Care Quality Commission

Cedarwood House Limited

Cedarwood House

Inspection report

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Date of inspection visit:
25 March 2019
26 March 2019

Date of publication:
07 May 2019

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?	Requires Improvement

Summary of findings

Overall summary

About the service: Cedarwood House accommodates up to 20 people in one adapted building. At the time of the inspection there were 18 people living there. People living at the home had a range of needs. People were living with dementia. Some people's needs were associated with old age and frailties associated with old age. Other people had more complex health needs which included diabetes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

● We found improvements were needed to people's records to ensure they contained all the information about people and fully reflected their care and support needs.

● People received support that was person-centred and met their individual needs, choices and preferences. People's engaged in a range of activities that they enjoyed and were meaningful.

● People were supported by staff who treated them with kindness, respect and compassion. Staff understood people's needs, choices and histories and knew what was important to each person. People were enabled to make their own decisions and choices about what they did each day.

● People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them. Staff received training that enabled them to deliver the support that people needed. Staff received support from the registered manager and their colleagues.

● Staff had a good understanding of the risks associated with the people they supported. Risk assessments provided further information for staff about individual and environmental risks. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.

● People were supported to receive their medicines when they needed them. There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

● People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

● People's dietary needs were assessed and people received the support they needed with their meals. People's needs were met by the design and adaptation of the building. Complaints had been recorded, investigated and responded to appropriately.

● The quality assurance system helped the provider to identify areas were improvement and development were needed. People, relatives and staff were encouraged to be involved and given opportunities to provide feedback and put forward their ideas for the service.

Rating at last inspection:
● Good. (Report published 23 September 2016).

Why we inspected:
● This was a planned inspection based on the rating at the last inspection.

Follow up:
● We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Care Quality Commission

Cedarwood House

Detailed findings

Background to this inspection

The inspection:

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

The Service is required to have a registered manager
The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection team:

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Cedarwood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cedarwood House accommodates up to 20 people in one adapted building. At the time of the inspection there were 18 people living there. People living at the home had a range of needs. Some people were living with dementia. Some needs were associated with old age and frailties associated with old age. Other people had more complex health needs which included diabetes.

Notice of inspection:

The first day of this inspection was unannounced.

What we did:

● Before the inspection we reviewed the information, we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

● During the inspection we reviewed the records of the home. These included one staff recruitment file, training, medicine and complaint records. Accidents and incidents, quality audits and policies and procedures along with information about the upkeep of the premises.

● We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

● We spoke with twelve people who lived at the home, four visitors and nine staff members, this included the registered manager.

● We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

● We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.
Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

● People were protected against the risk of abuse and harm, staff knew what steps to take if they believed someone was at risk of harm or discrimination. One person told us, "Staff are very good here and I feel safe."
● Staff received safeguarding training, they understood their own responsibilities and could tell us what actions they would take if they believed someone was at risk. They told us how they would report their concerns to the most senior person on duty, or if appropriate, to external organisations.
● Staff told us they had been supported by senior care staff to raise and report safeguarding concerns.
● When safeguarding concerns were raised, the registered manager worked with relevant organisations to ensure appropriate outcomes were achieved.

Assessing risk, safety monitoring and management:

● Risks to people were managed safely. One person told us, "I like it here and I'm safe and well looked after."
● There were a range of individual and environmental risk assessments in place. These contained information about individual and environmental risks. For example, people's nutrition, mobility, falls and skin integrity.
● Risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. Staff used this information to support people to move around the home safely. For example, skin integrity risk assessments informed staff how often people's positions should be changed to keep them safe.
● Staff understood the risks associated with people's care and support and told us how they supported people to minimise the risks, for example support with mobility and pressure area care.
● Regular fire checks and fire drills were completed and personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation.
● Servicing contracts included gas, electrical appliances, the lift and moving and handling equipment.
● There was on-going maintenance at the home. Where works had been identified through the servicing contracts work was on-going to address these. For example, work was being completed following a recent fire risk assessment and legionella risk assessment.

