Cedar Tree Care Home Ltd

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Inspection report

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 25 and 26 April 2017, the first day was unannounced. The service was last inspected in April 2016, when it was rated as Requires Improvement.

The service is a residential service and is registered to care for up to 40 older people. On the day of inspection it was caring for 39 people.

There was a registered manager in post and they were present throughout 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 were safe at Cedar Tree Care Home. Staff received training on how to keep people safe, and there were policies in place to support them if they had any concerns regarding a person's safety. Equipment was checked and serviced as required and staff were trained on how to use it. Risks to people were identified and plans put in place to reduce the risk of harm. Medicines were managed safely and there was enough skilled and knowledgeable staff available to care for people.

Staff received the relevant training and support to meet the needs of people. Information was shared appropriately between staff and relevant health professionals to ensure people had consistent care. People had access to community healthcare services, as required. People enjoyed their food and were able to choose from a nutritious and varied menu. Special diets and preferences were catered for and recommendations from dieticians were followed.

People were cared for by staff who were kind, caring and compassionate. People were encouraged to share their views and their choices and preferences were respected. Staff cared for people with dignity and respect and promoted people's independence and individuality.

Staff understood people's needs and preferences, and took time to 'get to know' people, their lives, as well as who and what was important to them. There was a varied and inclusive activities programme which met people's aspirations and was designed around people's interests, special occasions and cultural needs. The registered manager proactively sought feedback and responded positively to comments and suggestions. Relatives praised the personalised care their loved ones received and described it as exceptional; they told us they had no complaints with the service.

The management team were praised by people, relatives and staff for their open and inclusive style of management, and for the support they offered them. The service was developed and managed with care and compassion, 'from the top' and responded to individual needs by developing a personalised service for people and their families. The quality assurance systems in place enabled effective monitoring of

performance and led to good quality care for people.

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.

Staff were recruited safely and all pre-employment checks were completed before they cared for people. There were sufficient numbers of staff to meet people's needs and staff understood their responsibilities to keep people safe from harm. Medicines and other risks were managed safely and staff received relevant training.

Is the service effective?

Good

The service was effective.

Staff understood people's care needs and had the training, knowledge and skills to meet these needs. Staff were supervised and supported by the management team. People consented to their care and were supported to access community health services and maintain their health. People had sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and compassionate. People and staff developed positive relationships based on dignity and respect. Staff promoted independence and choice.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received personalised and flexible care that responded to their individual and changing needs. Staff clearly understood people's preferences and choices and respected these. The management team sought feedback and used this to improve the service and the care people experienced.

Is the service well-led?

Good

The service was well-led.

Staff were supported by the registered manager who promoted a person centred and inclusive service, where staff were available and responsive to people's needs.

The registered manager had the knowledge and skills to develop and deliver the service. The quality assurance systems in place were effective at monitoring performance, identifying areas for development and achievements

Cedar Tree Care Home Limited

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 25 and 26 April 2017, the first day was unannounced. The inspection team consisted of one inspector, one specialist professional adviser with experience of nursing and caring for older people, including those with dementia; and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for an older person or someone who has used residential services.

Before the inspection we reviewed any information we held about the service, including any information the provider had sent us. This included the provider information return (PIR). A PIR is a report that we ask the provider to complete which gives details of how they deliver their service, including numbers of staff and people using the service, and any plans for development. We also reviewed any notifications the provider had sent us. Notifications are reports the provider must send to us to tell us of any significant incidents or events that have occurred.

In order to gather information to make an assessment of the quality of the service, we looked at a variety of records and spoke to people. We also spoke with fourteen people who used the service and seven relatives; a professional advocate who was visiting people, the registered manager and five staff. We also reviewed three care records which included needs assessments, risk assessments and daily care logs; medicines records; and management records which included staff records, policies, development plans and evidence of training.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Cedar Tree Care Home. One person said, "I have never felt threatened". Another person told us they sometimes got frustrated by their condition and the staff helped them calm down and relax, they said, "I get angry and need to walk away and calm down". Two relatives told us they felt their family member was safe. Staff said people were safe because staff had training on safeguarding adults and there were policies and procedures in place to guide them, if they had any concerns. Staff were able to describe to us different types of abuse and how they would respond if they had any concerns regarding a person's care and safety. We saw appropriate referrals were made to safeguard people and staff worked with the local safeguarding team to keep people safe from harm or abuse. People were safe from abuse or harm.

