

Methodist Homes Cedar Lodge

Inspection report

Bearley Cross
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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? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

We inspected this service on 24 July 2018. The inspection was unannounced.

The service provides accommodation, nursing and personal care for up to 47 older people who may live with dementia. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The accommodation is split into two units over two floors and 42 people were living at the home on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection in May 2017, we identified improvements were required in delivering responsive care and treatment and in the leadership of the service. At this inspection, we found improvements had been made and the overall rating of the service has now changed to 'Good'.

There were enough suitably trained staff with the appropriate skills and knowledge to care for people safely and respond to their emotional and social needs. People's risks to their health and wellbeing had been identified, and staff understood the importance of their role in supporting people to minimise those risks. The registered manager checked staff's suitability to deliver care and support during the recruitment process.

The provider worked in partnership with other healthcare professionals to ensure people received effective care that was responsive to their needs. People's medicines were stored and managed safely. Medicines were given in accordance with people's prescriptions by staff who had received training in safe medicines management.

Staff knew people well and were kind and compassionate in their approach. Staff recognised how their attitudes and contribution had an impact on the quality of care people received. They worked in accordance with the provider's values of recognising people's individuality and treating them with dignity and respect. Families were encouraged to spend quality time with their relatives and staff helped people share special moments with those who were important to them.

The home had a welcoming atmosphere, was clean and well-maintained and supportive of people's needs. People were able to take part in a range of leisure activities and other pursuits which reflected their choice and interests and promoted their physical, emotional and mental health.

The registered manager understood their responsibility to comply with the requirements of the Deprivation

of Liberty Safeguards (DoLS). People's right to make their own decisions about their care, were supported by staff who understood the principles of the Mental Capacity Act 2005.

There was a strong emphasis on people eating and drinking well. Staff had a good understanding of people's nutritional risks so they could meet their individual dietary requirements.

People were encouraged to raise concerns and make complaints and they were confident these would be listened to and responded to promptly.

The registered manager had been registered with us since August 2017 and had the skills and ability to provide effective leadership within the home. The registered manager had a clear vision and created a positive culture where staff felt supported to learn and develop. Staff felt confident to raise any concerns or make suggestions knowing they would be listened to by a responsive management team.

The provider and registered manager conducted regular audits of the quality of the service to make sure people received safe, effective care. They also responded to feedback they received from people to improve the standards of care and identify areas of development.

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.

There were enough staff to support people safely. Staff had a good understanding of safeguarding and their responsibilities to keep people safe and to minimise any risks to their health and wellbeing. People received their medicines as prescribed and the provider's policies and procedures protected people from the risks of infection. Accidents and incidents were recorded and analysed to ensure that any necessary actions had been taken to keep people safe.

Is the service effective?

Good ●

The service was effective.

People were cared for and supported by staff who had the skills and training to meet their needs. Staff understood their responsibilities under the Mental Capacity Act 2005. The registered manager understood their responsibilities under the Deprivation of Liberty Safeguards. There was a strong emphasis on people eating and drinking well. The provider worked in partnership with other healthcare professionals to ensure people's medical and health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were very motivated and provided care with friendliness and consideration. They treated people with respect and involved them in decisions about their daily care. Families were encouraged to spend quality time with their relatives and staff helped people share special moments with those who were important to them. People's individuality and diversity were respected.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in planning how they

were cared for and supported. Staff had time to respond to people's emotional and social needs and encouraged people to maintain their interests and to socialise. People knew how to complain and the registered manager was open and responsive to any complaints that were made.

Is the service well-led?

The service was well-led.

The registered manager had the skills and ability to provide effective leadership and people and staff spoke positively about their management of the home. There was a clear vision and positive culture in which staff felt supported to learn and develop. Staff understood the provider's values and worked in accordance with them to deliver person centred care. People and their relatives were encouraged to share their opinions about the quality of the service.

Good ●

Cedar Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection took place on 24 July 2018 and was unannounced. The inspection was undertaken by one inspector, an assistant inspector, a specialist advisor and an expert by experience. The specialist advisor was a registered nurse who was experienced in nursing care. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

Prior to our inspection visit, we reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The commissioners did not share any concerns about the service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was very detailed and we were able to review the information in the PIR during our inspection visit. We found the information in the PIR was extremely detailed and an accurate assessment of how the service operated.

