with complaints. Relatives knew how to complain and told us they felt comfortable raising any issues or concerns.

Is the service well-led?

Good

The service was well-led.

Staff told us they felt supported by the registered manager and felt comfortable approaching them with any issues or concerns.

Staff had regular meetings to discuss the service and felt informed of changes in the service.

The registered manager and support staff completed regular audits of the service provided and acted upon any issued identified.

The Cedars

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 comprehensive inspection took place on 25 February 2016 and was unannounced. A second day of inspection took place on 1 March 2016 and was announced. The inspection team consisted of an adult social care inspector.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We contacted the local authority commissioners of the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

We used a number of different methods to help us understand the experiences of people who lived at The Cedars. As part of the inspection we conducted a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The five people who lived at this home had complex needs and this limited their communication, so we also asked relatives for their views.

During the inspection we spent time with some of the people who lived at the home and observed how staff supported them. We spoke with the registered manager, senior care worker and three care workers. We looked around the premises and viewed a range of records about people's care and how the home was managed. These included care records for three people and medicine records for four people. We reviewed four staff files, including records of the recruitment process. We reviewed supervision and training records as well as quality monitoring records.

Good

Is the service safe?

Our findings

Relatives told us the service was safe. One relative said, "[Family member] is safe, well looked after and always clean." Another relative said, "[Family member] has got a lovely life and I know [they're] safe and happy."

During our inspection we looked at the home's process for administering medicines and noted medicine administration was managed appropriately. Medicine administration records (MARs) were fully completed and corresponded with other records which included medicines disposed, returned to the pharmacy or discontinued. There was a clear audit trail that showed medicines ordered, received, administered and those returned that were refused or no longer required.

Records showed monthly medicine audits were carried out by senior staff. No errors had been indicated from the audits. One action point noted related to a new battery for the medicine fridge. This had been signed off by a staff member to confirm it had been completed.

All staff members had received safeguarding training so were aware of their responsibility to report any concerns. Staff had a good understanding of safeguarding. Staff we spoke with named several forms of abuse and gave examples of what they may entail. Staff also described potential signs people may show if they were being subjected to abuse such as changes in peoples' usual behaviour and used individual people as examples. On staff member said, "If I suspected someone was being abused I would report it most definitely. Depending on who I suspected of carrying out the abuse I would report it first to my manager. If management was under suspicion I would report it to the area manager or whistleblowing." Another member of staff said, "I would report it to the manager or shift lead immediately."

There was a whistle blowing policy in place that was readily available and accessible for staff. Copies of the policy were displayed on the noticeboard in the main hall. Staff were aware of the whistle blowing policy and one member of staff said, "If I was dissatisfied with the response from the manager (during a complaint or raising concerns) I would use the whistle blowing policy to complain further."

A safeguarding file was in place which included the policy and procedure for reporting and dealing with concerns. We could see from records available that investigations, outcomes and actions taken were stored electronically and available to view. Evidence of investigations and outcomes were seen during our inspection.

There was an incident and accident file which contained detailed reports for all incidents and accidents that had occurred. Records included details of events that had occurred, a record of investigations, all action taken and lessons learned and debriefs following any event. These included newly identified signs and triggers that may result in a change in people's behaviour, for example, the seating layout on a bus that was different and what specific seats a person would sit in as part of their routine. Distraction and refocussing methods to be used to prevent reoccurrence were also recorded.

An electronic log of all accidents and incidents was updated by the registered manager and submitted to the provider on a monthly basis for collation and analysis. The registered manager told us they completed a regular trend analysis of incidents to identify potential triggers or situations so they could put preventative methods in place to reduce the likelihood of any reoccurrence. At the time of the inspection there were no trends identified.

There were enough staff on duty to ensure people's needs were met in a timely manner. One relative said, "Yes, there certainly is sufficient staff. When [family member] comes to visit [they] have two staff to support [them]." One staff member told us, "There are enough staff to meet people's needs." The registered manager explained that people's needs when supported inside and away from the home were the focus when reviewing staffing levels and rotas. Staffing levels during the day were typically one senior care worker and six care staff. Through the night there were two care staff available to meet people's needs should they wake.

In addition to the allocated support staff there was a cook, a domestic worker and a registered manager on day shifts. On-call arrangements were in place for staff to be able to contact an appropriate senior member of staff during out of hours. The registered manager explained this was covered by them and regional managers on a rota basis. The on-call rota and contact numbers were available to staff in the communication file. This meant staff had access to appropriate levels of management support at all times.

