

Methodist Homes Cedar Lawn

Inspection report

Cedar Close
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We carried out an unannounced inspection at Cedar Lawn Care Home on 04 February 2016. During our last inspection to the service in December 2013, we found the provider had satisfied the legal requirements in all of the areas we looked at and no concerns were raised.

Cedar Lawn is a residential care home providing accommodation for up to 37 older people who require personal care and who may be living with dementia. The home has two floors and access to a well maintained garden area, including a recently refurbished patio area, backing onto fields. At the time of our inspection visit there were 32 people living at the home.

Cedar Lawn care home had a registered manager in place. 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.

Throughout our time at Cedar Lawn we saw and experienced a very strong person-centred culture and staff understood and were proud to say that people were their priority and at the centre of all their thinking. Staff had an empowering and empathetic attitude to support people and ensured that the person got what they wanted from their lives and not what the service said they could have. Staff told us that people were not passive recipients of care and support but active participants who had broad and diverse aspirations in relation to their lives. Staff demonstrated they were highly skilled in understanding the importance of meaningful relationships with people.

All of the people we spoke with and their relatives told us people felt very safe living at Cedar Lawn and were extremely satisfied with the service they received. Without exception comments about staff and the management team were highly complementary. Comments about the overall care provided were particularly positive. Staff had an excellent understanding of the types of abuse that may occur and knew how to report abuse should they need to. All staff were trained in safeguarding and received a yearly update to refresh their skills and knowledge.

There were detailed risk assessments in place for each person who lived at the home that related to each person's care and support. There was noticeable attention given to peoples' individuality in every aspect of the assessments which contained detailed information on how staff should assist people to minimise the risks. We found staff were acting to minimise the risks. There were processes in place to manage risks in connection with the operation of the home and the manager was highly effective in managing the risks to protect people from harm.

There were enough qualified, skilled and experienced staff to meet people's needs. Recruitment and selection processes were in place to ensure staff were of a suitable character to work with people who lived at the home.

Recording of medicine administration showed that people received their medication as prescribed. People told us they received their medicines correctly.

People we spoke with were able to tell us that they had been involved with the care planning process and had agreed to the content of their plans. There was a strong person centred ethos, which was embedded throughout the home, this ethos was intended to make people feel valued, supported and included. Members of staff we spoke with were extremely positive and enthusiastic about the standard of care they provided. All staff had up-to-date mandatory training and had undertaken additional training relevant to their roles. Mandatory training included a range of health and safety training as well as training in medication management and safeguarding. Staff told us that they had received regular meetings with their line manager which we verified in the supervision records.

All of the staff had received training on the Mental Capacity Act 2005 (MCA) and were aware of the Deprivation of Liberty Safeguards (DoLS). They demonstrated an understanding of the requirements of the MCA so that they could ensure peoples' rights were being protected.

There was a choice of food and people could have drinks and snacks whenever they wanted them. We saw people were offered drinks and snacks throughout the day. Mealtimes were an extremely enjoyable and sociable occasion. People received the food and drink they required to maintain their health.

Staff were consistently caring and considered how people's privacy and dignity were protected. People told us that staff were always respectful and attentive towards them. Staff knew the people they cared for well. This included knowledge of people's likes and dislikes, how they could communicate, their backgrounds and the relationships that were important to them.

People's needs were assessed and care and support was planned and delivered in line with their individual care plans. There was a strong emphasis on personalised care and staff had an exceptional understanding of peoples' specific care and support needs. People told us that they were supported to access healthcare services that met their needs, preferences and assisted them to maintain their health. External health care professionals spoke highly about the standard of care provided and about the compassion shown consistently by the staff team.

All of the staff we spoke with said that staff morale was excellent and that their seniors and manager were visible, approachable and responsive to suggestions made to improve the quality of service. There was a strong and passionate senior team in place who knew the standard of care delivered was of the highest quality. Everyone we spoke with had huge confidence in the registered manager and responded affectionately and warmly to them. We saw continuously that the registered manager demonstrated passion and commitment to providing an excellent service for people and their relatives. The manager was an excellent role model who used their extensive knowledge of health and social care to advocate for people. The registered manager always emphasised the importance of a person centred culture. The culture in the service was open and encouraged staff to bring forward ideas for improving care. Staff embraced the culture of the person as the centre of all support and care delivered. The registered manager and the service were highly respected by external health care professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People felt safe and were supported in a way that minimised risks to their health and safety and welfare. Staff were aware of safeguarding and whistleblowing procedures and knew how to use them if required to do so. There were enough skilled, experienced staff to meet the needs of the people who lived at the home. Staff were not rushed in their work and had time to meet peoples' needs. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective

Staff had the knowledge and skills to meet peoples' individual needs and promote their health and wellbeing. Staff worked well with external professional health care services and ensured timely access to any health care advice and support required. The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were applied appropriately. People had plenty of choice of nutritious food and drink throughout the day.

