

Croftwood Care (Cheshire) Limited

The Cedars Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection took place on 25 and 26 June 2018 and was unannounced.

The Cedars Residential is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Cedars is registered to provide residential care and support for up to 27 people. At the time of the inspection, there were 20 people living in the home. The home is purpose built and accommodation can be found across two floors. The first floor is accessible by a passenger lift and there is also an accessible staircase.

At the time of the inspection there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A manager was appointed in March 2018; they had submitted the relevant registration paperwork to CQC.

During this inspection we found a number of improvements were needed as the registered provider was found to be in breach of regulation 12 (Safe care and Treatment), regulation 17 (Good Governance) and regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act, 2008. We are taking appropriate action to protect the people who are being supported by The Cedars.

We looked at medicine management processes and found that people were not fully protected against the risks associated with medication administration. We identified that recording procedures were not always followed by staff, topical (cream) preparations were not safely managed and PRN protocols (as and when needed medication) needed to be improved.

We identified that the quality assurance and governance systems were not effectively in place. Audits and checks were not robust enough and were not suitably assessing, monitoring or identifying areas of improvement that were needed. We found medication audits to be ineffective, recruitment practices were not always safely followed and health and safety management systems were not completed as routinely as they should have been.

We reviewed recruitment processes to ensure the staff who were employed were suitable to work with vulnerable adults. We found the recruitment processes in place were not robust enough. We identified concerns regarding employment histories and the suitability of references. The recruitment files we checked contained the relevant Disclosure and Barring Service checks (DBS) however, we discussed with the manager that recruitment processes needed to be reviewed and improved upon.

You can see what action we took at the back of this report.

Whistleblowing policies were in place however we received mixed feedback from staff about their understanding of whistleblowing and the importance of complying with such policies.

We recommend that the registered provider reviews their whistleblowing policies and procedures.

People and relatives told us that the staff provided a safe level of care. Staff were familiar with safeguarding procedures and explained how they would keep people safe. Staff had also received the necessary safeguarding adults training.

People's risk assessments identified risks to their health and wellbeing. These helped to ensure people's ongoing safety and welfare was monitored and risks were mitigated. Risk assessments were regularly reviewed and it was evident throughout the course of the inspection that staff were familiar with the different levels of risk that needed to be managed.

During the inspection we found the staffing levels were satisfactory. We observed staff supporting people in accordance with their individual needs. The support was given in a timely, responsive and kind manner; the staffing rotas evidenced consistent staffing numbers with good deployment of staff. Feedback from people living at the home, relatives and staff confirmed staffing levels had improved and the use of agency staff had decreased.

We reviewed infection prevention control procedures which were in place. We found the home to be clean, hygienic and odour free. Staff were provided with personal protective equipment (PPE) such as aprons, disposable gloves and hand gel and they were aware of the importance of complying with infection prevention control measures.

The registered provider had a number of different health and safety checks in place. Such audits and checks help to maintain the safety of the environment people are living in. Although most of health and safety monitoring systems were completed we identified a number of weekly and monthly checks that were incomplete.

We checked to see if the registered provider was complying with the principles of the Mental Capacity Act, 2005 (MCA). We found that people were appropriately assessed, the appropriate deprivation of liberty safeguards (DoLS) had been submitted to the local authority. Where necessary 'best interest' decisions were made with the appropriate people and/or representatives.

Staff told us that they were fully supported in their roles. Staff received a good standard of training and were supported to enhance their learning and development. Routine supervisions and annual appraisals had been scheduled for each staff member.

People received support with their nutrition and hydration support needs. Any identified risk was monitored, referrals were made to the necessary healthcare professionals and records indicated the guidance which needed to be followed accordingly.

The registered provider supported people with the appropriate equipment required to maintain their independence. However, we discussed how further developments could be made to help support people who were living with dementia.

We received positive feedback about the quality and standard of food provided. People and relatives expressed that there was enough choice, people's likes and preferences were taken in to account and the kitchen staff were familiar with the different dietary needs that needed to be accommodated.

We observed positive interaction between staff and the people they supported. Staff were attentive and provided a warm, kind and caring approach when helping people with day-to-day activities. Staff were observed supporting people in a calm, relaxed and friendly manner.