At the time of our inspection there was a staff vacancy for a cook and the domestic staff member was on short term leave. Cover was provided by existing staff and people took part in some cooking, meal preparation and domestic work as part of developing their independent living skills. The registered manager explained they were awaiting the start of a new member of care staff so an existing member of care staff could transfer to the role of cook in the home.

We reviewed staffing rotas for a four week period and found staffing levels to be consistent and in line with the levels the registered manager explained to us.

Records showed the registered provider's recruitment process was followed to ensure staff who were recruited were skilled and experienced. All staff had completed an application form and had an interview. Each staff member had necessary checks prior to them being appointed which included references and a disclosure and barring service check (DBS). DBS checks are used as a means to assess someone's suitability to work with vulnerable people.

People had risk assessments in place where required. Risk assessments were stored within care files and were regularly reviewed. All identified risks had appropriate care plans in place which detailed how care was to be provided to prevent those risks. For example, people at risk of being scalded when cooking. Staff provided support for people to prepare food and goods for baking or cooking but staff operated the oven, explaining to people the dangers of scalding.

We saw a range of risk assessments relating to the premises and environment. These included fire, legionella, using laundry facilities and using the kitchen. We also saw risk assessments relating to the allotment, community meals out with others and going to the cinema. The risk assessments were used to mitigate risks during scheduled outings.

Fire evacuation procedures were on display throughout the home. A fire file was in place which contained a fire risk assessment and detailed evacuation procedure. Each person had a personal emergency evacuation plan (PEEP) in place. Plans included information about aids required, the method of evacuation and the

number of staff required to evacuate each person safely. Plans were also colour coded in terms of mobility levels.

Requires Improvement

Is the service effective?

Our findings

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive people of their liberty were being met.

During the inspection we found the provider had made applications to the relevant supervisory authorities about four people who lived at The Cedars because they needed supervision both inside and outside of the home. Three authorisations had been granted but a local authority for one person had not actioned the application made. Records showed the registered manager had made regular requests to the local authority to progress the DoLS applications but without success.

We also found one person was being deprived of their liberty but the registered manager had not made a DoLS application to the local authority. When we spoke with the registered manager about this they told us this was due to the location of the local authority and the Mental Capacity Act not applying to that country. The deprivation of liberty safeguards Code of Practice notes that if a person is to be deprived of their liberty and their ordinary residence is outside of England or Wales, an application should be sent to the local authority in whose area the care home is located. This meant one person was being deprived of their liberty without the required DoLS authorisations in place. The registered manager acted upon this and submitted a DoLS application the appropriate local authority.

Staff understood what MCA assessments were and when they should be completed. Staff also had an understanding of DoLS including what they were, when they were used and that some people living at The Cedars were subject to a DoLS. For example, staff made reference to the front door being coded and people requiring either one-to-one or two-to-one support when leaving the home.

Relatives told us they felt their family members were supported and cared for by staff who were skilled and experienced to do so. One relative said the staff were "excellent". They told us, "The way they deal with [family member] is really good." A staff member told us, "There's been a really low staff turnover so staff have been here for years (and know the people who live in The Cedars)."

Staff had completed a range of training in areas such as safeguarding, MCA, DoLS, first aid, fire safety, human rights, equality, diversity and inclusion. Staff had also completed training specific to people's needs

including autism, epilepsy and sign language. One staff member told us, "We've just completed Makaton training to be able to communicate with [person who uses the service]." The registered manager monitored staff training and arranged refresher courses for staff as and when required.

Staff members told us they felt they received appropriate training to carry out their duties effectively. One member of staff said, "Before you even think about training [registered manager] has booked you on courses and refresher training." Another staff member said, "I feel like we get a lot of training."

Staff told us they received regular supervisions. Records in staff files confirmed that staff received standard supervisions at regular intervals as well as focussed supervisions that related to specific areas such as hand hygiene, fire safety, accidents and incidents and food safety. Staff completed quizzes as part of focussed supervisions to allow management to test their knowledge. Standard supervisions included discussions around progress, personal issues, working relationships, workload and recording. Staff told us they found supervisions supported them in their roles. One staff member said, "I find supervisions very useful as you have targets and you work towards your targets."

Every staff member received an annual appraisal. Appraisals included staff understanding of their role, how the past year has been for them, their most important achievements, what they disliked about the job, difficulties, points that interest most, any development areas and objectives set with target dates. For example, one staff member had an aim to become a communication co-ordinator for the home and planned to undertake Makaton training. Updates showed this was actioned and the staff member completed the training.