We saw risk assessments in place, which identified risks to people and the actions required to reduce the risk of harm. For example, we saw a risk assessment that identified if a person was at nutritional risk and we saw their food and liquid was monitored and recorded. Staff told us they would refer to the dietician or GP if they had concerns that this persons health was at risk, due to insufficient nutrition or hydration. People's allergies were known and reminders were found in the kitchen, dining area and people's bedrooms. We saw risk assessments regarding moving and handling, which stated if people should be encouraged to stand or walk themselves first, how they should be assisted to mobilise, what equipment to use and how many staff were to assist. We saw that accidents and incidents were recorded and risk assessments were updated as necessary to reduce the risk of further incidents. Risks to people were identified and managed.

People and their relatives were involved in risk assessments. One person told us, they tried to walk themselves as much as possible, but sometimes needed assistance, they said, "I have a walking frame or I use the hand rails in the corridor". This was recorded in this person's care plan. Relatives told us they were involved in initial risk assessments and again when there had been changes in their family member's mobility or capacity. One relative told us how their family member was supported to manage their fluctuating mobility by the staff; they said, "The staff always encourage her to walk first, they know just how far to go. They have bean bags and cushions on the floor for when she is having a bad day. They moved her upstairs for her own safety; it's easier for her to move around upstairs". We saw staff reminding a person after lunch that their walking frame was nearby, when they attempted to get up from the table themselves. We saw individual walking frames and wheelchairs were named, which ensured they were always at the right height to support their particular needs. Risks to people were identified and measures put in place with the agreement of people and their relatives.

The registered manager told us the home was, "Very well staffed, the owners see to that". They showed us the rotas and explained they had eight carers and two nurses on every day and one nurse and four carers at night. During the day staff were supported by housekeeping and kitchen staff. The registered manager said staffing numbers were decided by people's dependency levels and as there were three people being nursed in bed, there was an additional member of care staff on duty. People said staff responded quickly to requests for assistance and relatives told us, "There are so many staff here" and "They just seem to have it right here". Staff told us there were enough staff and one said, "We are a good team, we cover for each other;

we don't mind doing extra hours". One staff member told us they volunteered to go on trips with people on their days off, they said, "It doesn't feel like work and it means so much to people to be able to get out and about". We saw there were enough staff present on the day of inspection and they were deployed effectively. We saw staff supporting people in their own rooms, in the communal lounges, outside in the garden, providing activities and at lunch time. There was sufficient staff to care for people and meet their individual needs.

We checked staff recruitment records and saw that all staff were interviewed, had completed written application forms and provided references and a disclosure and barring service (DBS) check, before they started caring for people. New staff told us they did not care for people until all the checks had been completed and they had finished their induction period. The provider ensured that staff were suitable to care for people before they were employed.

Medicines were managed by registered nurses who had received the training necessary to do so. We observed a medicines round and saw that staff followed safe administration practice and people received the medicines as prescribed. Medicines were stored appropriately in clean, secure cupboards or a fridge where necessary. Stock rotation and stock management was effective and medicine administration records (MAR) were complete. Records were audited by the nursing staff and registered manager, who brought any errors or inconsistencies to the attention of relevant staff. We saw one person received their medicine covertly and noted correct procedure was followed. This had been discussed and agreed by the family and community matron, and all parties had signed as per the local procedure, which was attached to the MAR.

People told us they received their medicines on time and relatives were happy with the medicines process. One relative told us, "They always tell me if anything changes". Another relative said, "They are responsive with medication". They explained how their family member's medicines had been reviewed when relatives were concerned about how much they were sleeping. They said this person was now much more alert and able to join in with more activities and conversations. The registered manager explained how they always requested a medicines review if they had any concerns regarding a person's health. Medicines were managed safely and staff received training necessary to administer medicines and manage people's medical conditions.

Good

Is the service effective?