Is the service caring?

Outstanding ☆

The service was very caring

Staff knew and treated people as individuals. They supported them to have as much choice and control over their lives as possible. Care and support was provided in a consistently compassionate, kind and respectful manner which took account of individuals' needs and preferences. People were treated with dignity.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. This was responsive to changing needs. The provider's vision and

model of care and support provided ongoing benefits for the people who lived at the service. Peoples' concerns or suggestions were listened to and action taken to rectify a situation to the person's satisfaction or improve service provision.

Is the service well-led?

Outstanding ☆

The service was very well-led

The manager demonstrated clear leadership to the staff team and promoted the provider's values consistently. All of the staff we spoke with said that staff morale was excellent and that their seniors and manager were visible, approachable and responsive to suggestions made to improve the quality of service. The service had a strong and passionate senior team. A process was in place to ensure that the senior team knew the standard of care delivered was of the highest quality.

Cedar Lawn

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 checked 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 04 February 2016 and was unannounced. The inspection team was made up of one inspector.

Before we visited the home we checked the information that we held about it. We reviewed the home's statement of purpose. The statement of purpose is an important part of a provider's registration with CQC which sets out what services are offered, the quality of care that can be expected and how the services are to be delivered.

We looked at the notifications that the home had sent us. A notification is information about important events which the provider is required to send us by law. The last inspection of this home was completed on the 06 December 2013 where no concerns were raised.

We spoke with seven people and three relatives of people who lived at the home. We also spoke with eight staff members including the manager, the deputy manager, one senior worker, four care workers and the chaplain. We spoke with two external health care professionals. We looked at a range of records about peoples' care including six care files and other records relating to peoples' care such as medicine records and fluid charts. This was to assess whether the care people needed was being provided. We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We also looked at personnel files for four members of staff to check that safe recruitment procedures were in operation and that staff received appropriate support to continue their professional development.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Cedar Lawn. One person said, "I feel safe and looked after at all times." Another person told us, "This is the safest I have felt for a very long time, I am safe and secure and treated with love." All of the relatives we spoke with told us their relatives were always safe. One relative said, "I have never seen such compassion towards people and it goes without saying that this place is very safe." In addition all the people who had responded to the 'residents' survey the preceding year stated Cedar Lawn was a safe and secure environment to live in.

Staff we spoke with were able to demonstrate a good understanding of the types of abuse that may occur and knew how to report this should they need to. They were also able to demonstrate their awareness of the whistleblowing policy. One member of staff told us, "I have no concerns at all about the welfare of our residents, they are our number one priority, but if I did I would raise my concern immediately." Another member of staff said, "I feel very confident to raise any issues of concern with my manager although I have not needed to." All staff were trained in adult support and protection and received yearly updates to refresh their knowledge and skills. We checked this information by looking at the staff training records. The manager demonstrated their awareness of how to work with other agencies, such as the local authority safeguarding team, the police and the Care Quality Commission should any safeguarding concerns be raised. This showed us that the provider was protecting people from the risk of abuse because the staff were trained and knew what to do and could follow up any issues. The provider had up to date policies designed to protect people from abuse which included safeguarding (SoVA) and whistleblowing.

There were risk assessments in place for each person who lived at the home. These assessments detailed the risks that related to each person's care and support. Assessments contained detailed information on how staff should assist people to minimise the risks. We found staff were acting to minimise the risks. For example, we saw that one person had a risk assessment and management plans to prevent deterioration with their mental health. Staff were familiar with these plans and knew how to respond if the person was becoming unwell.