Relatives told us the food was nice at The Cedars. One relative said, "[Family member] eats a lot so must enjoy it." Another relative said, "I like the fact [family member] helps prepare the food. It's always lovely." During our inspection we observed a mealtime experience in the dining. The atmosphere was relaxed and people were served their food in a polite, respectful manner. We saw people eating their meals independently with gentle prompting from staff where necessary and in line with their individual needs. Staff engaged people in light-hearted conversations about their day and what they had been doing.

During our inspection no one required physical support to eat their meals. Although people chose their meals in advance, staff asked people again before serving if that was still what they wanted. When people were finished their meals they were supported and prompted by staff to independently take their plates and cutlery into the kitchen.

During meal times we observed tables were set nicely with place mats, napkins, cutlery, condiments, sauces, cups and jugs of juice. Food looked appetising and was well presented. People were observed eating all of their meals.

People were given choices at meal times. One staff member told us one main meal was cooked at lunch time but people could have alternatives such as jacket potatoes, sandwiches, toasties or other alternatives available if they didn't want the main meal on offer.

Staff also told us, "They are asked what they would like to eat at each mealtime and alternatives are offered if they don't want what is on the menu."

People's consent was sought before staff provided support. Staff explained the activities they were going to support people to do and made sure they were happy before providing support. For example, supporting a person to prepare lunch for themselves and others in the home and to set the table. We observed staff

knocking on people's doors and seeking permission from people before entering their rooms. During our inspection the registered manager showed us around the home and sought permission from three people to show us their bedrooms.

People had access to appropriate health care professionals including GPs, speech and language therapists, dentists, consultant psychiatrists, psychologists and opticians. Care files contained clear records of contact with all care professionals.

Communal areas were clean, tidy and had a homely feel. There were pictures, bookcases and wall art around the home. A television with a perspex cover had recently been removed from the small communal lounge as it was no longer required due to the changing needs of one person. At the time of the inspection the home were awaiting the delivery of a new television to be installed in its place.

Good

Is the service caring?

Our findings

Relatives told us staff were caring. One relative said, "Staff are friendly. They are very supportive and helpful. You can tell the carers care. [Family member] seems to be happy, they're looked after well and is content. [Family member] seems to be enjoying life." Another relative said, "[Family member] is really, really well looked after, [they're] very, very happy. They (staff) have worked extremely hard to make [family member] happy." A relative told us when they visit the home, staff make sure they have access to one of the communal lounges to spend time with their family member as their family member prefers to spend time alone with them.

One staff member told us, "We have one of the best staff crew in here." The staff member went on to explain that they all work together to ensure people's happiness and comfort was their main focus. Another staff member said, "We work well as a team so we can help people to achieve their goals and keep them safe." The staff member told us how one person was supported to go to a local garage where they chose magazines they wanted and purchased these themselves at the till. The person then returned to the home and told other people what they had done. The staff member said, "It builds their confidence and we praise them to give them encouragement."

The atmosphere in the home was calm, warm and friendly. One relative said about staff, "They are lovely, very friendly." Another relative said they always felt "welcomed by staff". During our inspection we saw people smiling, laughing and responding positively to staff which told us they were happy with the support they received.

One relative told us how staff encouraged communication and supported their family member to maintain regular contact with them. They said, "The home bought an iPad so we can facetime [family member] every week." The relative explained that their family member didn't communicate very much previously when using the telephone, so this method was much more effective and encouraged conversation as their family member could see their face when speaking to them.

We saw people chose to spend time with staff members in communal areas of the home and were comfortable in their presence. Staff were friendly, familiar and patient with people, encouraging them to be independent and make decisions in relation to everyday activities such as what to watch on the television.

We observed positive interactions between people and staff members, such as encouraging people to join in activities or supporting them with daily tasks. We observed one person enter the small communal lounge with a member of staff and placed a document in their care file. The staff member praised the person who smiled and 'high fived' the member of staff before leaving the room with a spring in their step.

One relative told us, "They encourage [family member] to come out of [their] room and join in activities." We saw people received verbal support of encouragement and prompts from staff in relation to their care, which promoted their independence in doing things for themselves. For example, prompting and encouraging people to prepare their meals.

During the inspection we observed staff interacting with people in a respectful, warm and gentle manner with patience and genuine compassion. Staff used appropriate touching with people as reassurance which people responded to positively. For example, a member of staff spoke to a person and stroked their arm. The person smiled, and cuddled the member of staff.

At the time of the inspection no one required support from an independent mental capacity advocate (IMCA). The home had an up to date advocacy policy and information was available in the home in relation to advocacy services. The registered manager told us that should anyone require the use of an advocate this would be arranged for them as soon as possible.