Our findings

People and relatives told us staff knew how to care for them and understood their needs. One person said, "They are trained enough, I am happy with the care I get". The provider expected new staff to complete an induction as part of the development of their caring role. The induction covered training the provider considered to be essential and included: moving and handling, health and safety, and safeguarding adults. The registered manager showed us the training matrix and explained how additional training was provided twice a year and all staff were expected to attend at least one session per year. They also arranged for specialist training for staff on particular health conditions so they were in a better position to understand and respond to people's needs. For example, a staff member told us they had attended training on 'stoma management' when this was relevant for people receiving care. Another staff member told us, "We have loads of training; I'm doing NVQ Level 3 as well. It's really good, we cover things that you wouldn't always think about"; and another said, "The manager likes us to do everything, there are two mandatory sessions every year, so everyone has a chance to do it". People were cared for by suitably trained and skilled staff.

We observed staff reacting to people's needs in ways that demonstrated their knowledge and understanding of their particular health condition as well as their preferences. For example, we saw one person was offered fruit for desert as they are diabetic and benefit from a low sugar diet. We saw staff reassuring a person who said they wanted a cigarette, their condition meant they forgot things very quickly and they could not remember that they had just had one after lunch. Staff were able to tell us about people's health conditions and how this affected their behaviour and needs. This showed the provider took action to ensure staff had the knowledge, training and skills to meet people's needs.

There was a supervision policy in place, meetings took place on a one-to-one basis or in groups and staff said they found them useful; they told us, "We can discuss anything and the manager gives us feedback". There were whole staff meetings twice a year and we saw records that demonstrated staff had opportunities to participate, share concerns and discuss ideas. Staff were supported to develop in their role.

We observed a handover of staff between shifts and saw that information was shared appropriately between staff. All oncoming staff were expected to attend the meeting which ensured everyone received the same message and information. Some staff took notes and we saw them referring to these during the afternoon. Staff told us when they had time, they checked people's care plans and daily logs; they said this was especially important when they had been on leave or new people had been admitted. Staff had access to information which enabled them to care for people's individual needs.

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 a person of their liberty were being met. We saw that applications to authorise DoLS had been made for other people who required some form of restrictive care to keep them safe. Where DoLS had been authorised, we checked the provider was complying with the conditions applied to the authorisation; and we found that they were. For example, we saw that people, families and advocates had been included, when 'best interest decisions' were made, regarding the care of people who had been assessed as not having the capacity to make those decisions themselves. This showed that the provider took responsibility to ensure that they were operating under the principles of the MCA and were not placing unlawful restrictions on people.

We spoke with an advocate who visited people who had a DoLS authorisation in place and they told us the registered manager ensured that restrictions were appropriately managed. They said relevant records were complete and well organised and they had no concerns about people in the home. Staff explained how they ensured people consented to the care they offered and we saw staff politely asked for consent before caring for people. People had access to independent advocates who supported them to make decisions regarding their care and daily lives and people consented to the care they received.

People could choose from a varied and nutritious menu. One person told us, "The food is familiar, same sort of foods I would make myself. I enjoy it, there's usually a choice of course". Another person said, "All the meals are nice here, I like the puddings, it's always a surprise". Relatives told us they appreciated the cakes the cook provided for celebrations and special events. The cook explained they had information about people's preferences and their individual and cultural requirements and developed menus around this. People were offered a choice of two main course options for lunch and tea and a wider variety of options at breakfast, including a 'Full English'. We saw most people ate in the dining areas at lunchtime and those who required it were offered discreet assistance from staff who sat at the tables with people. Most people ate independently, some with the support of plate guards. There was a calm and relaxed atmosphere at lunchtime, people ate at their own pace and staff were available to serve food and offer assistance, when it was required. This made meal times a social occasion for people where their dignity was promoted.

We saw records that demonstrated that where people were at nutritional risk; their diet, drinks and weight were monitored. Staff told us if they had any concerns regarding a person's ability to eat safely or if they were losing weight, they made referrals to the GP, dietician or speech and language therapists (SALT), as required. The cook showed us the folder they kept with information relevant to people's dietary needs and advice from professionals; they told us they used this information to plan menus that met people's preferences and needs. They also told us, "I don't change anything without a letter from the dietician or SALT team". This demonstrated there were procedures in place to ensure that people had a nutritional and balanced diet that met their individual needs and preferences.