Staffing and recruitment:

● People were protected, as far as possible, by a safe recruitment practice.
● Staff files included the appropriate information to ensure all staff were suitable to work in the care environment. This included disclosure and barring checks (criminal record checks) and references.
● People told us there were enough staff working and they received support when they needed it. One relative told us, "There seems to be sufficient staff."
● Throughout the day we saw staff were busy, however they attended people in a timely way.
● People's dependency levels were assessed monthly. This, plus staff knowledge of people was used to ensure enough staff were working each day.
● Staff told us there were enough of them working. They said each day was variable, if more support was needed then the registered manager or care manager would provide this.
● There was an on-call system where staff could contact a senior staff member for advice and guidance.

Using medicines safely:

● There were systems in place to ensure medicines were ordered, stored, administered and disposed of safely.
● Protocols were in place for people who had been prescribed 'as required' (PRN) medicine. People only took these when they needed it, for example if they were in pain or anxious. Some PRN protocols did not contain all the information staff may need for people who may not be able to express themselves verbally. This did not impact on people because staff knew them well and were able to tell us when and why people may need their PRN medicines.
● All staff completed medicine training but only those who had been assessed as competent gave medicines. Staff had a good understanding of people, the medicines they had been prescribed, and how they liked to take them.
● We saw people received their medicines when they needed them. One visitor told us their relatives, "Meds are done fine."

Preventing and controlling infection:

● Before the inspection we had been told areas of the home were not always clean. At the inspection we found a piece of equipment and the skirting board in one person's room was dusty. We raised this with staff and it was addressed immediately.
● The rest of the home was clean and tidy. There were designated housekeeping staff who were responsible for the day to day cleaning of the home.
● Before the inspection we were told Protective Personal Equipment (PPE) such as aprons and gloves were not used. During the inspection we saw PPE was used appropriately, for example when serving meals and supporting people with personal hygiene. Hand-washing facilities and cleansing gel were available throughout the home. We saw staff washed/cleansed their hands regularly.
● The laundry had appropriate systems and equipment to clean soiled linen and clothing.

Learning lessons when things go wrong:

● Accidents and incidents were recorded and where appropriate were referred to other organisations such as safeguarding teams and CQC.
● Staff took appropriate action following accidents and incidents to ensure people's safety and this was

recorded. Details and follow up actions by staff to prevent a re-occurrence were documented.

● Following any accident, incident or safeguarding concern information was shared with staff. This helped to ensure, where appropriate, they were all aware of what steps to take to prevent a reoccurrence.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.
Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before they moved into the home. This helped ensure their needs could be met and staff had the appropriate knowledge and skills to look after them.
- People's needs were assessed and care and support was delivered in line with current legislation and evidence-based guidance. For example, people's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow risk assessment.
- These assessments were used to identify which people were at risk of developing pressure wounds and action taken included appropriate equipment to relieve pressure to their skin, such as specialist cushions and air mattresses.
- Staff also received advice and guidance from appropriate visiting healthcare professionals which helped ensure care and support was up to date and appropriate.

Staff support: induction, training, skills and experience:

- Staff had the knowledge, skills and experience to support people effectively. One visitor told us, "They've (staff) been doing it a long time and they know what to do."
- People were supported by staff that had ongoing training that was relevant to their roles.
- The registered manager told us, and records confirmed, staff received training, which included, medicines, safeguarding and moving and handling. The computerised system identified when staff training updates where needed.
- Staff also received training specific to the needs of people. For example, some staff had received training from the district nurses to ensure they were competent to give people insulin. Staff demonstrated good understanding of the support these people needed.
- Competency checks had been completed for moving and handling and for staff who administered medicines. The registered manager also completed 'spot checks' of staff. This included observations of a staff member providing personal care and reviews if the staff member offered people choices and maintained their dignity and privacy.
- Staff were encouraged to study for further qualifications in health and social care. New staff followed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. New staff shadowed experienced staff.
- Staff received supervision every three months. This gave them an opportunity to discuss their care practices and personal development. Staff told us they were supported in their roles and could discuss any concerns with the registered manager or senior staff.