During our inspection we spoke with the registered manager, the deputy manager and the provider's quality business partner about their management of the home. We spoke with one nurse, three care staff, two activity co-ordinators, a music therapist and four non-care staff about what it was like to work at Cedar Lodge.

Some people in the home were living with dementia, but some people could tell us what it was like living at Cedar Lodge. During the inspection we spoke with three people who lived at the home and eight

relatives/visitors. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed five people's care plans and daily records in detail and specific aspects of two other care plans to see how their care and treatment was planned and delivered. We looked at staff training records, records of complaints and reviewed the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People and relatives told us they felt safe at the home because there was always staff around to support them. One relative told us, "I do feel that my relative is safe here. There is more one to one care here and it is more homely." Another relative told us, "I think that my relative is very safe here, the staff keep a good eye on them all the time and especially at night."

Staff had a good understanding of safeguarding and their responsibilities to keep people safe. They told us they would report any concerns to their managers and were confident action would be taken in response. One staff member told us, "We report anything. We need to protect the residents and keep them safe. I've never had any concerns, but if I had, I feel I would be listened to." The provider had notified us, in line with their legal responsibilities, when they had made a referral to the local safeguarding authority.

The provider's recruitment procedures minimised risks to people's safety. References had been requested and checked and DBS (Disclosure and Barring Service) clearance had been returned and assessed by the management team before staff started work. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

There were enough staff to provide safe care. Staff had time to provide the care outlined in people's care plans as well as respond to their emotional and well-being needs. Staff told us they felt there were enough of them to support people without rushing. One staff member told us, "Staffing levels are good. Five is perfect as we can spend more time with people."

People and relatives did not raise any concerns about staffing levels and spoke positively about the consistency of the staff team. One relative told us, "[Person] has been here for two years now and the same staff are here and I think that is great as they know my relative's needs now." Another relative said, "Over the last two and a half years I have only noted about three new members of staff, none of the established core staff leave thankfully as it is good for the people who live here."

People's care plans included risk assessments related to their individual and diverse needs and abilities. Our specialist advisor looked at the care records for two people who were at risk of skin damage. Their risk management plans stated they required pressure relieving equipment to reduce pressure to vulnerable areas of their skin. We saw these people had airwave mattresses and pressure relieving cushions in place. Pressure relieving mattresses need to be set at the correct weight setting for the person to be effective. Mattresses we checked were at the correct setting to prevent the risk of skin damage. Where people needed to be regularly re-positioned to alleviate pressure, records showed this was being done in accordance with people's risk management plans. People at risk were encouraged to maintain a good fluid intake and creams to protect their skin were applied regularly.

Care staff understood the importance of their role in supporting people to minimise risks. For example, one person got up from their chair and started to walk across the room without their walking stick to support them. A member of staff immediately went across to the person, gave them their walking stick and gently reminded them of the importance of always using it.

People told us they received their medicines as prescribed. One person told us, "I have not had any problems with my medication, the home keeps a good stock in for me." A relative confirmed, "My relative is on lots of medication and there has never been any issues over them getting their medicines."

Overall, medicines were managed and administered safely by staff who had been trained and assessed as competent to do so. All medicines were stored securely and at the correct temperature to ensure their effectiveness. Medicines that required extra checks and special storage arrangements because of their potential for misuse, were stored correctly. The administration of these medicines was recorded accurately and showed they were being given as prescribed.

Where people were on medicines which were prescribed on an 'as required' basis for anxiety, agitation or pain for example, there were clear guidelines as to when these medicines should be given. Staff used a recognised pain assessment tool to identify whether people who were unable to express it verbally were in pain.

Some people received their pain relieving medicines via a trans-dermal patch applied directly to their skin. It is important some patch medicines are rotated around the body to avoid people experiencing unnecessary side effects. It is also important to record the date of application and removal to ensure old ones are removed before new ones are applied. Staff were completing daily checks to ensure the patches were in place, but rotation charts showing the site and date of removal of the patches were not always completed. The registered manager took immediate action to ensure patch medicines were managed consistently throughout the home.

