

Cheltonian Care (UK) Ltd

# Cedar Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Cedar lodge provides accommodation and personal care for up to 19 people. On the day of our inspection there were 18 people living at the home.

The inspection took place on the 28 December 2016 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People told us they were supported in a safe way and had their medicines as prescribed. The registered manager had identified medicines records were not always completed and was taking steps to support staff to improve this.

People told us staff knew how to support them. Relatives said staff were well trained. Staff had up to date knowledge and training to support people. Staff respected people's rights to make their own decisions and choices about their support. People's permission was sought by staff before they helped them with anything. Staff made sure people understood what was being said to them by using appropriate communication methods. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well and were authorised to do this.

People had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. People said they had access to health professionals when they needed to. Relatives were confident their family member was supported to maintain their well-being and had access to the health professionals they needed.

People said they were happy living at the home and supported by patient and kind staff. Relatives told us they were happy with the service their family member received. They told us staff were patient and promoted independence. People living at the home were able to see their friends and relatives as they wanted. We saw staff treated people with dignity and respect and had a good knowledge of people's rights. They knew people well, and took people's preferences into account and respected them.

People and their relatives were included in how care was provided. They knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. The registered manager had arrangements in place to ensure people were listened to and action could be taken if required.

The registered manager promoted an inclusive approach to providing care for people living at the home. For

example people and their relatives were encouraged to attend regular meetings, and to complete questionnaires to share their views about the quality of the service. The management team had actioned suggestions made by people, their families and staff where possible, and took a proactive approach making improvements.

The provider had systems in place to monitor the quality of care and treatment people living at the home received. The registered manager had identified where improvements were needed and had a plan in place to ensure these were made in a timely way.

## 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 were supported by staff who understood how to meet their individual care needs safely. People had their risks identified and staff were aware of how to manage them. People benefitted from sufficient staff to meet their needs in a safe and timely way. People were supported with their medicines by staff who had been trained.

### Is the service effective?

Good ●

The service was effective

People's needs were met by staff who had up to date training and skills. People were supported to make their own decisions wherever possible. Staff had a good understanding of how to support people who needed help to make some decisions. People enjoyed meals and were supported to maintain a healthy, balanced diet. People were confident staff had contacted health care professionals when they needed to.

### Is the service caring?

Good ●

The service was caring

People were supported by staff who were patient and caring, and provided care and support in a warm and friendly way. Staff took account of each person's personal preferences. People were treated with dignity and respect and their diverse needs were met.

### Is the service responsive?

Good ●

The service was responsive

People received personalised care which was responsive to their changing needs and preferences. People were able to engage in past times they enjoyed. People who lived at the home and relatives knew how to raise concerns and were confident these would be handled effectively. People were regularly asked for their opinion on how they were supported.

## Is the service well-led?

Good 

The service was well-led

People, their relatives and staff were encouraged to voice their opinions and views about the service provided. The provider had systems in place to monitor the quality of the service. They had identified where improvements were needed and were working towards completing these. People and their families benefited from an open and inclusive culture.

# Cedar Lodge Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 December 2016 and was unannounced. The inspection team consisted of one inspector.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Healthwatch if they had any information to share with us. Healthwatch are an independent consumer champion, who promotes the views and experiences of people who use health and social care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

Before the inspection, 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.

We spoke with ten people who lived at the home, and two relatives. We looked at how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of for people who lived at the home.

We spoke with the registered manager, the provider and seven staff. We also spoke to two district nurses and a GP, who regularly supported people at the service. We looked at four records about people's care,

including their medicine records. We also looked at complaint files, minutes of meetings with staff, and people who lived at the home. We looked at quality checks on aspects of the service which the registered manager and provider completed.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe because there was always a member of staff about if they needed support, and they were familiar with all the staff. One person said about staff, "They know us so well and understand what we need to feel safe." Another person told us, "I am never rushed; we work together so I feel safe." We saw people were relaxed and confident during their exchanges with staff.

Relatives we spoke with said their family member was safe. One relative told us about staff, "They know [family member] really well, and are always so patient." Another relative said, "[Family member] is really well looked after, I can't fault them."

We spoke with staff about what actions they took to ensure people were protected from abuse. They said they would report any concerns to the registered manager and take further action if needed. Staff were aware incidents of potential abuse or neglect should be reported to the local authority. Staff we spoke with explained they knew people well and were confident they would know if a person was distressed or worried about anything. One member of staff said, "We know people well, we are always on alert to check if there are any problems with anyone." The registered manager was aware of their responsibility and had raised concerns to the correct authority when they needed to. There were procedures in place to support staff to appropriately report any concerns about people's safety.