People told us they were supported to access community healthcare services when they required them. One person told us the chiropodist had been to see them recently; and another told us they were accompanied to the dentist by staff. We saw records that demonstrated that community healthcare professionals were involved in people's care planning. For example we saw referrals in people's care plans to dieticians, SALT, opticians and specialist doctors or consultants. The registered manager said they had regular visits from district nurses, GP's, opticians and chiropody; and where people wished to retain their own GP they were accompanied to appointments if relatives were not available to take them. People were supported to access community healthcare services in order to maintain their mental and physical health.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and compassionate. One person told us, "I like it here, it's as near as you can get to home" and another person said, "This is my home". We observed one person talking with a member of staff, the person said to the staff member, "You are a good man". They later told us, "He is my friend" and "He is like having another brother". Another person told us, "I like a laugh and joke with the staff, I take the mickey". Two relatives told us "We never worry that she is not being loved or cared for" and another said, "The staff here are exceptional". We observed kind and friendly interactions between staff and people throughout the day and it was clear staff knew people well and people were relaxed in their company. One staff member told us, "These people are like family to me". People were happy with the care they received.

We saw staff sat down with people, spent time with them and listened to what they had to say. We overheard staff talking with people about their families and places they had been, which showed they had a good understanding of people and what was important to them. We saw care plans which indicated that people were involved in decisions about their care, for example people's preferences for getting up and going to bed were recorded; and ladies preferences for dresses, skirts or trousers were recorded and we saw that where this was recorded, people were assisted to dress as they preferred. One person told us, "Staff are there to help you, they are all very helpful". Another person told us they had not seen their care plan but said, "My daughter does all that for me". Relatives told us they were involved in care planning and making staff aware of their family member's preferences, if they were not able to do this, themselves. We saw that where people lacked capacity to make decisions about their care, they were supported by independent advocates to ensure that their views and preferences were known. This demonstrated there were effective systems in place, to encourage people and families to express their views and preferences for their care.

Staff cared for people with respect and dignity and promoted their choice and independence. There was a calm and relaxed atmosphere. We saw staff using people's preferred names and sitting down to speak with them where possible. This demonstrated that staff were respectful of people and sat down with people to talk as equals. We saw staff promoted people's dignity as part of their care and this was done discreetly. For example, we saw a staff member clean a person's face during lunchtime, this was done respectfully and with no fuss; on another occasion we saw a staff member adjust a person's clothing when they noticed their trouser leg was partially rolled up, and another adjusted a ladies skirt when she was being transferred using the hoist. We saw that when staff approached people they did not speak to them until they were in view of the person; they then bent down or sat down before speaking gently and directly at the person, giving them time to respond. When people were dozing staff gently touched their arm or hand to gain their attention. This showed that people were treated with respect and dignity by caring staff.

Relatives told us they were very happy with how staff respected their family members. One relative told us, "I am exceptionally grateful for the care the staff have shown to mum, I am indebted to them, they are wonderful". They went on to explain how staff had responded flexibly to this persons changing needs on a daily basis, they said, "Staff have gone above and beyond to care for mum, they have never said no to her and have cared for her with dignity and compassion". People were treated as individuals by staff, who

promoted their independence and preferences.

Outstanding ☆

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. One relative was full of praise for the personalised care their loved one received, they told us how the registered manager had understood the family's situation and been extremely flexible in responding to their particular needs. The relative told us how the staff team had helped them throughout this time offering emotional support, quiet time and space with their loved one. They explained the individual preferences and fluctuating abilities of the person and how flexible the staff had been in responding to these needs. Staff had made suggestions on how best to accommodate this person's individual needs and the provider had purchased special equipment which staff helped the person use to be comfortable, wherever they chose. Staff told us people missed buying their own things independently and did not always want to rely on visitors or staff to bring them things, so staff operated a mini mobile shop within the home which supplied a small stock of toiletries and sweets, which people could purchase. One person told us they would like to buy some toiletries from the shop and we saw staff explaining that the shop would be open after lunch. Staff responded creatively to find solutions that met individual need and circumstances.