We found where people had to have their medicines given to them disguised in food or drink, the person, their representative, staff and the GP had been involved in making the decision in the person's best interests. Discussion with the pharmacist ensured that all alternative methods of giving the medicines had been explored and the method of administration was safe and appropriate. The pharmacist had not always signed to confirm their advice, but the registered manager told us they would ensure this was done in future.

The provider's policy and procedures were understood and implemented by staff to protect people from the risks of infection. The provider had appointed a champion for infection prevention and control, in line with the Department of Health guidance. The home was clean and tidy and free from odours. Domestic staff told us they had all the cleaning equipment they required and followed a schedule of cleaning tasks which ensured every part of the home was regularly cleaned.

Staff had received training in infection control and made appropriate use of personal protective equipment (PPE) such as disposable gloves and aprons which were readily available in communal bathrooms and toilets.

The head of catering had a very good knowledge of good food hygiene practices and explained how they used their knowledge and experience to improve infection control processes within the home. They told us, "The people that live here may have immune deficiencies. Food is a route to get infection into a person so infection control has to be just right."

Staff recorded accidents and incidents and the registered manager analysed these to identify any trends or patterns so action could be taken to minimise any emerging risks. For example, the registered manager had identified that the number of falls increased during handover. As a result, the handover process was changed to enable care staff to remain with people to ensure their safety. Following a medicines error, the procedure for booking in some medicines was made more robust so any errors could quickly be identified.

The provider maintained an oversight of accidents, incidents and safeguarding issues. A 'time critical reporting form' was completed so the provider could be assured that all appropriate action had been taken to identify the cause and ensure risks were managed. Any actions taken following incidents that occurred at Cedar Lodge, or any of the provider's other homes, were shared with staff during meetings so people's safety was maintained.

The provider had systems to ensure environmental and equipment safety checks were completed. For example, records demonstrated regular checks were completed relating to fire safety. However, sometimes the length of time to rectify issues was excessive. For example, for six weeks some of the emergency lighting was recorded as not working. The Registered Manager assured us that the issue had been due to a fault with the panel rather than the equipment and the alarm system was still operating should a fire have occurred. The issue had been rectified at the time of our inspection visit.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

New staff received an induction into the home and worked alongside experienced staff to understand the specific needs of the people living there. Staff told us they had completed a range of mandatory training as part of their induction and felt this gave them the knowledge and ability to do their job well.

The provider had systems to identify and monitor the training needs of staff. The system demonstrated that all training was up to date and completed within the provider's specified timeframe. Staff had received additional training to meet the specific needs of people who lived in the home so they could support them more effectively. One member of staff told us how beneficial they had found their training in supporting people with behaviours that could challenge and said, "It is really, really good. The techniques protect the staff and more importantly protect the people from hurting themselves." This member of staff explained how they used the knowledge they had gained to support one person who could become very anxious and agitated during personal care. They told us that if they followed the person's preferred routine, they could assess the best time to offer them personal care. This demonstrated that staff understood the importance of using a preventative approach to managing behaviour as opposed to a reactive one. During our visit we saw staff putting their training into practice.

Where staff had specific responsibilities, they had been provided with training necessary to carry out their role. For example, the head chef told us, "There is good training at the home, particularly around food hygiene. Each region has a 'chef coach' and they are always at the end of the phone, email or come and visit. We also have a good relationship with the speech and language therapist who has taught me how to get a really smooth puree."

The registered manager encouraged and supported staff to gain further qualifications and attend external courses provided by other organisations. The registered manager explained this was to increase staff knowledge and understanding so they could share it with rest of the staff team. For example, some staff had completed a qualification in 'Principles of Dementia Care'.

Staff told us they received regular support and advice from their managers which gave them confidence in their role. One member of staff told us, "I can't fault it. The support and the training have been great."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The 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.

The registered manager understood their responsibilities under the Act. Where the registered manager had reason to question a person's capacity to understand information about risks related to different aspects of their care and support, their care plans included a mental capacity assessment. When it was necessary to impose restrictions on people to keep them safe, applications had been made to the local authority to deprive people of their liberty.

Staff worked within the principles of the Mental Capacity Act 2005 and sought consent from people by using simple questions or objects of reference. For example, people were shown two plated meal choices and asked which one they would like. Staff gave people time to make their choices and did not rush them. One staff member spent five minutes with a person who was finding it difficult to make a choice. The staff member waited with patience and tried lots of different methods to support this person to make an independent choice about what they wanted to eat. Another staff member told us, "We never presume people don't have capacity. People can make their own choices, like whether they want a shower or a bath, or whether they want their hair washed or not. If they repeatedly say 'no' then we try and encourage them."