People's private and sensitive information was protected in line with General Data Protection Regulation (GDPR). Confidential information was securely stored and not unnecessarily shared with others.

There was an open visiting policy for friends and family. Relatives expressed that they felt welcomed in to the home, they found staff to be friendly and kind and believed the staff went 'above and beyond' to provide care and support to people and their loved ones.

A person-centred approach to care was evident in the care files we reviewed. The information recorded in the care records enabled staff to familiarise themselves with likes, dislikes and preferences of the people they supported.

There was an activities co-ordinator in post at the time of the inspection and we received positive feedback about the variety of activities that were arranged. Activities included, bingo, dominoes, quizzes, entertainment and external trips out.

A complaints procedure was in place and people and relatives we spoke with were aware of this procedure. We discussed with the manager how this area of quality and responsivity could be further developed.

The registered provider had a number of different policies and procedures available for staff to access. Staff were aware of the policies including privacy and dignity and code of conduct.

The registered provider was aware of their responsibility to inform the CQC of any notifiable incidents in the home. We were provided with the statutory notifications which had been submitted as well as safeguarding referral which had been submitted to the local authority.

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 not always safe

Medicine management processes were not safely followed. We identified a number of issues in relation to administration of medicines and recording procedures.

Measures were not in place to ensure the staff who were employed were safe and suitable to work with vulnerable people.

We have recommended that the registered provider reviews whistleblowing policies and procedures.

Sufficient numbers of staff were available to support people in a safe way.

People's risks were assessed and monitored accordingly.

Requires Improvement ●

Is the service effective?

The service was effective

The home was compliant with the Principles of the Mental Capacity Act, 2005.

Staff received regular supervision and appraisals and were supported with a variety of different training courses to enhance their skills and knowledge.

People's health care needs were effectively supported and the appropriate referrals to external health care professionals took place.

Staff supported people with their nutrition and hydration support needs. We received positive feedback about the quality and standard of food provided.

Good ●

Is the service caring?

The service was caring

People and relatives spoke positively about the staff team; staff

Good ●

provided kind, caring friendly care.

People were supported to remain independent and 'choice' was promoted.

Confidential information was safely stored and protected in line with the Data Protection Act, 1998

Is the service responsive?

Good ●

The service was responsive.

Care plans provided clear guidance to staff on how to meet people's needs and choices.

A variety of activities were available that people could participate in. People told us they enjoyed the activities provided.

The registered provider had a complaints policy in place; people and relatives confirmed that they knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was no registered manager in post at the time of the inspection.

The registered provider did not have effective governance systems or processes in place. Quality assurance systems needed to be further revised and developed.

Feedback from staff, people living at the home and relatives was complimentary regarding the quality and standard of care.

The registered provider had a variety of different policies and processes in place which contained up to date and relevant guidance and information for staff to follow.

The Cedars Residential 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 25 and 26 June 2018 and was unannounced.

The inspection team comprised of one adult social inspector and an assistant inspector.

Before the inspection visit we reviewed the information which was held about The Cedars. This included notifications we had received from the registered provider such as incidents which had occurred in relation to the people who were being supported. A notification is information about important events which the service is required to send to us by law.

A Provider Information Return (PIR) was received prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to the inspection. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with the home manager, two care team leaders, two members of staff, kitchen staff, one domestic assistant, one activities co-ordinator, one healthcare professional, five people who lived at the home and three relatives.

We also spent time reviewing specific records and documents, including four care records, five staff personnel files, staff training records, five medication administration records, audits, complaints, accidents and incidents, health and safety records, action plans, policies and procedures and other documentation

relating to the overall management of the service.

In addition, a Short Observational Framework for Inspection tool (SOFI) was used. SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who live at the home who could not express their experiences for themselves.

Is the service safe?

Our findings

During the inspection we found the registered provider to be in breach of regulation 12 (safe care and treatment) and regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that medication management systems were not safely in place and recruitment processes were not robust enough.