We attended a meeting with staff at the beginning of their shift, where information was shared about the people living at the home. Staff explained how this ensured they were aware of any current concerns about each person's health and wellbeing. One member of staff explained how this provided continuity with the support people living at the home received. Staff told us immediate concerns would be discussed and they would take action straight away.

People we spoke with said they had their needs assessed and risks associated with their care and support identified. Staff said they knew about people's risks and how to manage them. For example one person who lived at the home required a specific piece of equipment to reduce the risk of sore skin. We saw the person consistently had the piece of equipment available to them. Staff explained how they regularly reviewed people's risks to ensure people were supported in a safe way.

People we spoke with told us there was always enough staff on duty to meet their needs. One person said, "They [staff] always have time to have a laugh and a joke with us, they are all lovely." Relatives we spoke with told us there was always staff available when they visited and their family members needs were met. Staff we spoke with said there was sufficient staff on duty to meet the needs of people living at the home. One staff member said, "There is always time to spend with people, it's really important to give them the time to talk." Many of the staff had been employed for several years at the home and knew people who lived there well.

The registered manager explained staffing levels were determined by the level of support needed for people living at the home. Their needs were assessed when they arrived at the home and then monitored to ensure

there were sufficient appropriately skilled staff available to meet their needs. Both district nurses we spoke with said they had found there were enough staff available when they visited, to support them with their role.

Newly recruited staff we spoke with said they did not work alone until they had completed the main part of their induction training and they were confident to do so. They were introduced to people and shadowed experienced staff. This gave people time to get to know them and for them to know about the people living at the home. One new member of staff explained how working with experienced staff had helped them learn best practice when supporting people safely. Staff we spoke with told us the appropriate pre-employment checks had been completed. These checks helped the registered manager make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported with their medicines. People we spoke with told us they had their medicines when they needed them. One person said, "I have my pain relief when I need it, I only have to say." Another person explained how they managed some medicines themselves, which supported their independence and well-being. Relatives told us they were confident their family member had the medicines when they should and received appropriate support. All medicine records checked showed people received their medicines as prescribed by their doctor. We saw staff explain to people as they administered their medicines, what they were taking and sought their consent before they administered them. Staff were trained and assessed to be able to administer medicines. They were aware of what to look for as possible side effects of the medicines people were prescribed. There was suitable storage and disposal of medicines in place.

The deputy manager explained they had identified some lack of recording on the medicine records, some staff were not completing when they had administered medicines. They had identified the medicines were administered; however some staff were not completing the records correctly to show this. They were closely monitoring the records to identify which staff would need additional support to ensure the records were correct. The deputy manager was taking the appropriate action to improve medicine records.

## Is the service effective?

### Our findings

People we spoke with said staff were knowledgeable about their support needs. One person said about staff, "They are so good, they really know what they are doing." Relatives we spoke with were confident that staff had the skills to support their family member.

Staff told us they had received an induction before working independently with people. This included training, reading people's care plans and going through the policies and procedures, as well as shadowing a more experienced member of staff. Staff said they met all the people initially to get to know them. One member of staff explained how they had always been encouraged to ask questions so they were confident with how they supported people. They went on to say they had received training in all areas of care delivery. Another member of staff said, "I had a brilliant induction, everyone was really supportive."

All the staff we spoke with said they received regular training to keep them up to date with their skills when supporting people. Staff told us they felt well supported and had regular supervisions and opportunities to review their training needs. They were encouraged to complete training to improve their skills on a regular basis. The registered manager told us they had a rolling program in place to ensure all staff remained up to date.

Staff told us they felt well supported and had regular supervisions and an opportunity to review their training needs. They were encouraged to complete training to improve their skills on a regular basis. They also were encouraged to undertake vocational training in health and social care. This training included Mental Capacity Act 2005 (MCA). Staff we spoke had an understanding of what this meant for people living at the home.

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 we spoke with said staff consistently asked for their consent before supporting them. Staff we spoke with told us they were aware of a person's right to refuse their support and explained how they manage this to ensure people's rights were respected. Staff explained that most people living at the home were able to make day to day decisions, and they were aware of who to include when other decisions needed to be made. The registered manager was aware of their responsibility to ensure decisions were made within this legislation. We saw the appropriate people were involved when a best interest's decision was needed. The registered manager was reviewing their paperwork related to this process to ensure it accurately reflected the process.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA.

Staff and the registered manager understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. We saw the registered manager had made applications to the local authority to ensure people were not restricted unlawfully. The registered manager had sought advice from the local authority when needed and kept the process under review.