Supporting people to eat and drink enough to maintain a balanced diet:

● People told us they enjoyed the food and were offered choices. Their comments included, "The food is very nice," and, "The food is very good." A visitor said, "The food is first class and almost individual as people, they are asked what they actually want."
● People were given choices of meals each day. The menu was displayed in the dining room and this helped to remind people what was being offered. If people did not like what was on the menu then alternatives would be offered.
● People were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day to meet their individual nutritional needs and reflect their choices and preferences.
● After their meal people were asked if they had eaten enough and more was offered if people wished. This resulted in lots of 'second helpings' of puddings which people really enjoyed.
● Most people ate their meals in the dining room. Others chose to stay in their bedrooms.
● At mealtimes people were supported to eat their meals in a way that helped them maintain their independence. Staff offered support appropriately, when it was needed.
● Throughout the day people were offered regular drinks and snacks. One person told us, "I get enough drinks during the day. I like coffee."
● People's weights were monitored and a nutritional risk assessment was completed. This identified if anyone was at risk of malnutrition, dehydration or required a specialised diet. When nutritional concerns were identified specialist advise was sought through the GP. Specialist diets such as pureed, were provided appropriately.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

● People were supported to maintain and improve their health. They received on-going healthcare support and could see their GP when they wished and when there was a change in their health. One person told us, "The doctor will come and see me if I'm unwell. The staff are very nice and they all share looking after me."
● Records showed and people and staff told us people were supported to access health care professionals when their needs changed. Staff contacted relevant healthcare professionals during the inspection to ensure people were receiving the appropriate care and support.
● Where staff were concerned about people or recognised a change in their health, referrals would be made to the appropriate professionals. For example, staff contacted the district nurse about a person whose health had changed.
● People received healthcare support from chiropodists and opticians. Where people had specific health needs they received support from appropriate healthcare professionals, for example the diabetic clinic and speech and language therapists. One person told us, "I get my eyes done every six months."
● Healthcare professionals told us staff had a good understanding of people's healthcare needs. Referrals were made appropriately and guidance offered was followed. One healthcare professional said of the staff, "They're fab."

Adapting service, design, decoration to meet people's needs:

● People's needs were met through the design and adaptation of the home.
● The outside of each bedroom on the ground floor had been painted and given a name, for example

Daffodil Cottage. Small fences and a trellis were attached to the wall outside the bedrooms and covered in colourful artificial flowers. Each bedroom door was painted a different colour. People's names, photographs and pictures that were important to them were displayed on the outside of their door. This helped people to find their own bedrooms as they recognised their individual décor.
● Toilet doors had been painted blue. We heard staff reminding people to look for the blue door. The registered manager told us that people living with dementia did not always recognise pictures or signs to identify the toilet, however painting the doors blue had been successful in helping people maintain their independence.
● A large corridor area had been adapted to a garden room. This was furnished with garden benches and decorated with flowers. It overlooked the garden through a large window. Staff told us people enjoyed the garden but if they were not able to go out due to the weather or by choice this room helped to bring the garden into the home. People used this area during the inspection and engaged in conversation about the garden, ducks and chickens.
● There was a lift and which provided level access throughout. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence. There was level access into the garden, which was secure.
● The provider had identified, through the audit process, that some improvements were needed to some areas of the home. This included replacing some flooring and beds. There was an action plan to ensure this was completed in a timely way. One of the boilers was replaced during the inspection.