During the inspection we found medication administration records (MARs) were not always completed in line with the organisational policies or procedures. We found several missing medication entries across a number of medication records we reviewed and a number of MAR's that did not reflect the correct number of tablets which were in stock.

We discussed our findings with a senior member of staff who confirmed that there was an on-going issue with recording procedures. The member of staff confirmed that all prescribed medication was administered but staff did not always complete the necessary MARs. We checked medication stock balances and found that people were receiving their medication as prescribed but staff were not carrying forward medication from previous prescriptions.

Robust medication protocols were not in place for medicines prescribed 'as and when' required (PRN). For example, one PRN protocol we reviewed did not contain the dosage of medication that could be administered at any given time, the reason why medication could be administered, the maximum dosage in a 24-hour period or any additional information which needed to be considered. This meant that the registered provider did not have suitable processes in place to manage PRN protocols or to mitigate risks.

Topical MAR (T-MARs) charts were not completed as they should have been. For example, one T-MAR we reviewed contained two different types of medication cream which needed to be applied twice daily. However, the T-MAR did not indicate how many times the cream needed to be applied and there was a number of missing entries over a course of two weeks. This meant that people were at risk of harm due to poor medication practices and unsafe recording practices.

Medication, including controlled drugs, were safely stored within temperature controlled fridges and cabinets. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. However, we identified that the temperatures were not routinely recorded and over the period of one month we found five missing temperature checks. If medicines are not stored at the correct temperature, it can impact on how they work.

All staff received the relevant medication administration training, medication administration competency was assessed on a regular basis and weekly and monthly audits were completed. However, it was recognised that medication practices were compromising the safety of people who were being supported and audits were not identifying the areas of concern.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

During the inspection we checked if the registered provider has safe recruitment processes in place. We review the area of 'recruitment' to ensure the staff who are recruited are suitable to work with vulnerable people. We found that all members of staff had had a Disclosure and Barring Service (DBS) check completed before they started at The Cedars. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments. This helps employers to make safer recruitment decisions to protect people at risk. However, other processes were not as robust as they should have been.

Application forms were checked to establish if applicants had completed the necessary employment history information. One member of staff had not completed the 'previous employment' section of their application form and there was no evidence to suggest if this had been explored with the applicant. When we discussed this with manager, they explained that this member of staff had previously worked for a care agency who provided staff to the home. We explained that the registered provider must ensure they complete all their own employment checks when recruiting any new members of staff.

Registered providers seek to obtain suitable references so they can establish if the applicant is of 'good character' and 'fit and proper' for the position they have applied for. In one recruitment file we checked, one applicant had not provided reference details for the most recent/current employment but instead provided contact details for a care agency they were historically associated with. We also identified that some references were not clearly verifiable as professional references and therefore did not confirm if the applicant was 'fit and proper'. For example, we found a professional reference from a personal email address and typed letter with no company heading or verification.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not always appear clear on the meaning or purpose of whistle-blowing or felt that concerns should only be managed internally. Other staff told us, "Whistle-blowing is encouraged and it has been done."

We recommend that the registered provider revisits and reviews their whistleblowing procedures to ensure the staff team are clear on its purpose

Staff were knowledgeable around the area of safeguarding and could describe their understanding of the procedures and policies which were in place. Staff explained that if they had any concerns they would raise it with a care team leader or manager.

Risk assessments were in place which monitored and assessed the overall health and well-being of people who were supported. Risk management plans included mental health, well-being, nutrition and hydration, skin vulnerability, moving and handling and weight management. Risk assessments were regularly reviewed and updated accordingly. We identified that one person needed specialist support due to risks which presented around skin vulnerability. The person had been assessed, the correct referral and guidance had been sought from the district nurse and the correct safety measures had been put in place to safely manage the person's skin vulnerability. This meant that safe support measures were in place to monitor, assess and mitigate risk.

People who lived at The Cedars told us they felt safe at the home. One person stated, "I was very ill when I came here. Staff made sure I was well looked after and made sure I got my strength back." We asked

relatives how staff kept their loved one safe. Comments we received included, "They [staff] use a pressure pad. [Person] is at risk of falling. [Person] has had one since coming here. At home [person] would have had a lot of falls, they're safer here."