There was a strong emphasis on people eating and drinking well. People had a choice of meals and could eat in the dining room or their own bedroom, according to their preference. Snacks, drinks and fruit were readily available within the communal areas of the home, and because it was very hot on the day of our inspection visit, staff regularly prompted and encouraged people to drink.

At lunch time the dining rooms offered a very pleasant and lively environment with lots of opportunity for people to interact and engage with each other. We asked people and their relatives what they thought of the meals provided. Responses were mostly positive with people saying, "The food here is tasty. I like the way the chef cooks. I am very pleased with the food" and, "Food is delicious, there is something different every day. I think that I have started to put weight back on as my clothes are getting tighter." Where people chose to follow a specific diet, this was catered for. The chef told us about one person who had chosen to follow a 'pescetarian' diet (A diet consisting of humanely caught fish and vegetarian foods) and said, "That's fine. Today they are having steamed cod." A relative confirmed, "The food is good, my relative has never been a fussy eater and has no problems eating the food. The chef has said that if there is anything we want then we just have to let him know and he'll get the food in, which is so helpful."

People's nutritional risks were assessed and their care plans explained the support they needed to maintain a balanced diet and sufficient nutritional intake. Each person had a 'dietary requirements' form where any allergies or preferences were recorded along with instructions on how their food needed to be prepared. These records were stored in a 'nutrition folder' which was accessible to all staff working in the home. Staff had an in-depth knowledge of each person's nutritional needs and any associated risks. One staff member told us, "We know the nutritional needs of the people by looking in the nutrition folder for anyone new. If any changes occur to a person's eating habits then we also have a carer's handover sheet which tells us. We all keep these on us for the shift so we can quickly check."

If people were not eating and drinking well, they were referred to the appropriate healthcare professional for advice and support. The chef worked in partnership with the dietician and speech and language team to ensure people's individual needs were met and they were encouraged to eat and drink enough to maintain their health.

People's needs were comprehensively assessed and documented before they started using the service. Records showed staff collected a range of information about people so they could meet their needs from the start.

The provider worked in partnership with other organisations to ensure people's needs continued to be met and responded to. For example, staff supported people to maintain their health through regular appointments with healthcare professionals, such as GPs, dentists, opticians and chiropractors.

When staff identified a change in people's health, they referred them to other healthcare professionals for guidance and support. Any recommendations made by other healthcare professionals were recorded and incorporated into people's care plans. One relative told us staff acted promptly when they had any concerns and said, "When [person] was unwell, the nurse spotted it immediately and informed me and got her to the hospital."

The environment was supportive of people's needs. It was well decorated, inviting and there were many items of interest to engage people as they moved around the home. Directional signs in words and pictures supported people to identify rooms and find their way around independently where possible. People could choose to sit in a variety of communal areas or the easily accessible gardens.

Is the service caring?

Our findings

At this inspection, we found people continued to receive kind and compassionate care and were as happy about living at the home as they had been during our previous inspection. The rating for caring continues to be Good.

Staff were very motivated and greeted everyone with friendliness and consideration. They spoke respectfully about people and told us they enjoyed getting to know people and spending time with them. One person told us, "This is an absolutely wonderful and perfect place to live. Living here is brilliant and I am very happy here. Everyone is so friendly and talk to you all the time." A member of staff told us they felt privileged to work at Cedar Lodge and explained, "It is like having a job with a social life. The residents don't live in our workplace, we work in their home."

People responded positively to staff who communicated well with them. One person's eyes lit up with a huge smile when a staff member walked into the room. This person's relative was present and told us, "If it hadn't been for the care and support from all the staff here, I don't know where we would be. Not only to my relative, but to us as a family. They have been absolutely amazing at such a difficult time." Another relative spoke positively about the quality of care their family member received and explained, "The staff here go beyond the call of duty. This is dedication and commitment at its best. This is complete care, total care from everybody."