We saw another risk assessment for a person at risk of not receiving enough food or drink to keep well. We saw staff gently encouraged the person to eat and drink at frequent intervals by offering a wide range of choices. This person had received a thorough assessment about this risk and associated care plans had been developed to ensure staff were given the right instructions to reduce the risks. Every person who used the service was encouraged to use an alarm pendant which enabled them to move safely throughout the premises. This provided people with confidence that staff could be called at any time if they needed their support. Staff used the individualised risk assessments and management plans and managed risk effectively whilst still offering people choice and supporting their independence.

Personal emergency evacuation plans had been prepared for each person which detailed the support each person would require if they needed to be evacuated from the building. Staff were familiar with the plans so they could assist people to leave the building safely and quickly in an emergency. There were also processes in place to manage risks in connection with the operation of the home. For example these included fire risk

assessments, kitchen risk assessment, health and safety risk assessments, infection control risk assessments and risk assessments on all aspects of the premises. Where risks had been identified management plans were in place to mitigate the risk and keep people using the service, their visitors and staff safe.

Staff told us and records showed, that when incidents and accidents had occurred they had been analysed so that action could be taken to help prevent them happening again. For example, in response to someone recently falling, staff had met to discuss what had happened, where and why. As a result changes were made to ensure the individual wore their pendant alarm at all times to give them more confidence and to ensure that staff could respond quickly if a fall occurred.

We saw that people received care and support in a calm and relaxed manner and staff were able to spend time with and interact with people in a respectful way. People told us they did not have to wait long to receive assistance when they requested it. One person said, "The staff are always available to assist us. We are actively encouraged to ask for help, this is seen as a good thing and not a hindrance." One staff member said, "We do not rush people, we always have the time to go at their own pace." We saw one example of a person being encouraged to stand up from a sitting position themselves. A member of staff stood quietly and patiently next to the person and allowed them to slowly stand up with the use of their mobility aid. This enabled the person to maintain their own independence with their mobility.

All staff we spoke to said that there were sufficient staff to meet peoples' needs in a timely manner. The manager told us the service had a variety of staff in addition to care staff, some of whom we spoke with. Staff included administration and reception staff, chef and kitchen staff, cleaners, maintenance and additional sessional staff to assist with activities. This enabled the care staff to concentrate on providing care and support. In addition the manager and deputy manager worked five days each week which included weekends and shift times and provided an on call service out of office hours.

Staff rotas showed that there was the agreed level of staffing in place and the manager confirmed there were no staff vacancies. At the time of our inspection there were 32 people who lived at the service. Three shifts operated each day for the care staff with four staff and one senior available each day and three staff awake at night. Every shift had one senior carer on duty.

Recruitment and selection processes were in place to ensure, where possible, people were cared for by staff who were of good character. We looked at four staff files and found checks had been undertaken before staff began work at the home. These included written references and satisfactory Disclosure and Barring Service checks (DBS). DBS checks whether a person has a criminal record and takes place before the person starts work. This helps an employer make a safe decision in appointing staff. In addition, evidence of their identity had been obtained. These steps helped to ensure staff were suitable to work with people who lived at the home.

We saw people received their medicines as prescribed and people confirmed they received their medicines at the right time. The deputy manager had the lead responsibility for the management of medicines to make sure that medicines were stored and administered in line with current guidance and regulations. The central medicine stock cupboard was organised and tidy. All medicines prescribed and dispensed were labelled with peoples' names and stored accordingly in the medicine cabinet. We saw from a review of records that stock checks were conducted daily, weekly and monthly. Medicines that were identified as needing stricter control were accurately checked, recorded, dispensed and stored. We checked six medication administration records (MAR). There were no gaps in recording. Procedures for dispensing medicine on an as and when basis were in place and followed.

Is the service effective?

Our findings

Without exception, people spoke very positively about the care and support they received at Cedar Lawn. A relative said, "My relative has never been so well, the care is exemplary and the staff superb." One person said, "I was so ill when I first came here and I was given care that saw me get a new lease of life, I am unrecognisable from back then, this is down to the manager and their staff."

Staff told us that they were provided with training which enabled them to confidently carry out their role and responsibilities. In the most recent staff survey, all the care staff who had responded said they were well trained and equipped to do their job properly and to a high standard. Training records showed that all new staff had received thorough induction training prior to commencing work. The training was specifically tailored towards ensuring the organisation's values were understood and that staff were given the knowledge and skills to implement this model of care.