Ensuring consent to care and treatment in line with law and guidance:

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
● Each person had decision specific mental capacity assessments completed, to identify if they had capacity to make particular decisions. For example, to consent to personal care.
● Where people lacked capacity, decisions had been made about their support needs. These had been recorded to show they had been made in people's best interests, and were as least restrictive as possible. For example, when using bedrails for people who were at risk of falls.
● Mental capacity assessments and best interest decisions had been made with the person, their representative and where appropriate a relevant health or social care professional.
● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● There were eight DoLS authorisations in place and applications had been submitted for people who were deemed not to have capacity and were under constant supervision. Copies of the DoLS applications and authorisations were available to staff.
● There were DoLS care plans in place to inform staff whether the person had a DoLS authorisation or an application had been made.
● Staff had a good understanding of MCA and DoLS. Throughout the inspection they offered people choices and asked their consent before providing support.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.
Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People were supported by staff who were kind and caring. One person told us, "I like it here and I'm safe and well looked after. The staff are kind to me." Another person said, "I like it here because it's very relaxed, I have no worries." A visitor told us, if their relative wasn't happy "they would know about it." The visitor went on to say their relative, "Needs human contact and that's what she gets here. She gets a lot of contact with the staff."
- There was a calm and relaxed atmosphere at the home and staff supported people with patience and compassion. We saw staff were attentive to changes in people's moods, for example if they became disorientated or upset. They spent time with people offering comfort and helping the person to feel better. This assistance often ended with a comforting cup of tea.
- Throughout the day there was sociable conversation and friendly chatter amongst people and staff. Staff spoke about people with real affection and discussions demonstrated they wanted people to have the best experience they could whilst living at the home.
- Staff knew people really well. They talked to us about people's physical, emotional and health needs, their likes and choices and what was important to each person. Staff told us about the people they cared for, their personal histories and how this affected people on a day to day basis.
- Staff had a good understanding of dignity, equality and diversity. They were aware of the importance of treating each person equally and this was demonstrated throughout the inspection. Staff knew what was important to each person, about how they spent each day and the way they liked to dress.
- People were supported to maintain their spiritual and religious choices. A church group visited the home each month.

Supporting people to express their views and be involved in making decisions about their care:

- People were supported to express their views and choices. They were involved in making decisions about what they done each day.
- Through general observations and SOFI we saw people were supported to make their own decisions about what they did each day. For example, some people spent the morning in the communal areas and returned to their rooms in the afternoon. Other people spent time sitting together in the dining room after breakfast.
- When staff were supporting people, they involved them in the process by explaining what they were doing. For example, when using a mechanical hoist to help people move into a chair. This was done with patience, clear guidance and humour. The person being moved was involved and relaxed throughout.

- One visitor told us that through positive engagement with staff their relative was, "Going from strength to strength since being here."
- People and their relatives were involved in developing their care plan as much as was possible.
- Throughout the inspection staff offered people choices about what they would like to do and their choices were respected. This included meal choices and how people would like to spend their day.

Respecting and promoting people's privacy, dignity and independence:

- Staff treated people with dignity and respect, they knocked on people's doors before entering. One person had some care provided in a communal area. The person's privacy and dignity was maintained by placing a screen around the person during the procedure.
- People were helped to maintain their own personal hygiene and wear clothes of their own choice. Bedrooms were personalised with people's possessions such as photographs and mementos and arranged in a way that suited each person.
- People were supported to maintain relationships with family and friends who were important to them. People had developed their own friendships at the home, staff supported people to maintain these friendships. Staff told us one person became distressed if separated from their friend, therefore staff reassured the person their friend would soon return. Throughout the inspection we saw people comforted by their friendships.
- During the inspection visitors welcomed at the home without restrictions. Through observations and discussions, we saw staff were caring towards visitors. They understood what was important to each family.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised support specific to their needs and preferences. Staff had a good understanding of seeing each person as an individual. They knew their preferred daily routines, likes, dislikes and wishes. For example, what they would like to do each day.
- Staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. Staff responded to these needs, for example they supported people appropriately when mobilising. For those who needed it, they recorded the fluid and food people consumed.
- Staff knew how to support people living with dementia. They reassured them and reminded them, if for example, they became disorientated in their surroundings.
- Staff had a good understanding of people's needs in relation to their health, such as diabetes. They were able to tell us what actions they would take if people's blood sugar was too high or too low. For example, if the blood sugar was too low they would give them something to eat or drink and check their blood sugar to ensure it had risen to an acceptable level.
- Care plans contained information about people's needs in relation to personal care, mobility, pressure area risks, nutrition, mental and physical health. These were regularly reviewed.
- People, and where appropriate, their relatives were involved in deciding their own care. Relatives told us they were regularly updated about any changes to their loved one's health or care needs. One relative said, "Even if the doctor is called for minor issues I will still get a call from the home to inform me."
- All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.
- Whilst staff had not received any specific training on the accessible standards, there was guidance in care plans, and staff had a good understanding, about the support people needed to communicate. One person's care plan informed staff that they should initiate conversation with a person. Staff told us this person was very quiet and did not engage in much conversation but would chat for short periods of time and this is what we saw during the inspection.
- People were encouraged and supported to remain active and engage in activities that they enjoyed and were meaningful to them. There was an activity program and this included a range of group and individual activities provided by staff and outside entertainers. Each person had an activity profile. This showed what they liked to do, their interests and hobbies. Daily records showed what people had engaged in each day.
- During the inspection we saw people enjoying taking part in quizzes with staff. These were spontaneous activities that staff offered throughout the day. A popular quiz was going through the alphabet and identifying different animals with each letter. This stimulated people's memory and provoked discussions