We looked at the staffing arrangements for the home. During this two-day inspection there was sufficient staff to support people with their needs. We looked at staffing rotas and it was apparent that the new manager was managing the different shift patterns in advance and people were safely and appropriately supported. The manager explained that they had recently changed the shift patterns to reduce the use of agency staff. Staff told us, "The rota works well for everyone. Staff were not keen on it to start with, but it is better now" and "Staffing levels have improved over the last six months. We are after a 'flexible' [care worker] for days, but we are nearly fully recruited."

Accident and incident reporting procedures were checked. We found that all accidents and incidents were suitably recorded and correct measures were put in place to mitigate any further risk. The information was also reviewed by the manager and analysed for any emerging trends or patterns. This information was then used to further improve people's safety, for example, referrals to other health professionals or changes implemented to people's care plans and risk assessments.

Health and safety records confirmed that gas safety checks, electrical equipment, legionella testing and portable appliance testing (PAT) all complied with statutory requirements. There was also up to date fire risk assessment and evacuation procedures in place. We informed the manager that the 'Lifting Operations and Lifting Equipment Regulation' certificate (LOLER) was several weeks overdue. We explained to the manager that this needed to be addressed and an up to date certificate needed to be in place.

Internal call bell system checks, window restrictor checks and water temperature checks were not consistently taking place. We addressed our concerns with the manager who agreed that health and safety audits and checks needed to be thoroughly reviewed and revised. Following the inspection, the manager provided us with a detailed action plan which outlined how health and safety audits and checks were going to be managed and how they were going to routinely oversee the area of quality and safety of care.

Personal emergency evacuation plans (PEEP's) were available for the people living in the home. This meant that people could be safely evacuated from the home in the event of an emergency situation. Records were up to date, contained the necessary information and were consistently reviewed and updated accordingly.

We found the home to be clean and hygienic. This included communal areas, toilets, bathrooms and bedrooms. We saw staff had access to personnel protective clothing and staff were using aprons, gloves and hand gel appropriately. One relative said "It's much improved, I did complain at one point but it was responded to and now it's spotless."

Is the service effective?

Our findings

We received positive comments regarding the effectiveness of the care provided. Comments we received from people included "When I moved here, I could not do anything. They helped me to regain my skills", "Staff are very good, nothing is too much trouble" and "I am actually here on respite for myself and I chose to do that myself. They [staff] have made such a difference to me." Relatives said "It's very very good, very pleased with it, staff are really supportive" and "It couldn't be better, [relative] loves the place, loves the staff."

We checked whether the home was working in line with the principles of the Mental Capacity Act, 2005 (MCA) and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that they were. When people lack mental capacity to make particular decisions any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to the relevant local authorities for people who were assessed as requiring the protection a DoLS could offer them. Applications and authorisations were monitored by the manager and references were made in people's care records. This helped to ensure that DoLS applications were managed appropriately.

People's capacity to understand and make decisions had been appropriately assessed we saw examples where people had been supported to make key decisions around their care and support. Where people lacked capacity to make decisions, 'Best interest' meetings and decisions were made with the person and/or their representative. Where appropriate, people had signed to indicate their consent and had clearly been involved in the day-to-day decisions regarding care being provided.

Staff told us that they were fully supported by the registered provider. Staff received supervisions and annual appraisals. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

We were provided with a training matrix overview from the end of June 2018 compared to a matrix from the end of May 2018. This showed that there had been a significant increase in training courses staff had completed. Staff were expected to complete fire safety, first aid, food hygiene, data protection, health and safety, manual handling, MCA and DoLS, medication awareness and safeguarding vulnerable adults. Most courses had been completed by almost all of the staff who worked at the home.

All new members of staff were expected to complete an 'induction' work booklet as part of their three-month probationary period. The induction booklet focused on care plans, health and safety, infection prevention control, personal development and the completion of training courses. Each new member of staff was allocated a 'buddy' who supported them through the first three months and offered advice and guidance in their new role.

New staff who did not have the relevant National Vocational Qualification (NVQ) in Health and Social Care were enrolled on to the 'Care Certificate'. The Care certificate was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers.