A relative told us how staff had volunteered to do extra one-to-one hours to care for their loved one when they first used the service which enabled them to settle in the home, more quickly than expected. They told us they were welcomed by staff, every time they visited and said, "I even had Christmas dinner with mum, which was lovely. I hadn't planned it, as I was not sure how she would be on the day, but she was happy and relaxed and asked me to stay. Staff were more than helpful and quickly arranged for us to eat together, it was lovely – what more could you ask for". Staff responded quickly to changing needs and preferences.

Another relative told us how quickly the staff were to recognise that their family member was not settling in the home, and suggested a move to a quieter room upstairs. They said the person settled very quickly after that and became calmer and more relaxed, which reassured the relative that they were in the 'best place' to receive the care they required. They told us their family member joined in the activities "in their own way" and enjoyed watching if they did not wish to participate. They also said "Staff know her so well, they can get her to do far more than I ever could" and, "It always seems to be the same girls that care for her, it's nice she has got to know them, and they know more about her than I do. It's good she has consistency, she even has her favourite chair, it helps her feel like home". Care was flexible and responsive to individual needs and included supporting the whole family during the transition period, when their loved ones began using a residential care service.

Relatives told us they were involved in care planning and reviews of care. One relative told us, "They always ring me if there are any changes or if they have any concerns" and another said, "I can see the care plan at any time, I feel involved". A third relative told us they were actively encouraged to participate in caring for their family member, which they said had made it easier for them both to adjust to the change. They told us, "I am not pushed out; I am encouraged to do whatever I can, if she wants me to". The registered manager told us, "It's important for families to be involved and supported; it's a difficult decision to place your loved ones in the care of others. They need care too and reassurance they are doing the right thing". We saw one person's relatives arrived to cut their hair and staff opened up the hair salon for them. This gave the family

privacy and made the occasion more dignified for the person having their hair cut.

Families were involved in planning people's care and were actively encouraged to participate in caring where they wished to do so and it met the person's preferences. This enabled families to remain caring for their family members in practical ways that helped maintain the close bonds and relationships, they always had. We saw people and relatives had signed care plans when they read them and records of any discussions were maintained. The registered manager said, "People, or their relatives can, and do, ask to see their care plans. We are happy to go through things with them and we keep a record of every time they look or discuss their care…it's important that they are involved, they need to know what we are doing and we need to know we are doing what they want us to do". People and relatives were involved in planning their care.

We saw that people had keys to their own rooms if they wished and one person showed us how they could be unlocked from the inside for safety. Some people also had direct access to the private garden from their rooms and enjoyed spending time in summer with the doors open and listening to the birds and enjoying the fresh air. The building was heated by under floor heating and each room had its own room thermostat, which meant people could choose the temperature of their room to suit their own preferences. One person told us, "I don't like it too hot, so I turn it down"; we noticed this person also had their bedroom window open which was restricted by a safety catch. The building was designed to support independence and personal choice.

The provider ensured resources were available to purchase equipment or items people required to keep them safe, comfortable and independent. We saw people had profiling beds and air mattresses in order to improve pressure care; there was a good supply of continence products to ensure people were comfortable and fortified drinks to ensure people received supplements when they needed them. The furniture in people's rooms was well maintained and replaced quickly if needed, rooms were decorated including soft furnishings, to people's preferences and personalised with their own possessions. The 'handyman' responded quickly to requests to decorate, remove or replace furniture and to hang pictures for people. A relative told us how they were asked what colour their family member would like their room painted. They said it was painted in the colour of choice within a few hours and their family member was so pleased. The relative told us, "It's these little touches that make it so special for people, it helps people feel at home; after all this is where they live now; it is their home. We even brought her bedding and pictures for the wall to make it more like home". Resources were available to ensure people had access to the equipment and aids required to keep them safe and comfortable; and requests for assistance to promote people's individuality were responded to quickly.