Staff also attended mandatory training which covered areas such as health and safety and how to deliver good quality care. Yearly refresher courses and training were completed on other relevant topics including mental capacity, mental good health, dementia awareness and specific training in regards to key medical conditions such as diabetes and tissue viability. We saw that staff put their training into practice for example when assisting people to mobilise with the use of mobility aids.

Staff said they felt, "supported at all times" by seniors and the managers. All staff received regular meetings with their line manager to discuss their performance and personal development on an at least six weekly basis and we looked at the meeting records to confirm this. In the most recent staff survey, all staff who responded felt well supported and valued by their line managers. Some staff received additional and specific training to enable them to carry out, 'Champion' roles in areas which included care planning, training, safeguarding, infection control, tissue viability, health and safety and hydration. These roles promoted a greater understanding of these areas across the whole staff team which improved practice. Staff team meetings were held on a monthly basis, covering a range of topics relevant to the service, to ensure that staff worked consistently with people. Staff received an appraisal every six months in addition to competency based assessments following each six weekly supervision slot.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All staff told us they had received training on MCA and DoLS. The 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). All staff had been trained to understand when a DoLS application should be made and knew how to submit one. No deprivations of peoples' liberty had been identified at Cedar Lawn and therefore there were no DoLS authorisations applied for or in place for anyone

who lived at the home. This showed that the provider had properly trained and prepared their staff in understanding the requirements of the MCA in general, and the specific requirements of the DoLS. All the people who lived at the home had the mental capacity to consent to specific decisions relating to their care.

We observed staff asked people for permission when they provided care and support. For example we observed staff always asked people what they wanted to do and when and how. We saw in the care records that when they had wanted to people or their representatives had signed to say they contributed to and consented to their plans.

One staff member said, "I try to get people to make decisions and choices, no matter how small they may seem. For example what accessories to wear like jewellery and hair slides, which handbag to use and what colour shoes would go with a chosen outfit? These choices give a person some control and this is something we really prioritise here."

When situations arose where people became distressed and/ or challenging, staff tried to understand what it was that had upset them. People's care records gave information on triggers that might upset people and what steps staff should take to calm a situation. Staff were particularly observant and responsive to verbal and non- verbal communication and we saw examples of this whilst we were observing in the lounge area. Questions were asked by staff such as, "Are you ok or would you like me to assist with something?" Staff were very gentle in their approach to people, which meant people were not startled or surprised at any point.

People told us meal times were a very pleasurable experience at Cedar Lawn and there was a good choice of high quality food available to them. We observed a lunchtime meal during our visit. The dining room was very attractively decorated and laid out. Tables were laid with cutlery, colourful napkins and crockery which enhanced peoples' experience. Fresh fruit was available for people and their relatives to enjoy. Water and other beverages were available in all dining rooms, lounges and bedrooms.

We were invited to, and sampled, the lunchtime menu and found the food appetising and of a good quality. One person said, "The food is lovely here, I can choose off the menu or if there is nothing I fancy I can say what I would like instead, that's not a problem." Another person said, "The food is very good here and there is a lot of choice."

The atmosphere in the dining room was calm, unrushed and relaxed. There were a few people who required support eating their meal and staff assisted promptly and respectfully. Everyday a senior worker or manager carried out a quality checklist at one meal. This audit looked at whether there were sufficient staff present, that preparation was thorough, that people were seated comfortably to eat, that health and safety considerations had been made and that interactions between people and staff were calm, positive and enjoyable.

The provider sought feedback from people on the food and drink provided and made changes accordingly. For example one person told us that the chef speaks to people most days to get some feedback about the food or to ascertain if any changes were required to the menu choices. This person said, "Really we can have exactly what we want. The choice of food at breakfast, in fact at any meal is better than what you would find at a five star hotel and I know because I have stayed in many over the years."

Staff supported people to maintain good health and access health services when required. Staff sought support from health professionals quickly when they were concerned about a person's health and we saw evidence of this. People and their relatives said they had good access to doctors, dentists, district nurses,

opticians, chiropodists and speech and language therapists. We spoke to two external health professionals who were visiting people at Cedar Lawn. Both said they had observed how well cared for people were at the home. One health care professional said, "This is an excellent service, the staff are exceedingly caring. Any plans I recommend are put into action, communication is excellent and I have no concerns what so ever." Records documented appointments people had with health professionals and listed outcomes and actions for staff to take.