People received well balanced meals to meet their nutritional requirements and there was a variety of options that people could choose from. Food options were displayed on a large noticeboard to help people choose the meals they preferred.

People were supported with their nutrition and hydration support needs. Staff were familiar with the necessary guidance which needed to be followed. Care records also provided staff with information in relation to people's likes, dislikes and preferences in relation to the food and drink. The chef and kitchen assistant told us about people's special diets. "We have a list of people with special diets. We make sure we have a different option available for them."

Records showed that people were supported to access external health care professionals as and when needed. This included GPs, optician, dietician and district nurses. A visiting health care professional told us the staff were very friendly, very responsive and always follow advice and guidance provided. This meant that people received holistic level of support in relation to their health and well-being needs. A relative told us, "The GPs come regularly, the chiropodist and hair dresser."

To promote people's independence, appropriate equipment was available to support people's needs. This included the provision of bath aids, call bells, sensor mats, support rails and moving and handling equipment. However, we did identify that the environment could have been improved to support people who were living with dementia. For example, there was no contrasting walls, doors or rails to help people orientate themselves safely around the home. Neutral colours can often present problems for people who are trying to independently navigate themselves around the home. The manager agreed that this was an area of improvement that needed to be focused on.

Is the service caring?

Our findings

We received positive comments about the care provided by staff at The Cedars. Comments we received from people included "Staff are very good, nothing is too much trouble" and "Care staff know how to look after me." Relatives said, "They're very respectful and provide dignified care", "There has been a few times when I've witnessed the care and they involve [person] in the care provided", "They're all lovely, friendly, helpful and very supportive, they're all really good with [person]" and "[Person] is very independent and they really try and support [person] with that."

During the inspection we observed how people's dignity and privacy was respected by staff. Staff knocked on people's door before entering, people's preferred name were used and staff gained consent from people they were supporting before carrying out any personal care. Relatives told us that staff were genuinely kind and provided a great amount of care to everyone who lived at The Cedars. One relative said "I've got peace of mind knowing [person] is here, they're [staff] fantastic."

We saw visitors arriving at different times during the day and it was evident staff knew them well. One relative said "I am always welcomed in, they [staff] get me a coffee and offer me cakes and biscuits, I'm even offered a meal every time I visit on a Friday."

During the inspection a SOFI tool was completed to observe interactions between staff and people who were living at The Cedars. Interactions between staff and people were warm, kind and sincere. Staff supported people with their food but also encouraged independence.

We observed how medicines were administered during the lunch time period. Staff administered medicines in a calm, relaxed and dignified manner. Staff provided discreet care, knelt down next to people who needed to be supported with their medicines and gained consent to provide this level of support. For example, one staff member said "I am sorry to disturb you. I have got your tablet, is that ok?" Staff knelt as they waited for the person to be ready and then observed them taking their medicines.

The meal time experience appeared to be enjoyed by the people who were being supported. People were offered a choice of different menu options as well as being offered second helpings if they so wished. The chef explained that people who were sat together received their meals at the same time. "We make sure we have service by table, not by meal. That way people at the same table do not get their food at different times, but together."

The communal dining area was a small intimate space that provided a calm and relaxed atmosphere. The menu options were visible on a white board, people were offered a choice of different drinks, tables were covered in protective table cloths and there was an availability of different condiments. However, we did identify that the meal time experience could be further improved by creating individual pictorial menu's as well as providing plate guards to support people who could eat independently. We discussed our observations with the manager who agreed that the meal time experience was something that needed to be focused upon.

Each person was provided with a 'Welcome pack' from the outset. The welcome pack provided people and relatives with information regarding facilities and accommodation, activities, location, expected level of care and standard and quality of food. This meant that people were provided with important information and knew what to expect from the registered provider.

During the inspection we checked how confidential and sensitive information was managed. All information was safely secured and protected in line with General Data Protection Regulation (GDPR). Confidential information was kept in locked cabinets and was not unnecessarily shared with others. This meant that people's personal and confidential information was safely and suitably managed by the registered provider.