People we spoke with told us they had a choice about the food they ate and the food was good. One person said, "We can say what we like and they listen, I asked for [a different meal] and we are now having this." Another person told us, "The food is lovely, always fresh and plenty of it." Relatives we spoke with said the food was always good and their family member could choose what they liked. Staff we spoke with said people were supported to maintain a healthy diet with both food and drink. We spoke with kitchen staff and they showed us how people's nutritional requirements were met. They were aware of people with special dietary needs and how they needed to meet them. Another person we spoke with explained how they had a specific dietary need and staff always ensured this need was met and still gave the person a choice with their meals.

People told us they had access to their GP, dentist and optician when they needed to. We spoke with one GP who was visiting the home during our inspection. They explained how staff were very proactive and always contacted them appropriately. They also said that staff communicated effectively which supported the GP to have a clearer picture of the person's needs. Staff would ask for clinical advice when they needed to and fully action the advice given. Relatives told us their family member received support with their all aspects of their health care when they needed it. One relative said, "They [staff] always keep me updated with anything to do with [family member's] health." Staff we spoke with told us how important it was to monitor the health of each person. They explained how they had involved other health agencies as they were needed in response to people's needs. For example, we saw one person had support from the mental health team when they needed it.

## Is the service caring?

### Our findings

People we spoke with told us staff were kind and caring. One person said about staff, "They are like friends," and, "So kind and patient." Another person told us about staff, "They try to please us all." We saw staff supporting people living at the home in a caring way.

Relatives told us they were happy with their family members care. One relative said about staff, "They are friendly and eager to help." Another relative told us, "Staff are flexible with what they do, and always friendly and welcoming to us." Relatives explained they felt involved and included in the care for their family member. They said they felt welcome to visit the home at any time, and always offered refreshments when they visited.

One relative explained how staff had supported their family member through a very anxious period of time. They said staff had been patient and worked with the relative to support their family member, who had now improved their well-being since they had lived at the home. They said their family member was more confident and happy. They told us about staff, "They are so patient, nothing is too much trouble."

We saw staff gave people as much choice and control over their lives as possible. Staff assumed people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. For example, we saw staff support one person with their choices by writing them down for them. This aided the person's understanding and supported them to make their own decision.

We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example, we saw one person helping to lay the table before the meal time; one member of staff explained how this helped the person feel valued and improved their well-being. We saw staff supported people to mobilise at their own pace which gave each person the time to be as independent as possible.

People we spoke with said staff always called them by the name they preferred. People explained how they chose the clothes they wore and how they looked. One person went on to say how much they enjoyed their regular manicure from staff. They explained this was important to them and improved their well-being. People told us their rooms were personalised and they had a choice of different communal rooms to spend time in.

People we spoke with said they were treated with dignity and respect. One person told us, "I always feel listened to and important." Relatives we spoke with said staff always maintained their family member's dignity and treated them with respect. One relative told us, "They [staff] look at each person as an individual, and respect that." Staff said maintaining people's dignity was very important to them. Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and always listened to people's views. For example, we saw one person to have their breakfast at a different time because the person always enjoyed their breakfast later in the morning.

Staff knew about the local advocacy services and would use these to support people if they required independent assistance to express their wishes. Advocates are people who are independent of the service and who support people to communicate their wishes.

## Is the service responsive?

### Our findings

People we spoke with explained they had been integral to their care planning. One person said, "I was involved with discussions from the beginning and only have help when I need it." Another person told us, "They [staff] really listen and do what I ask." Relatives we spoke with said they were involved with sharing information about their family member, with their agreement, from the start. One relative explained how this helped staff support their family member effectively. Another relative told us how they were involved with their family member's care plan and reviews.

The registered manager explained that he was updating care records to ensure they included as much information as possible about each person living at the home. He had requested further information from families where care records did not contain enough information. This was to ensure staff were aware of everyone's interests, history and preferences that lived at the home. This involved people and their families sharing information about people's needs and wishes. We saw an assessment was completed before people arrived at the home to ensure they could meet people's needs. Staff told us they continually added to this information so they knew as much as possible about the person and their history.

Staff told us they knew people well and were able to meet their needs through their knowledge of them. For example, we saw in one person's care records and staff explained how they responded to the changing needs of this person. For another person we saw risks had been re-assessed and the appropriate equipment provided to ensure their well-being.

Staff we spoke with said they learnt about people's changes in needs through meetings arranged at every shift change. They told us they had information handed over to them about people's needs and by reading people's care plans. We attended a handover meeting where staff showed they had a detailed knowledge of the health and well-being of people who lived at the home and ensured any issues were followed up promptly. For example, staff shared when the doctor for a person was required, or had visited, and any changes with people's needs.