We spoke to the activities worker who showed us the types of activities that were available for people. They told us they had asked people and their families what activities they liked to do; and they were able to tell us which activities individual people preferred. They had developed a programme based on people's preferences which included activities for people on their own or with other people. These included board games, book reading, crafts and prayers for people on a one-to-one basis; as well as group activities in the lounge, music, dancing and outings to local places of interest and cultural events. We saw the activity noticeboard promoted upcoming events and listed the daily activities taking place; and we saw photographs of people and their families enjoying activities, outings and special events or celebrations. For example we saw photographs of people with their handmade Easter bonnets, with daffodils for St David's Day and celebrating St Patrick's Day. The registered manager showed us a room they had set aside to create a reminiscence space and told us about the furniture they were going to collect the next day for it. Staff said it would be used for people to receive visitors or just to spend some quiet time. Activities were available that were personalised to people's individual interests.

On the day of inspection we saw people joined in a quiz in the lounge, sat outside in the garden, listened to gentle music, as well as singing and dancing with staff. Two people returned from a trip to a garden centre which was followed by a pub lunch; they were wrapped up warm as it was a cold day. They were smiling and told us, "It was lovely, but a bit cold today". Outings were arranged to suit individual preferences and interests and consisted of one-to-one outings, small groups or bigger groups for longer days out. Personalised activities and outings promoted individuality and personal wellbeing, which enabled people to retain their identity and self-esteem. Staff told us how one person loved to spend time outside as they used to have a caravan and an outdoor life. We saw this person wrapped up warm and sat outside in the garden with people and staff, laughing and joking. Later they smiled and nodded when we asked if they liked spending time in the garden. Staff were aware of people's lifestyle choices and interests and enabled them to continue to access activities which interested them.

There were guinea pigs in the home and the registered manager told us these were purchased for the benefit of a person who was very isolated when they moved to the home. They told us the person was encouraged to leave their room to see the animals and they helped this person build their confidence and settle into their new home. We saw other people talked to the guinea pigs during the day and laughed when they heard them squeaking. A staff member regularly brought in their pet dog for people to pet and enjoy; and one person had brought their canaries with them when they moved into the home and these were kept in the lounge for everyone to enjoy. The staff had also provided a budgie for the upstairs lounge; and one person told us they liked to hear the birds sing, as they used to have birds at home. Staff told us people enjoyed having the animals around and they were good at helping to comfort people if they were distressed or unhappy.

One person told us they liked to play the piano and they now had a keyboard in their room for their personal enjoyment. Staff told us how they had recently accompanied some people to see a show, as they liked musical theatre and how other people regularly visited the pub next door. One person smiled and told us how they enjoyed the visit to the pub, they said, "I like a beer when I go (to the pub)".This enabled people to remain part of the local community. Care was personalised and responsive to people's individual needs and preferences.

One person told us they enjoyed listening to the choirs who visited, they said, "I like to hear the music and the hymns". There was a model railway in one of the lounges which had been provided by a local enthusiasts group and friends of a person living at the home, who was a former railway worker. We saw this in use on our second day of inspection, when this person had visitors. Visits from friends and local community groups enabled people to maintain links with the local community, and gave them a sense of belonging to their neighbourhood; it also reduced feelings of loss and isolation which some people felt when they moved into residential care. Relatives told us they appreciated the links with local community groups and said it helped their loved ones remain part of the community and maintain their individuality and interests. One relative was full of enthusiasm for the St Georges Day celebrations that had taken place the weekend before our inspection, "It was marvellous, there was food, cakes and a band. We all really enjoyed it; it was a lovely day - a happy memory… it was lovely for mum to be up and about and enjoying herself". Their family member was smiling and nodding as they told us about the event.

On the day of inspection the local secondary school were visiting as part of a 12 week community project and had developed a reminiscence quiz for people. The registered manager told us they also provided companionship to people and offered an alternative experience for people who received few visitors, which was good for their individuality and their wellbeing. One person told us, "I'm going upstairs (for the reminiscence quiz), it's lovely to meet different people and we can have a chat". Later another person said, "I had a lovely time, they (pupils) are so clever". A relative praised the arrangements with local schools, they

said the young children who came in to sing, "Brought smiles to everyone's faces" and the older children who did the quiz were, "Wonderful when they talked to residents". The registered manager told us, "It's important that young and older people mix, we can all learn from each other and we all lead such different and interesting lives. It's lovely for the residents to have someone different to talk to". This showed the registered manager understood people's needs for a sociable life and to be part of the local community; and arranged activities and events that promoted people's independence, individuality and wellbeing.