For people who did not have any family or friends to represent them, contact details for a local advocacy service was provided upon request. An advocate is an independent person who can support a person to make important decisions in relation to their health and well-being. At the time of the inspection there was nobody being supported by a local advocate.

Is the service responsive?

Our findings

People and relatives, we spoke with informed us that staff provided a responsive level of care and support. Comments we received from people included "Staff are so lovely. There are always there for a chat if you need one", "Sometimes, I can get confused. Staff are very patient with me", "They take the time to get to know you" and "Care staff know how to look after me." Relatives said "Staff are very familiar with [relatives] needs, the staff communicate very well with me, the door is always open, they're very good with me too. It's like a partnership" and "[Relative] is happy here, the staff know [relative] well. The staff are all very nice, very approachable."

During this inspection we found that records were up to date and demonstrated a person-centred approach to care. 'Person centred' means the care and support which is delivered is in line with people's individual needs, and not the needs of the registered provider.

Care records we reviewed contained information such as 'My family are very important, my daughter comes to visit and we sometimes go out if I am feeling up to it', 'I would like a choice of cold and hot drinks to be offered to me. I usually drink tea with milk and two sugars. On an evening I like to have a gin and tonic or a sherry', 'I usually go to bed between 20:30 and 21:00. Before this I enjoy watching TV in the lounge & talking to other residents' and '[Person] loves gardening and wildlife, likes to go out on social occasions and plays bingo.' The level of information which was recorded provided staff with a good level of detail in relation to the care which was required.

The care files we reviewed demonstrated how people's choice, preference, likes and dislikes were established and people were supported to remain as independent as possible. For example, in one care record we reviewed it stated, 'It's my personal preference to take my tablets orally with juice or water. I am very independent and do not require assistance unless I ask for it I will choose my own clothes, I just need staff to make sure they are clean. I like to wear make-up & I will come & check with staff that I have not put too much blusher on. I prefer a bath to a shower' and in another record, it said '[Person] likes to remain independent & uses delta frame. [Person] has an alcoholic drink in bedroom, this helps [person] to relax. [Person] will inform staff when needs assistance.' The level of information based on personal preference and choice helped staff to get to know people in more depth and provide care that was personalised'.

The registered provider ensured that people were protected from discrimination. There was equality of opportunity and everyone was treated fairly regardless of age, gender, disability, religion/belief or race. The admission assessment form explored different protected characteristics (such as age, gender, religion and disabilities) there was also an up to date equality and diversity policy in place and staff were familiar with what equality and diversity meant, one staff member said "One member of staff said "Equality means treating everyone equal. Diversity means letting them express their own [preferences]."

At the time of the inspection there was an activities co-ordinator in post. People were offered a range of activities which they told us they enjoyed. Activities were varied, stimulating and people were encouraged to get involved. Activities included 'knit and natter' groups, book groups, memory clinics, one to one sessions,

bingo, music and live entertainment as well as outdoor/external activities. One relative told us, "They have been to the pub, the memory clinic, there is bingo, they play dominos. They celebrated a resident's birthday and all made individual cards. They also made hats for the royal wedding." Another relative said "[Person] has been doing planting, playing bingo, there's been cheese and wine, trips out to the farm, it's really good."

The registered provider had an up to date complaints policy in place. The procedure for making a complaint was clear and people and relatives we spoke with were familiar with the complaints process. However, we identified that there were some inconsistencies with how verbal and written complaints were managed and responded to.

Complaints were raised about the conservatory roof blinds that needed replacing; they were not providing adequate shade particularly in the warmer months. This issue was raised by relatives and also during a routine 'residents meeting' which was held in May. However, we could not find how this issue was being managed or responded to. We discussed our findings with the manager who confirmed that a number of quotes had been gathered but approval from the registered provider was needed.

The manager agreed that there needed to be a more consistent approach to managing and responding to complaints. Following the inspection, the manager provided us with detailed information about how the complaints procedure had been reviewed and new processes had been implemented to capture all concerns, suggestions and complaints and how they were going to be responded to.