We observed people's rooms were decorated to their personal tastes and reflected their interests and hobbies. For example, bedding of a person's favourite football team. People had posters, photos, wall art, televisions, cuddly toys and some of their own furniture in their rooms.

The rear garden of the home had recently been updated and the registered manager told us relatives helped to design the garden with furniture and things people liked. There was a new patio area, tables and chairs and swings.

Good

Is the service responsive?

Our findings

Relatives told us the service was responsive to people's needs. One relative said, "Staff are really good in terms of [family member] and their needs. Another relative said, "[Family member] has come on leaps and bounds, you wouldn't think [they're] the same person. [They] can go out for a meal and loves to go out for walks in the park. They (staff) take [family member] shopping and swimming. They also took [family member] to see Disney on ice and Jersey Boys at the local theatre as well as spa days and on holiday to Scotland."

One staff member told us, "We promote independence very well and I've see some serious transitions in this place with people." They went on to describe people's independent journeys. For example, one person used to take several different medicines when they first arrived at the home but staff had successfully worked with the person which resulted in them no longer being prescribed any medicines. The person's relative had reiterated this when we spoke with them.

Each person had a goal plan in place. Plans included building relationships with family, making meals for themselves and others and increasing their independence. Specific goals were recorded, for example, making a toastie or doing their own laundry. Records showed goal plans were reviewed and updated as and when appropriate. Once people had met their recorded goals, they were signed off and new goals were agreed with people.

People enjoyed a wide range of activities that were personalised to their needs and interests. One relative said, "Currently the activities are fine. [Family member] volunteers at a farm once a week and also goes swimming and trampolining." Other activities included horse riding, going out on the train, eating out, arts and crafts and domestic chores to encourage people to develop independent living skills.

Each person had a weekly activity planner in place that was tailored to their individual interests and activities they wanted to do each week. Activities included bowling, swimming, arts and crafts, trampolining, gardening in the allotment, local walk or drive, lunch out, cookery sessions, relaxation dvd, out in the community, games sessions on the Wii (games console), take aways and social nights. Activity plans also included tasks to develop and promote people's independent living skills such as laundry, meal preparation and general household chores.

People had grown their own fruit and vegetables in the side garden which had been picked and cooked on the barbecue during the previous summer. The registered manager told us people liked it so much that they had recently obtained an allotment that they were developing to enable people to continue to grow their own vegetables on a much larger scale as they enjoyed that kind of activity.

The home generated a quarterly magazine called 'The Cedar Times' which was distributed to relatives and contained information about people, activities they were involved in and their journeys. The registered manager explained this helped to keep relatives informed about the service and activities their family members enjoyed.

We observed people making decisions in relation to food and drinks. Staff supported people where necessary, to make decisions and responded positively to decisions people made. For example, one person was preparing lunch with support from a staff member and did not want to eat the particular food they were making for others. The staff member supporting the person showed them a number of alternatives and asked, "What would you like?" The person chose an alternative and prepared it with the support of the staff member.

Staff told us people were in control and were supported to make decisions in relation to their care. One staff member said, "We give them choices of what they want to do. When out in the community we let them lead us (to places they want to go)."

People had 'Living my life' care plans in place which detailed their individual needs and level of support required. Care plans covered personal care, nutrition, moving around, behaviour and medicines. Care plans were personalised and included people's choices, preferences, likes and dislikes. For example, one person's personal hygiene care plan stated 'I usually prefer to use the bathroom at the front of the house. I can run my bath myself but I like staff to put my bubble bath in for me.' Care plans were detailed and gave clear directions to staff about how to support each person appropriately in accordance with their individual needs.

Care plans were reviewed on a regular basis, as well as on an ad hoc basis when people's needs changed. All care plans we reviewed were up to date and reflected the needs of each individual person.

People had communication profiles in place which detailed communication strengths, barriers, preferred forms and strategies. The profiles also included some signs and what these meant to individuals. This meant staff had appropriate information and guidance of how to communicate with each person. Different techniques included writing, noises, symbols, drawings, signs, gestures, objects and photos. During the inspection we observed staff communicating with people in different ways that were tailored to each person.

Relatives told us and records showed they were involved in the planning of care and support for their family members. One relative said, "They do let me know if something stops." Another relative told us, "We're always kept informed. They are very open, if there are any worries they always tell us."

Staff we spoke with were able to tell us about people's individual needs and how best to support them. They were also able to explain people's routines, preferences, likes and dislikes in relation to daily routines. For example, what time people preferred to get up, what they usually had for breakfast and what their day usually entailed, including people's individual set routines. This meant staff had a good level of knowledge about people who lived at The Cedars.