People were cared for in ways that respected their cultural and personal preferences. Same gender care staff were available to care for people where they had expressed a preference for this. Staff were aware of personal and cultural preferences for personal care and how people wished to be cared for at the end of their life. Staff told us they would ask families or colleagues for guidance if they were not sure how to care for a person in a culturally sensitive way. People were supported to attend services of their chosen faith in the community and members of local faith communities visited the home on a regular basis, for prayers and faith based activities.

We saw people were served culturally diverse meals which they had requested as part of their care plan. The cook told us they catered for all cultures and tastes and showed us the menu of cultural dishes that had been requested and prepared for people and frozen in advance. We saw one family brought in homemade food for their family member. They told us that whenever possible they all ate together in one of the dining rooms, which made it a special family time. They told us it was their way of continuing to care for their family member; and they all enjoyed the special time they had together, eating as a family, as they would have done at home. Their family member said they enjoyed the food their family prepared and enjoying seeing their family and grandchildren. The family told us they enjoyed their daily visits and spending time as a family. This person told us they were "very happy" with their care and the staff were "very nice"; they told us "this is my home". They said they liked to sit and look out at the garden and enjoyed going out on trips. Staff respected people's cultural and personal preferences.

There were staff from multi-cultural communities who were able to speak community languages and engaged people in conversation in their preferred language, whenever possible. People and staff were encouraged to maintain their daily religious activities and private space was made available for this. The activities programme also included important events and celebrations of different faiths, for example: 'Saint's Days', Christian, Muslim, Sikh and Jewish celebrations. Members of local faith communities were invited to attend or lead celebrations. The registered manager told us, staff and relatives were involved in planning for specific cultural events including Ramadan, and enjoyed sharing these celebrations together with their families. They told us how they provided safe battery operated candles for people to celebrate the 'Sikh Festival of Light' and said these were enjoyed by everyone. This demonstrated a respect for equality and diversity and an understanding of people's culture and identity.

There was a complaints policy in place and this was available in the 'resident's handbook' and copies of it were displayed throughout the building. The registered manager told us there had only been one formal complaint recently and explained how they were addressing it, with support from other professionals. We saw the complaint and were satisfied that they were following their complaints procedure. They told us, "Staff are pro-active and respond to things before they become a problem for someone, so people don't need to complain". People and families told us they knew there was a complaints policy and knew who they would complain to. However, they all told us they had nothing to complain about. One person said, "I have nothing to complain about, but if I did I would speak to the manager". A relative said, "Staff are very helpful, they know what needs to be done"; and another said, "I would just ask staff. The manager's door is always open, she has got time for you, she knows every single resident". We saw the registered manager took time to speak to relatives in private if they had any concerns or just to 'catch-up' over tea and biscuits. Relatives

told us they appreciated this time and 'had faith' in the registered manager to care for their family member as well as they could. The registered manager pro-actively sought feedback from people and their relatives; and responded quickly to any areas of dissatisfaction.

Relatives told us they felt involved in the development of the service and in their loved one's lives. Two relatives told us they tried to attend the 'resident and family meetings' whenever they could. Another relative said they were not able to attend the meetings but were given minutes and were always told about what had been discussed, and asked for their views on ideas and suggestions. We saw minutes of 'resident and family meetings'; and saw these included external speakers, who discussed matters of interest to people and their relatives. For instance, people had been to talk about 'power of attorney', making wills and other legal matters; and others had spoken about inheritance tax, financial planning, funeral plans, continuing healthcare funding and DoLS. We saw people and relatives were asked who they would like to invite to future meetings and what topics were important for them to discuss. The monthly newsletter, 'Cedar Tree News'; contained information about upcoming events, birthdays, staff news and celebrations. For instance it promoted Pancake Day and asked people, "let us know your favourite toppings"; there was a mention of an upcoming wedding anniversary and an invitation to a 'Digni-tea' on Dignity Awareness Day. A relative told us, "It's lovely that we are invited to all these events, it means we can still have fun together as a family and do normal things, it cheers us all up and gives us some happy times".