Staff were very relaxed and used care interventions as an opportunity for meaningful engagement with people without rushing. When one staff member gave a person their medicines, they asked the person how they were and whether they needed anything. They then took time to make sure the person was comfortable before they moved on. One person clearly valued this because they told us, "There is not one member of staff you can complain about because they go the extra mile for you. If you need anything or are worried about anything, they take time to talk to you and help to get what you need or just listen to you and calm you down. I can't speak highly enough about the staff."

Staff treated people with respect and involved them in decisions about their daily care. For example, one person's trousers had ridden up and a staff member asked them if it was alright if they rearranged their clothing. Another staff member asked a person, "Is it okay if I just wipe your mouth?" This showed that staff worked in a way that promoted and maintained people's dignity.

We saw some moments of warmth and humour during our visit. A member of staff was singing with one person as they waited for the lift to arrive. When the lift doors opened another person and their relative stepped out and both joined in the singing. All four were smiling and enjoying the moment of spontaneous engagement. A member of staff told us, "There is a lot of fun with staff and that feels precious. People's sense of humour doesn't go away just because they have dementia."

Relatives told us staff welcomed and encouraged them to visit the home whenever they wanted to. Families were encouraged to spend quality time with their relatives and staff helped people share special moments

with those who were important to them. A married couple in the home wanted to renew their wedding vows and staff had worked to make sure it happened and was a special occasion for everyone involved. For example, the chef had taken time off work to make a cake for the celebration. A relative explained what this caring attitude meant to them and said, "Some of the staff here consider people who live here to be family. One member of staff told me the hardest thing for them is when one of the people die, and that showed me how much they cared."

The provider had a number of values to guide staff in their day to day work. The first value was, "We respect every person as a unique individual". Throughout the home there were quotes that reminded staff of these values and of the importance of working in a way that put people at the centre of everything they did. One member of staff explained the importance of respecting each person's individuality and said, "Whatever they have done in the past we can incorporate into their care plans and engage meaningfully with them. We want them to live a meaningful life and to give them their lives back so they feel in control. We want them to feel at home and we are their visitors."

Staff and the registered manager understood the importance of promoting equality and human rights as part of a caring approach. The registered manager had created an inclusive environment where the diversity of people's sexual orientation and gender identity would be respected. People were encouraged to be open and comfortable because they could be confident their relationships would be accepted. There was information available which signposted people to support groups to eliminate any potential harassment associated with diversity. The registered manager had also arranged for an LGBT support worker to give a talk at the home to promote equality for members of the LGBT community.

Is the service responsive?

Our findings

At our last inspection visit we found improvements were required in how staff responded to people's emotional wellbeing as well as their physical needs. At this inspection we found improvements had been made and the rating is now 'Good'.

People were happy that staff understood how to meet their care and support needs. Everybody had a care plan which was detailed and provided information about how staff were to support people centred on the person's individual wishes and preferences. Care plans were regularly reviewed with people and, where appropriate, their representatives to ensure they continued to be responsive to people's needs. One relative told us, "I have meetings with the staff when my relative's care is reviewed and they suggest things, everything is written down and noted. We usually agree as they want the best for my relative."

Relatives told us staff were quick to respond to any changes in people's health or wellbeing and kept them informed. One relative told us, "When my relative started to drag their foot following a stroke, the nurse worked with them to walk better and now my relative does not drag their foot which is brilliant." Another relative said, "The staff inform us of any changes and we are aware of all aspects of their care."

Staff had enough time to sit and talk to people as well as being able to engage with them in things they enjoyed. When people were anxious or distressed, staff spent time trying to identify the cause and providing reassurance. For example, one person was a little anxious and asking for a relative. A member of staff telephoned the person's relative and was then able to reassure them that their relative would be visiting later that day. Relatives confirmed that staff knew people well and responded to them as individuals.

People's communication needs were assessed and guidance for staff explained how they should support people to communicate and understand information. Some people could sometimes become anxious or distressed and their behaviours were recorded on ABC charts. However, we found the charts could be used more effectively to identify any specific triggers for these behaviours. The registered manager told us they had arranged for staff to receive further training so they had a better understanding of how the charts could help them to be more proactive in supporting people's emotional wellbeing.