Is the service caring?

Our findings

All of the people and relatives we spoke with commended the staff for their great kindness and were very happy with the care provided at Cedar Lawn. Comments made included, "I can only describe the staff as angels, every one of them is so kind and it's genuine, I could tell if it wasn't" and "the staff are just perfect, they treat me like a family member" and "I would not change any staff here, they are simply fantastic." Another person said, "The staff are lovely, every one of them, I've never know kindness like it. I actually feel all my life experiences are valued by the staff as if they were my own family, how good is that?"

We observed how people were supported by staff and saw that staff were very kind and compassionate. For example we saw one member of staff talking gently to a person who was a little upset in the lounge, they offered reassurance and touched the persons hand in an affectionate manner. This immediately resolved the person's agitation and they calmed and smiled. We saw another staff member kneel down next to a person sitting in the lounge and ask them quietly if they required any assistance with personal care. One person we spoke to said, "The staff here have quite literally given me a new lease of life through their kindness. I now look forward to the rest of my life and not dread it as I did before I came here."

People who visited the service were also very complementary of the care received by their relatives. One relative said, "I feel 100% confident that my relative is looked after with love and kindness. It's just not something you can fake. I can see the compassion in the eyes of the staff." Relatives told us how welcomed they were made to feel, each and every time they visited. One relative said, "It's like we are visiting our relatives home, it's their space. Staff make it clear they are in our relative's home and not that we are in the staffs' space. That is so important, it's a clear message about where priorities lie."

Staff we spoke with were positive about providing effective care to people at Cedar Lawn. One staff member said, "I look forward to coming to work every day, in fact I would not describe this as work, it's an absolute privilege to care for people and to work in such a great team." Staff had an empowering and empathetic attitude to support people and ensured that the person got what they wanted from their lives and not what the service said they could have. One person said, "Regardless of my age I value opportunities to show others who I am and I want to feel good about myself. Staff here have understood this and I cannot underestimate the positive impact their understanding has had on me."

People were supported by kind and attentive staff who treated them with respect and dignity. We saw that care staff showed patience and gave encouragement when supporting people. One person we spoke with told us, "The staff are excellent here and nothing is too much trouble. We are very spoilt with the high calibre of staff." We spoke to another person who told us that a new member of care staff had started working there the week of our visit. The person said, "The new staff member immediately asked how I would like to be addressed and made no assumptions on this issue." The person added, "Now that gives you an indication of how respectful the staff are here." Another person said how much they valued "humour" and that staff knew this and responded by encouraging laughter and fun into delivering support.

People told us they were in control of their support and made their own decisions where possible. One

person said, "I always like a warm drink and my breakfast in bed and this happens every day without fail." Another person said, "I have my own phone in my room so I can call who I want, when I want. This really improves my standard of living."

We observed staff chatted with people at Cedar Lawn, listened to them and respected their views. The atmosphere within the service was positive, conducive to joint respectful relationships between people and staff and a happy place to be in. There was a very warm, friendly and relaxed atmosphere at Cedar Lawn and it was clear that a lot of thought had been given to creating this cosy and homely environment and atmosphere. For example small bird feeders attached to some peoples' bedroom windows so that they could see the birds feeding whilst in their rooms, bedroom chairs positioned so that people could make the best of their views on to open country side or the exceptionally well maintained gardens, dressing tables in rooms with jewellery and chosen perfume on show and personal effects and photographs.

Staff were very knowledgeable about people's likes, dislikes and preferences. Staff told us which people liked to get up earlier or later, who liked breakfast in bed and who liked to have breakfast in the dining room, who liked to retire to bed earlier or later and about different interests and hobbies people liked to pursue. All staff without exception said that decisions were made by people and not staff and that consent was always sought prior to any intervention of support or care. One person said, "I am encouraged to make decisions about what help I need and that is right, at my age I should know." Another person said, "It has been incredibly important to me that staff have had the time and interest to understand how I have lived my life. They know how I want things done and understand why. Staff do not make assumptions here that all I need is support, they see me as an individual with values, hopes and desires."