People had hospital passports in place, to be used in the event of someone being admitted to hospital. Hospital passports contained personal information, including details of people's individual needs. They included information about personal preferences, likes and dislikes and were relevant, up to date and reflective of each person.

Staff created a daily timetable each morning which covered staff on shift, shift leader, specific tasks for staff to cover, activities planned for each person and which staff would be supporting them.

Relatives we spoke to told us they knew how to make a complaint. One relative said "If I was unhappy I would say something to the manager." Another relative said, "I would feel comfortable to complain but I've

never needed to." The service had an up to date complaints procedure in place and also had one in pictorial format that was accessible to people in the home with copies on display in the dining room. At the time of our inspection the service had received one complaint over the previous 12 months. Records showed the complaint was investigated and the outcome was fed back to the complainant. There were no lessons to be learnt from the complaint but the registered manager told us they would have been recorded and communicated to staff through staff meetings and supervisions if there had been any.

The service had a choice and consultation file in place which contained each person's choice profile. Each profile detailed the level and type of communication to use with each person, their ability to make staff aware of their needs and how best to support them to make decisions. For example, one person's profile stated to give them limited choices as too much information could confuse them.

The file also contained records when people had made specific decisions. For example, new things they wanted for their rooms including specific bedding and blinds. Records included how people were supported to make decisions and choices. For instance, a person was taken to a local DIY store and supported to look at furniture for their bedroom. The person indicated what furniture they wanted, including the colour, by pointing. There were a number of records for different people which meant people were encouraged and supported to make choices and decisions in relation to the personalisation of their rooms.

Good

Is the service well-led?

Our findings

At the last inspection on 26 August 2014 we found the service was not meeting a regulation in relation to effective systems to regularly seek the views of people who used the service to enable the registered person to come to an informed view in relation to the standard of care and treatment provided. We saw during this inspection that quality systems were updated to ensure the home recorded quality audits and views received from people and their relatives to improve the service. The registered manager sent annual surveys to relatives asking for their views on service delivery. They also encouraged people to raise any issues if they were not happy and had information in easy read format regarding people's rights.

Relatives told us the service was well led. One relative said, "I am generally happy with the home. The staff are very professional." Another relative told us, "[Family member] has been there a long time, we always give it top marks. They make sure [family member] is happy and [they're] always clean."

One staff member said, "The service is well led and staff all support each other." Another staff member told us, "[Registered manager] is very, very supportive. She's very good, very nice. Sometimes she will come on the floor and start chatting to everyone, asking if we are ok and how we are." Another staff member said, "[Registered manager] is very easy to talk to and is very approachable."

The home had a well-established registered manager who had been in post since 1 October 2010. They were proactive in meeting their responsibilities in relation to submitting relevant notifications to the Commission.

Throughout the inspection visits there was a management presence in the home with the registered manager being readily available for staff, people who use the service, relatives and other professionals to speak to.

The registered manager told us they operated an open door policy to ensure staff could raise any issues or concerns and could approach them with any requests for support.

The registered manager and care staff members completed a number of audits in the home which varied in frequency. Audits included food hygiene, bedroom audits, infection control, staff files, care files and fire equipment checks. Other audits regularly carried out related to areas such as health and safety and medication audits.

Friends and Family Surveys were sent out annually and were last sent out in in 2015. Two completed were returned. Surveys asked questions around if relatives knew how to complain, if they found it easy to visit, if they would like the opportunity to attend a training event, approachability of staff and peoples' individual preferences, likes and dislikes. One relative told us, "They know [Family member] sufficiently well and know what [they] need and [their] likes."

The registered provider carried out annual quality audits based on the five questions the Commission asks of every service, that it is safe, effective, caring, responsive and well led. The last audit report was dated 10

September 2015 and rated The Cedars as 'requires improvement' in all areas except 'Caring'. The report identified shortfalls and development actions for the service. For example, under 'Safe' it was recorded that there was some loose cabling in the home that required securing. This was recorded in the action plan created from the audit and was recorded as completed. Other audits included people's bedrooms and looked at cleanliness, health and safety and fire safety. This meant the provider monitored the service, identified actions and made sure improvements were made.

Staff had meetings on a monthly basis to discuss the service, share information and introduce new staff members. Discussions included the Swanton Philosophy, duty of candour, DoLS, activities and incidents/accidents weekly matrix. Staff also discussed people in the service and progress with their goal plans. Staff told us they found the meetings useful to keep updated with things happening in the service and the organisation. They also felt they were able to actively contribute to discussions.