We asked the registered provider if 'End of Life' care was being provided to people who were being supported. We were informed that there was nobody being supported with 'End of Life' care at the time of the inspection however, staff were encouraged to complete on-line 'end of life' training. The registered provider had also requested for a local district nurse to provide training around the importance of end of life care. End of Life' care is provided in a specialist way, to people who are at the end stages of life.

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager in post. The previous registered manager voluntarily de-registered with CQC in January 2018. The registered provider had appointed a new manager in March 2018 and they were in the process of submitting the necessary registration application forms to the CQC.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. As this inspection was the first inspection since the provider registered with CQC there were no ratings to display. Following the receipt of the final inspection report the registered provider will be required to display their ratings at the registered address as well as on the registered provider's website.

We reviewed whether the registered provider had effective systems in place to assess, monitor and improve the quality and safety of care people received. Audits and checks were completed in a variety of different areas such as weight management, care plans and risk assessments, medication, health and safety, infection control and accident and incidents however; we found that these were not always effective. For example, medication audits were not identifying errors or managing risk and the registered provider did not have safe recruitment practices in place.

We also found that health and safety audits and checks were not routinely being carried out. For example, we were provided with a maintenance audit which had been completed a number of days before our visit. This audit stated that all maintenance records were up to date and all necessary health and safety checks had been completed. However, on the day of the inspection we identified that some records needed updating or actions were still outstanding. This meant that the safety of people who were living at The Cedars was being compromised. We discussed our findings with the manager at the time of the inspection and agreed that quality assurance systems needed to be reviewed.

While there were audits and processes in place, these did not always result in actions to drive improvement. People, relatives and staff all expressed how the manager was responsive to feedback and positive changes had taken place but there was no evidence to suggest how concerns, suggestions and feedback was responded to. For example, we identified from 'resident meeting' minutes that people had raised concerns about the removal of the water cooler which was placed in the communal dining area. However, we could not identify how this concern was responded to or being managed.

We asked the manager if the registered provider had any systems in place to gather the thoughts, views and opinions of the people who were living at The Cedars or their relatives. We were informed that questionnaires were in place but these were not regularly circulated. This meant that the 'voice' of the people living at The Cedars or relatives who were actively involved in their loved one's care did not have the opportunity to express their views on the quality and safety of care provided. Following the inspection, the manager provided examples of the questionnaires and explained that these would now be circulated on a

regular basis to encourage and promote 'resident voice'.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke positively about the new manager and positive changes which had been made in the last few months. Staff comments included, "I feel very supported", "I have always just enjoyed work, but the new manager has made a change, things run a lot more smoothly", "This is nice little home and we give [people] individual care. There is a good atmosphere here. We had a bit of a rocky period, but it has changed over the last six months. The new manager is caring" and "The place has changed. There is more positivity. It was not the case before that."

People and relatives spoke highly of the new manager. One relative said "There's a big improvement since new manager started." One person said "I know who the manager is. [Manager] has not been here very long. [Manager] is very nice."

Staff expressed that communication systems had improved. Regular team meetings were happening between care staff, domestic staff, care team leaders and senior staff. We were provided with a variety of team meeting minutes which evidenced different areas of discussion, such as domestic and infection control procedures, communication systems, medication, care plans and reviews, first aid, safeguarding concerns, privacy and dignity and activities.

The manager told us that there has been an introduction of new 'daily handovers'. Daily handovers took place three times per day at the start of each new shift. For instance, handovers took place in the morning, at lunch time and in the evening. The handovers concentrated on each person who lived at The Cedars and anything significant which needed to be communicated with the staff team.

The registered provider had a number of different policies and procedures in place. Policies and procedures were up to date and contained relevant information and guidance for staff to follow. Different policies we reviewed during the inspection included data protection, dementia care, 'end of life', infection prevention control, privacy and dignity, medicine management and professional boundaries.

There was also a 'Business Contingency Plan'(BCP) in place. This meant that there were contingencies plans for staff to follow in the event of an emergency situation. This had recently been reviewed and contained up to date and relevant information for staff to follow.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medication management systems were not safely in place and the safety of people was compromised.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were ineffective. The quality and safety of care provided was not appropriately assessed and service delivery was not being improved upon.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effective recruitment and selection procedures were not in place.