Throughout our time at Cedar Lawn we saw and experienced a very strong person-centred culture and staff understood and were proud to say that people were their priority and at the centre of all their thinking. The manager and all staff said that, "all people are cared for to the standard we would expect for ourselves or a loved one." Without exception people told us that this was their experience. Staff told us that through their own, continuous development they recognised the importance of listening to people in order to gather their views on all aspects of their lives. Staff told us that people were not passive recipients of care and support but active participants who had broad and diverse aspirations in relation to their lives. Staff demonstrated they were highly skilled in understanding the importance of meaningful relationships with people and one staff member said, "Our relationships are based on respect for the individuality of our 'residents'. Kindness, friendliness and reliability are what is important." One person we spoke with said, "The staff have given me a purpose in life, which I had lost. I have learnt again to laugh, look forward to enjoying my life and I feel I can make a valuable contribution." We saw and heard about many examples of staff frequently going above and beyond the required expectations of their role. For example staff would stay on duty beyond their shift to provide support for people as they needed it. The registered manager confirmed that staff came to Cedar Lawn whilst off duty to join in celebrations such as birthdays or indeed if there had been an incident to provide staff consistency for people. Staff also volunteered at Cedar Lawns if they had spare time or specific skills to provide additional creative activities or to take people out on additional activities.

Is the service responsive?

Our findings

Before people moved to Cedar Lawn they and their relatives participated in a detailed assessment of their needs to ensure the home was suitable for them. Relatives told us this process was carried out swiftly, as often people were in situations which were not conducive to their well-being, for example in hospital or struggling to cope at home. The manager told us that where ever possible people were encouraged to visit the home for a trial to help them decide if the home was the right and best environment for them. During this period staff got to know the person and their relatives and an assessment of their support needs was developed further. One relative said, "This has probably been one of the most stressful times in our lives and the staff here have made it manageable. Actually more than that, they have shown us there is hope for the future and really good experiences to look forward to together."

People told us that the staff were responsive and people felt able to make choices about how they would like to be supported. One person told us that they preferred to spend most of their time in their room and staff respected their choice. All staff said care planning and delivery was individualised and nothing was driven by tasks needing to be completed. We saw in care records people's choices and preferred routines for assistance with personal care and daily living were recorded. This information had been gathered through staff working with individuals and their relatives to gain detailed information about their life stories.

We saw staff had a good understanding of people's needs and used this knowledge to enable people to make their own day-to-day decisions about their care. One person who used the service said, "Everything that happens here is run via each and every one of us. If we do not like the idea then it does not happen. This service is completely focused on us, I have never experienced anything like it." One relative we spoke with said, "This is a tough time for families but I am absolutely delighted with the care here. The staff have taken the time to find out about my relative's life in such detail. The staff are great. My relative's confidence has returned through the skill of the staff here." We spent time with one person who had been helped to put their life story together in a booklet complete with text and pictures. The person said, "I cannot put into words how important it has been for me to do this, I am so touched by the compassion of staff to be interested in me to this extent." The care records were updated regularly by staff and this was then checked for accuracy by a senior or the manager. We saw evidence, where they had been able to or wanted to, that people or their representative had been involved in the monthly reviews of their care and treatment.

Staff encouraged people to personalise their rooms and we could see that people had their own furniture, photographs, pictures and ornaments on display in their bedrooms. We met one person who had recently moved into the home and we saw their bedroom which was personalised. During our visit a relative had brought in a lamp to assist the person with reading. The maintenance person had unpacked the lamp, checked it for safety and had put it together, ready for use. The relative said, "What a fantastic service this is, I've just bought the lamp and its up and ready for use. The staff are so responsive." In addition the person who used the service said, "I really needed two wardrobes for all of my clothes and the second one was here before we realised it. I have been so pleasantly surprised by how thoughtful the staff have been towards me."

People told us that there were activities available every day and that they could choose if they wanted to take part. People told us they enjoyed the activities offered and could make suggestions about things they wanted to do. The home had a member of staff responsible for co-ordinating social care activities who also supported people on a one to one basis as well as developing qualitative work on gathering peoples' life stories. This staff member was responsive to the needs of the people living at the home, seeking their views and preferences for activities and entertainment. One person said that this person was, "Just fantastic, I don't know what we would do without her." Another person told us that the quality of activities was, "excellent." A programme of activities and events was displayed by the dining room and in addition each day's activities were advertised on the menu boards on every table in the dining room. We observed a number of activities taking place and saw that there was plenty of conversation, laughter, music, singing and interaction between people. We joined one person who was very excited to be joining a craft group making cards for special occasions in response to a special request. People told us their particular favourite activities included pets as therapy sessions, sitting in the new patio area when the sun shone and 100 year birthday parties. We saw one person had had a 100 year birthday party the week before our inspection. Staff had brought in a newspaper clipping taken by the local press who had been invited to the celebration. The person was delighted and said, "How marvellous, my birthday has been celebrated and shared and I have this picture now to prove it."