People said they could choose to spend their day in their room, or the communal areas, wherever they liked. People we spoke with told us they were able to have breakfast later in the morning if they wanted to. Staff explained that people chose when they wanted to get up. One person told us, "I can ring for a coffee if I wake up in the night, nothing is too much trouble." One relative told us, "They [staff] know us and [family member] really well, it works brilliantly."

People we spoke with said they chose whether they wanted to engage in organised social events or not. People told us these included games in the garden in the summer, events such as a garden party, and walking around the village when the weather was suitable. One person said staff would spend time with them on a one to one basis, for example having their nails done or playing a game. We saw one member of staff was playing dominos with one person when we arrived, the person told us they enjoyed the game. A further person explained how they liked to read and always had access to the books they enjoyed. Two people we spoke with said they would like to do more, however they also said "We only have to ask and they

[staff] will sort if we want to do something."

People we spoke with told us there were regular meetings for people living at the home. One person explained how they were asked by the registered manager about how they would like to spend their time. They said suggestions had been made and were actioned by the registered manager. Another person told us they were encouraged to make suggestions about any improvements at the meetings and went onto say how important this was to their well-being. One relative told us they had been encouraged to attend the regular meetings to encourage their involvement with decisions about the home.

People we spoke with said they would be happy to speak to staff or the management team about any concerns. All the people we spoke with said they had never wanted to raise any concerns or complaints. One person said the manager and the owner are really approachable, "They are always asking if everything is okay." Another person told us, "They [staff] are always so helpful, I only have to ask and they will sort for me."

Relatives told us they were happy to raise any concerns with the registered manager, provider or staff. One relative explained how the registered manager always took steps to speak with them and their friends, to welcome and include them with the home. We saw there were complaints procedures available in accessible formats for people and their relatives. We saw there were no complaints recorded at the time of our inspection. People and their relatives said they felt listened to and were happy to discuss concerns if they had them with any of the staff team at the home.

## Is the service well-led?

### Our findings

The new provider and the new registered manager had been in place since October 2015. The registered manager was in the process of reviewing all aspects of care provision to ensure a quality service. For example he was up dating care records, staff training and the environment to improve the quality of care provided.

All the people we spoke with said they knew the registered manager and were happy to speak to them about any concerns. One person said, "This place is great, really well managed." Another person told us, "The manager always stops for a chat; he will sort anything I need." Relatives we spoke with said the service was well managed and they spoke regularly to the registered manager and felt comfortable with them. We observed people speaking with the registered manager throughout our inspection; people appeared relaxed and confident throughout the exchanges.

The registered manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. Staff told us they had clearly defined roles and responsibilities and worked as part of a team. They told us having clear roles was really important so they all knew what they needed to do. One member of staff explained since the new registered manager and the new provider there had been improvements in understanding of their roles and this had done inclusively to ensure all the staff had a say in any changes.

The registered manager promoted a culture of openness. He regularly sought feedback from staff, people living at the home and their relatives. People and their relatives confirmed the registered manager and staff discussed care provision and environmental improvements with them. For example, regular questionnaires were completed by people living at the home, relatives and professionals who supported people living at the home. All the responses we saw were positive; one relative had commented that staff were excellent, exceptionally sympathetic and empathetic. We saw suggestions made on the questionnaires had been actioned and followed up by the management team.

Staff told us they had access to the management team and the provider when they needed to. The registered manager said staff could speak directly to them at any time when they were on duty or out of hours on the phone. Staff also told us they would raise any concerns with the registered manager or the deputy manager. They said they felt listened to and if they had an idea they could share it with the registered manager and he would listen.

Staff told us there were regular staff meetings they were encouraged to attend and voice their opinion. This also ensured that all staff received the information they needed and were given an opportunity to voice their opinions and these were accepted. Staff we spoke with said they felt these meetings were useful and they felt supported. They were aware of the whistle blowing policy and said they would be confident to use it if they needed to.

All the staff we spoke with said they had regular one to one time with the registered manager. They said this

was very helpful in their development and they had the opportunity for further vocational qualifications. The staff we spoke with said they felt valued by the provider and the registered manager. One member of staff we spoke with said, "We are a brilliant team now, this home has gone from strength to strength."

The registered manager had identified areas for improvement and was taking steps to achieve these. For example, he had increased the frequency of the audits completed in relation to medicine records. This was to identify the issues and provide support to staff to make the improvements. The registered manager from a sister home to the service was supporting the registered manager by completing regular quality assurance visits. The registered manager then completed an improvement plan to ensure these areas were completed in a timely way.