The provider had a music therapy team who delivered group and one to one sessions for people living with dementia who had difficulties in communication or behaviour. The music therapist explained the role of music therapy in reducing people's anxiety and helping them to communicate and socialise. They told us, "The thing about music is it communicates, especially if you are struggling to communicate with words. If somebody arrives and they are extremely disorientated, often music therapy is a chance for people to express themselves and be heard." They went on to tell us about one person who had been low in mood and how playing the piano again had improved their mental and emotional wellbeing. They told us, "It stimulates them, gives them self-respect and gives them something to look forward to." They also explained how the group sessions engaged people and said, "People become social again with each other and it helps to create a community in the home."

During a group music therapy session people were smiling and laughing and appeared to be enjoying themselves. One person closed their eyes and swayed from side to side appearing to be 'lost in the music'. One member of staff told us, "For [person] music therapy really helps. They used to cry a lot, but through music they are a lot calmer. That is what it is all about, making life better."

People told us they spent their day in their preferred way. One person told us they preferred their own company so they stayed in their room most of the time. Other people liked to join in the activities and events on offer. Some activities promoted physical activity, others provided mental stimulation and others entertained people. People were also encouraged and supported to maintain links with the community through visits from local students, local days out and a volunteer befriending service.

A 'seize the day' scheme was adopted in the home which enabled people to do things that they have always wanted to do. For example, one person had visited their old school and another person had visited a horse sanctuary. At a recent meeting several people had said they would like to attend a cricket match and this was being organised at the time of our visit.

People's spiritual and religious needs were met. A chaplain visited the home several days a week and there were also visits by ministers from other faiths. The chaplain explained their role was to give people time to have conversations that were important to them. They said, "I have found that people find it good to have someone other than someone who has a carer specific role to talk to, and they have said that it actually enables them to talk."

The home provided care for people at the end of their life. The deputy manager told us they worked with other healthcare professionals to ensure people had a dignified and pain free death in accordance with any expressed wishes or preferences.

We spoke with one relative whose family member had died at Cedar Lodge. They spoke very positively about the care their family member received during their final days. "In their last five days, the staff put a bed in their room for me and for the last two days they gave my daughter a room to sleep in. I cannot express how grateful I am to the staff for making my relative's last days so peaceful and for the care and support they gave me and my family. The care my relative got was exceptional. When their coffin left the home, every member of staff on duty lined the corridors to say goodbye."

Staff told us communication was good in the home. Each day there was a meeting called 'eleven at eleven' where the heads of each department met to discuss the running of the home. This meant they could respond quickly to any changes in people's needs or any issues that were raised.

There was a suggestions box and regular meetings for people and their representatives or relatives to make sure their views about how the service was run were known. The provider also had a complaints procedure which people and relatives understood.

We looked at the complaints register and found there was a procedure to record, investigate and respond to minor concerns as well as formal complaints. There was detailed information about how the concerns and complaints had been investigated and whether there were any recommendations or action that needed to be taken to prevent similar issues in the future. For example, in April 2018 a complaint had been raised about a person not wearing their stockings or sitting on a pressure relief cushion as identified in their care plan. The registered manager had taken immediate action and when we checked this person during our visit, we saw they were wearing stockings and sitting on a pressure relief cushion. This demonstrated an open and responsive approach to complaint management.

Is the service well-led?

Our findings

At our last inspection visit we found the leadership of the home required improvement. There had been frequent changes in management and the experiences of people and staff were not always taken into account to drive improvement within the home. At this inspection we found the leadership of the home had improved. There was a very positive culture which was valued by people and staff and the registered manager was working towards an outstanding rating for this service. The rating is now Good.

People and their relatives spoke positively about Cedar Lodge and the standard of care that was delivered there. One relative told us, "Absolutely hand on heart I would recommend this home to anyone and I have recommended it to friends who have not regretted moving their relatives here. In fact it is the only home I would recommend." Another relative said, "I have used every opportunity to sing the praises of this place, but I don't think I have done enough to do them justice."

The registered manager had been registered with us since August 2017. The provider was confident the registered manager had the skills and ability to provide effective leadership within the home and spoke positively about what the registered manager had achieved. The provider's quality business partner told us, "She is a breath of fresh air. She just has a handle on everything and if you say anything, you know it is going to be dealt with straightaway. The staff are enthused by the manager. She is genuinely taking staff on a journey with her." The provider's area manager in the monthly newsletter described the registered manager as 'truly inspiring'.