People said that they felt able to raise any concerns with staff. The provider had a complaints procedure in place and this was on display in reception. Records showed no complaints had been made about the service in the past six months. Staff told us that complaints and concerns were taken seriously, investigated and resolved swiftly. All of the people and relatives we spoke with said the manager was very approachable and if they had any concerns they would raise them. Staff were aware of the complaints procedure and said they would raise any concerns with a senior or a manager that was brought to their attention. The manager said when any concerns were raised these were picked up and dealt with straight away for example about food or the premises.

Is the service well-led?

Our findings

All of the people we spoke with and their relatives spoke very positively and were highly complementary about the registered manager and their leadership of the staff team. They told us the manager, "Really encourages ideas and suggestions to improve the service, if indeed that's possible." Another person said, "I cannot speak highly enough about the manager. I am so happy to be living here. I am so well and it is down to their care that I now want to live to be 100 and I never dreamed I would after my husband passed away. How wonderful is that?" A relative said, "I cannot under estimate the professionalism and genuine warmth of the manager." Care staff made similar comments about how supported they felt and that they were continuously encouraged to make suggestions for improvements to service delivery. One staff member gave an example of a suggestion to ensure personal care delivery was made at any time of the day whenever a person requested. The team developed a practice that personal care was only ever to be individually delivered and never on a task driven basis. The staff member said, "We are particularly proud to say everything we do is personalised, absolutely everything." All staff, without exception, said they felt comfortable to approach any senior staff, the deputy manager or the registered manager on any issue or to make any suggestions for service improvement. Another staff member said, "We know that our manager always has our people as their number one priority and all of the rest of the staff know this is the case, nothing else is acceptable." Everyone we spoke with had huge confidence in the registered manager and responded affectionately and warmly to them. We saw continuously that the registered manager demonstrated passion and commitment to providing an excellent service for people and their relatives. People, their relatives and staff told us the registered manager was a, "visible and assertive" role model who "continuously strived for the most outstanding service" they could achieve for people.

Within the provider organisation, through the annual survey Cedar Lawn achieved an above average rating out of all of their care homes nationally, over a three year period. We saw that Cedar Lawn had recently been rated on a care comparison website as one of the best care homes in the area, with an average rating of 9.8/10. This comprised of 32 reviews made up from people who used the service and their relatives over a two year period. The registered manager told us that they encouraged people and their relatives to use the website to rate their experience at Cedar Lawn, whether this was positive or negative. Any suggestions made or concerns raised were responded to, on line by the manager. In addition Cedar Lawn maintained a comments book in the entrance reception of the home in which visiting relatives and external professionals were encouraged to record feedback and suggestions. We saw that any changes or comments were reviewed and changes made in response. For example, one relative said that sometimes the food was not presented attractively and the chef responded immediately to address this and rectify the concern. This showed us that a positive culture, was consistently driven and sustained by the manager and their senior team.

There was evidence of clear leadership from the senior staff, deputy manager and registered manager who were visible during the day-to-day provision of care and support, accessible to staff and proactive in providing support. The manager was an excellent role model who used their extensive knowledge of health and social care to advocate for people. The registered manager always emphasised the importance of a person centred culture. The culture in the service was open and encouraged staff to bring forward ideas for

improving care. Staff embraced the culture of the person as the centre of all support and care delivered. The registered manager and the service were highly respected by external health care professionals. Comments included, "This is one of the best services across this area, no doubt about it", "Staff here are able to make suggestions and they are always considered," "This is such an excellent service and this is down to the calibre of the manager and senior team who in turn set the high standards for the care staff."