between people and staff.
● People told us they enjoyed activities at the home. One person said, "I like the activities here, especially the babies." Another person told us, "There are enough things to do here. I spend most of the summer in the outdoors."
● Staff told us about a baby and toddler group who visited the home alternate weeks. They told us how much people enjoyed this and showed us photographs of events that had taken place. During this conversation, a person who was living with dementia and was not always able to communicate in a meaningful way, joined the conversation. They told us they loved the babies and children visiting and this was expressed with real pleasure and happiness. This person then went on to have a further chat about children. This demonstrated this activity was particularly meaningful to this person.
● Staff told us about another person who was unable to communicate verbally. However, staff had identified that this person was able to sing. Staff told us, and pictures showed, the enjoyment on the person's face whilst singing.
● People were also supported to attend singing classes and exercise classes that had been developed specifically for people living with dementia. People told us this was something they enjoyed doing.
● There was a large garden at Cedarwood House. There were three chickens and three ducks which people and staff had raised from chicks. These were running around the garden and people enjoyed watching and talking about them. Pictures of them, with their names were displayed to help people identify them. During the inspection, people supported staff to feed them. Staff told us these opportunities would increase as the weather got warmer.
● Some people did not like engaging in activities. Staff told us how they worked with them to find activities they enjoyed, for example identifying a film the person may like to watch on television.

Improving care quality in response to complaints or concerns:

● Before the inspection concerns had been raised anonymously with CQC about the cleanliness of the home and some aspects of care. The provider had also received a copy of these concerns. Although the provider had not been able to respond to the complainant because they were anonymous, an investigation had taken place. This ensured complaints and concerns were taken seriously and responded to appropriately.
● During the inspection some concerns were brought to our attention. We discussed these with the registered manager who told us what action they would take to address these concerns.
● There was a complaints policy and the records reflected complaints received were recorded, investigated and responded to.
● Throughout the inspection we saw people approaching staff if they had any concerns. Staff responded to these appropriately.
● A visitor told us, "I know who the manager is and I would know to make any complaints to her if need be."

End of life care and support:

● As far as possible, people were supported to remain at the home until the end of their lives. Staff were aware of the support people needed to keep them comfortable in their last days.
● Care plans showed that people's end of life wishes had been discussed with them and their families.
● Staff worked closely with the local hospice and district nurses to help ensure people received the care and support they needed.
● The registered manager told us they were planning to improve people's end of life care and had committed to introducing the Gold Standard Framework (GSF) for end of life care. GSF is an evidence based

approach to providing the best care for people approaching the end of life. It provides excellent training to all those providing end of life care to ensure better lives for people and recognised standards of care. The registered manager told us training should start within the next year.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: The service was well managed and well-led. However, improvements were needed because aspects of record keeping needed to be improved. Leaders and the culture they created promoted high-quality, person-centred care. Regulations have been met.