As a sign of their confidence, the provider had nominated the registered manager for the National Care Forums 'Rising Stars' development programme. This is a programme that enables those who have been nominated to work in partnership with other organisations, share good practices and learn about innovative developments in the care sector. The registered manager explained, "I am thrilled to have been nominated and I am hoping to gain knowledge about the way quality is evidenced and to understand innovation in our sector as well as approaches to marketing and staff retention and bring these back to MHA."

Staff told us there was a strong sense of leadership within the home and spoke positively of the management. One member of staff told us, "The home has got better since the new registered manager came here. She cares about the residents and the staff. She is always checking that everyone is okay." Another staff member said, "The management is good. It is a good organisation to work for." Staff told us they felt able to make suggestions knowing they would be listened to. One staff member said, "The management are available and open to new ideas. You feel you are welcome to say anything or suggest anything. There is a feeling of 'can do' here."

The provider had values and behaviours that all staff members were expected to sign up to. These included respect, openness and fairness because, "We nurture each person's body, mind and spirit to promote a fulfilled life." The registered manager told us the provider's values were always discussed in staff meetings to ensure staff had the right attitudes and shared the same values. Throughout our visit our observations of staff demonstrated they understood and worked in accordance with these values.

The registered manager had a clear vision and created a positive culture within the home where staff felt supported to learn and develop. The registered manager explained, "I believe you can make a mistake and learn from it. We try to make staff feel happy at work because then it brushes off on the residents. If staff are happy then the residents are happy. It is a family home." Staff valued this openness and one member of staff told us, "I don't have to wait for a supervision to speak to someone. We can talk to the manager whenever we want to." Another staff member confirmed, "I feel very confident talking to the managers." During our inspection we found staff were keen to learn. They acted quickly to correct any issues and information was shared almost immediately with staff in other areas of the home.

People and their relatives also spoke positively about the registered manager. One relative told us, "Since [registered manager] has taken over it has come on leaps and bounds, she always has a smile on her face."

The provider and registered manager responded to feedback they received from people who used the service, relatives and visitors. Feedback was gathered in a number of ways which included resident and relatives' meetings and surveys. Resident satisfaction survey results were displayed in the home which demonstrated an open and honest culture. Where a need for improvement had been recognised, the provider had taken action. An example of this was where relatives had raised issues about clothing going missing and the registered manager had introduced a button system for labelling clothes. The buttons were marked with people's names and discreetly attached inside people's clothing. One relative told us, "There was a problem with my relatives clothing not coming back to them, but that has all been sorted out now."

The provider had looked at innovative ways to encourage people, relatives and staff to be involved in developing the direction of the service and making improvements. They had introduced a 'Quality Circle' and invited people who wanted to be more involved to join. The registered manager explained that some ideas from the 'Quality Circle' had already been introduced, such as a picture of a white dove placed on people's bedroom doors when they were very poorly. The registered manager explained, "Everybody's ideas are valued."

The provider had appointed staff champions in areas such as infection control, end of life, nutrition and hydration and continence. Champions had a particular interest and extra training in their specific area which they then shared with the wider staff team. A member of staff told us, "The manager empowers the staff by making them champions in different areas." One staff champion described their role and said, "When you are a champion, you have autonomy and you are responsible for the day to day implementation within that area. The manager supports you by making sure you have the relevant training."

The provider worked in a collaborative way with other agencies such as the local clinical commissioning group, healthcare services and other organisations within the community. For example, the registered manager had recently collaborated with a local university in the development of best practice ideas around an activity toolkit for people living with dementia. The provider had also agreed to offer nursing students placements so they could gain experience of nursing in a residential environment.

The provider and registered manager conducted regular audits of the quality of the service to make sure people received safe, effective care. This included checks of infection control, care records and care plans. Where issues were identified, records showed that plans were put in place to address them. For example, following our last inspection visit when the service was rated as 'requires improvement', the registered manager had implemented an extensive action plan. This was very clear about what needed to be done and the timescales for completion. The action plan was reviewed on a monthly basis and had clearly been effective as improvements had been made and our rating of Cedar Lodge is now 'Good'.

The registered manager had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people. The provider had ensured the rating from our previous inspection was displayed on the premises, and also on the provider's website.