All staff at Cedar Lawn were familiar with and very enthusiastic about the values and visions of the service and wider organisation. Staff were highly motivated about their work and enthusiastic about the organisation. Staff were positive about the manager and senior team. One staff member said, "I am cared for myself here, nothing is too much, I feel valued and appreciated." Awareness of the organisational values was covered at staff induction and training sessions. People who used the service were involved in the development of the values and vision of the organisation. The values included respecting each person as an individual, treating others with the dignity we would wish for ourselves, being open and fair at all times, seeking to improve to be the best and nurturing everyone to promote a fulfilled life. People were always involved in the recruitment process through interviewing staff to test their passion about the organisational and home's values and vision before appointing them. Staff told us that they were passionate about delivering a high quality service and that the senior staff had shown them achieving the vision was attainable and would be supported. We spoke with staff who were able to confidently discuss these values and gave us examples of how they put these into action. One staff member said, "It doesn't matter if I'm not on the rota to work for a special occasion like a birthday party, I want to be here, I want to be part of this celebration so I will pop in. It's like a family member's birthday and you wouldn't miss that?"

People who used the service and their relatives had regular opportunities to give feedback, either individually during the registered manager's quality walkabouts, or collectively in meetings, or via the annual surveys. We looked at the minutes of these meetings and saw that suggestions were encouraged and where possible put into action. For example people said they wanted meat to be more finely sliced at meal times and the chef agreed to do this. Another example was in response to suggestions for Christmas activities and these were organised and delivered. The registered manager continually sought feedback from people using the service and staff through surveys. The feedback provided from the 2014-2015 surveys was positive with 100% of people being satisfied completely with all aspects of the service.

There were clear systems in place to monitor and improve the quality of care provided and the organisation had good processes in place to recognise that Cedar Lawn sustained good practice. This included checks carried out by senior staff and the manager on a daily, weekly, monthly and quarterly basis, all of which were used to produce a quality monitoring action plan. The action planned included outcomes and findings as well as what actions needed to be taken by when. The checks covered all areas of service delivery such as health and safety, premises, medicines, care records, finances, induction and mandatory training requirements and people's satisfaction. Cedar Lawn was audited by the provider against set standards quarterly and had met or exceeded the standards for the past two years. Managers across all homes within the organisation could compare their performance with that of other homes and this provided a further incentive for improvement. The Chief Executive of the organisation had written congratulating Cedar Lawn on this achievement. Cedar Lawn had received two awards in 2014 from the provider organisation for the top training home and top performing home across some 80 home provided nationally. In addition a member of the organisation's board visited Cedar Lawn once each year to ensure the service was meeting the expected quality standards and that the home generated a culture of continuous learning and improvement.

All of the staff we spoke with, without exception, were enthusiastic and engaged with developments at Cedar Lawn. They told us they felt able to report incidents, raise concerns and make suggestions for

improvements. They were confident they would be listened to by their line managers. Staff told us that staff morale was, "Excellent" and described the service as being, "The best place to work, I just love it and I wish I'd come to this service years ago, fantastic." Another staff member said, "This does not feel like work to me, it feels like having the privilege to care for my family every day and that is such a blessing."

The registered manager worked with other organisations to make sure they were following current practice and providing a high quality service. This included membership of a local provider group, attending local authority provider meetings and working closely with their training providers. The registered manager subscribed to professional journals and researched professional journal articles to keep skills and knowledge up to date. The registered manager kept their training up to date and was aware of updates to nationally recommended policies and procedures on best practice. For example the National Institute for Health and Care Excellence guidelines on managing medicines in care homes was fully implemented. All of this information where identified as useful to staff was shared with them. Staff used this information to make their practice better. For example staff told us that they were developing attractive and stimulating activities for people which they enjoyed and wanted. These were not activities assumed to be required by the provider but what people really wanted to do and found fulfilling. Examples included staff first spending significant time with people to really understand the person's individuality, to hear about their lives, both past and present. Through this process staff could offer activities which were personally tailored to help people to feel good about themselves, to experience joy and pleasure, to have a sense of achievement and to feel respected. Staff gave examples of one person wanting to go on holiday, another wanting to undertake some volunteer work, one person wanting to learn how to use a computer and the internet. The staff at Cedar Lawn ensured that quality of service provision was defined by peoples' perspective and not by the views of the provider. One staff member said, "What our residents want and value is what is important. It is up to us [staff] to enable people to see and experience that their aspirations are within reach."