We saw replies from the latest relative's survey in January 2017 and saw they were full of praise and thanks to the staff. Quotes from relatives included, "The care is of exceptional quality, the staff are friendly and caring and nothing seems to be too much trouble. An excellent establishment" and another said, "We have been delighted with the quality of care Dad has received at Cedar Tree. His needs are thoroughly met and staff are always kind, welcoming and well informed. Dad's time here is well planned and the balance of directed and non-directed time is good. He is always clean and well-presented and the opportunities to take him out and join him on trips are encouraged. We feel very lucky. Thank you". People and families were consulted about the care they experienced; and were able to access information and advice from external professionals or agencies regarding matters of interest to them.

Good

Is the service well-led?

Our findings

The registered manager had an open and inclusive style of management; and people, relatives and staff said she was, "Approachable and always willing to listen". People spoke fondly of the registered manager and said she took time to listen to them and understand their needs. We saw her respond quickly to a person who was confused by our presence in the home, she reassured the person and settled them down in an easy chair in the lounge, gently explaining who we were. Other people called her name as we were walking around and she responded in friendly tones, using their names and introducing us to them. This showed people were at ease with the registered manager, she knew their names, needs and personalities, and she demonstrated respect for them by introducing them to us as we walked around.

Relatives were full of praise for the kindness and understanding shown to them and their loved ones by the registered manager and the staff team. One relative described the registered manager as, "Exceptional" and told us of the particular support they and their family member had received from the registered manager and the team during a distressing period of their lives. They said, "They are full of compassion and understanding and went above and beyond, to make sure mum's cared for in ways that respond to her individual needs, wishes and preferences". Another relative said, "This is home from home, the manager and staff are wonderful and the manager's door is always open". There was visible management of the service and people and families knew who the registered manager was.

There was clear leadership and management of the service and staff were motivated to provide good quality care for people and to improve their own skills. Staff told us they were supported by the registered manager, one staff member said, "Her door is always open and she will help with anything". They said they were encouraged to share ideas and concerns in supervisions and team meetings and felt included in the development of the service. The registered manager told us she was well supported by the directors, they met regularly and they were keen to ensure that people "Only get the best" and told us, "Nothing is refused". She told us how the directors insisted that people ate good quality locally sourced fresh food and 'brand labelled' food. They also responded quickly to requests for new furniture or equipment, and insisted additional hygiene products were available to ensure people lived healthy and comfortable lives.

There was funding available for entertainment and activities; which people, relatives and staff told us made such a positive difference to people's lives and wellbeing. We saw minutes of provider meetings and saw they discussed care needs, staff performance, and finance. Staff told us the directors were regular visitors to the home and took time to speak to people, families and staff. One staff member said, "They're lovely, they like to see that everything is just right for the residents". This demonstrated caring and compassionate management 'from the top' and we saw this replicated by staff throughout the service.

The registered manager understood their responsibilities in respect of their registration with the CQC. We received notifications of significant incidents that affected people receiving the service; and the provider had ensured that the provider information return (PIR) had been returned, as requested prior to the inspection.

Since our last inspection, the registered manager had improved the quality assurance systems in place and

was in a better position to monitor and respond to performance issues. They showed us how they monitored record keeping and checked it for accuracy and content. We saw daily care records included details of care given and responses from people. Supervisions and team meetings were now planned and took place on a regular basis, with minutes and actions recorded. Incidents were recorded and investigated, and we saw they led to updated risk assessments and care plans.

The registered manager told us they attended training with staff and included staff in an evaluation afterwards; they said they were now in a better position to check staff competencies as they had all received the same training. They told us how this had helped them to monitor individual performance and identify any issues that needed further development, which were then discussed in individual or group supervisions. Staff told us they received feedback from the registered manager who praised them when it was going well, and they discussed how things could be improved when needed. The quality assurance systems in place were effective and enabled the registered manager and provider to monitor performance and identify areas for improvement.