At our last inspection in August 2016, this key question was rated "requires improvement." This was because people's records did not consistently include the information about the care people needed or received. At this inspection we found although improvements had been made these needed to be fully embedded into everyday practice. Therefore, the rating for this key question remains "requires improvement." This is the second time this key question has been rated "requires improvement."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

● Some aspects of record keeping needed to be improved. Care plans could be more person centred as they did not include all the information staff may need to support and care for people. They did not reflect the level of care and support we observed. For example, staff could tell us how they supported people with diabetes, but this information had not been included in people's care plans.
● One person liked to remain in their bedroom. This person was unable to use their call bell and had a sensor mat in place. This would act as a call bell and alert staff if the person started to move. On one occasion we saw the sensor mat was not in place. Whilst we alerted staff, and this was addressed immediately, there were no records to show when the person had last been checked or if the sensor mat was in place. Staff told us they checked on this person regularly throughout the day, and this is what we observed.
● Another person needed their position to be changed regularly. There was a position change chart in place, but this was not always fully completed to show when the person had last moved. Staff were able to tell us when the person's position had been changed.
● This lack of information was considered to have minimal impact on people. Staff knew people well, they understood their individual needs and preferences. There was a small staff team and communication amongst staff was good. However, the lack of detailed information meant people could be at risk of receiving care and support that was not consistent or appropriate. We identified this with the registered manager as an area that needs to be improved.

● There was a clear management structure in place. The registered manager was also the registered manager for a nearby home run by the same provider. She was supported by a care manager who took day to day responsibility for running the home in her absence.
● There was an on-call rota. Which meant staff who were working were always able to contact a senior

colleague for guidance and support. Staff told us they would always be supported if they contacted the on-call staff.
● Staff were clear about their individual roles and responsibilities and worked well together as a team.
●The provider visited the service regularly. They spoke with people and staff, and completed quality audits.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

● There was a positive culture at the home. A visitor said, "I wouldn't change it. It doesn't feel like a care home." A staff member told us, "It's like a family here, it reflects on everybody, the love for people and staff and the encouragement." Another staff member said, "We work well together, it's a good team. It's nice to come to work and feel happy. I don't care that I'm getting up at 6am, it's good to come to work."
● The registered manager and care manager had a good overview of the service. They knew people and staff well. They understood people's needs and choices about their care and support.
● The registered manager and staff were committed to good team work and communication sharing. Staff were updated at a handover between shifts and staff were able to discuss matters relating to individuals and their care and support needs.
● There were staff meetings and these were used to identify any concerns, inform staff about changes and improvements. These meetings allowed for discussion and communication with staff.
● The registered manager was aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

● Feedback was sought from people, their relatives and staff. Feedback was used to improve and develop the service. The registered manager sent out surveys to people, where needed they were supported to complete them. Results from the surveys were positive. These were displayed on the wall in the entrance hall. The most recent survey included comments such as, "Staff are kind, they're funny to me I'm funny to them." "I enjoy the food, if I've not had enough I'll come back for more."
● Surveys to relatives and staff were due to be sent out by the provider shortly. Feedback from previous surveys were generally positive.
● There were regular relatives' meetings and minutes of these were displayed in communal areas for everybody to read. Due to the location of the service, parking could be an issue for visitors. This issue had been raised at feedback surveys and at meetings. The registered manager told us work was due to commence to enlarge the parking area at Cedarwood House.

Continuous learning and improving care; Working in partnership with others:

●There was a quality assurance system. Where areas for improvement and development were identified there was an action plan about what was required. For example, the provider had identified improvements were needed to PRN protocols and work had commenced on these during the inspection.
● The registered manager told us another area that was being developed was the induction process for agency staff. This had been identified by the local authority and worked had commenced.
● Accidents and incidents were logged, and action had been taken to reduce the likelihood of the event

occurring.