

Your Health Limited

Cedar Court Nursing Home (Dementia Unit)

Inspection report

Cedar Court Care Home
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Website: www.yourhealthgroup.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Cedar Court Nursing Home (Dementia Unit) is a residential care home providing personal and nursing care for up to 45 people aged 65 and over. At the time of the inspection they were 37 people using the service.

People's experience of using this service and what we found.

Whilst people told us they felt safe and staff knew their responsibilities to keep people safe, we found some improvements were needed in medicines management. Records we reviewed relating to the management of (as required medicines) were not consistent and did not show if pain medicines were effective for people. We found some areas of improvement were needed in infection control in the medicines room as well as monitoring the temperature of where medicines were stored.

Although people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests, not all staff understood the legislation. Care plans also did not always have decision specific best interest assessments, meaning they did not look at the person's ability to make a choice around a particular part of their lives. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority

The provider had introduced a new senior management level audit system. Although we saw this had made a positive impact in driving improvements within the service. For example, improved staffing levels and the recruitment of a clinical lead, they had not always achieved improvements which had been identified. We saw examples of this with areas we identified such as the sharps bin not being labelled and clinical waste needing emptying.

During the inspection relatives spoke positively about the staff that supported their loved ones and told us they felt they were well cared for. Staff had a good understanding of the needs and preferences of the people they supported. Most of the feedback we received from relatives and healthcare professional we spoke with commented on improvements in the last few months.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood their role and were confident when performing tasks through training and support from the management team. People's cultural and spiritual needs were supported by staff who understood their importance. Staff at the service worked together with a range of healthcare professionals to achieve positive outcomes for people.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. There was evidence that where needed the service supported people in accordance with the AIS. People felt their concerns and complaints would be listened to. Accidents, incidents and complaints were reviewed to learn and improve the service where needed.

People were supported to take part in a variety of activities which reduced their risk of social isolation.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement. (the last inspection report was published in October 2018). We found multiple breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. During this inspection the provider demonstrated that improvements had been made and they are no longer in breach. However, the service remains rated requires improvement as improvements were still needed.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection on our website at www.cqc.org.uk.

Follow up

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

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below.

Requires Improvement ●

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 always well-led.

Details in our well-led findings below.

Requires Improvement ●

Cedar Court Nursing Home (Dementia Unit)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The team consisted of two adult social care inspectors and a nurse.

Service and service type

Cedar Court Nursing Home (Dementia Care Unit) 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six relatives and with seven members of staff including the manager, the clinical lead, nurses, care workers and the cook. Following the inspection, we spoke with healthcare professionals who have responsibility for people's health care needs at Cedar Court. 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.

We reviewed a range of records. This included five people's care records in depth and seven people's oral health care plans. We looked at eight people's medication records, three staff files in relation to recruitment and staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At the last inspection there were insufficient skilled, suitably qualified staff deployed to meet people's needs effectively. This was a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The provider had changed the way they calculated staffing levels. This had led to increased staffing levels to reflect not only people's needs but the design and layout of the service. However, relatives we spoke with gave mixed views on staffing levels. One relative told us, "(Staff) are always to hand when you want them. There is enough of them. The odd time they seem to find there are not enough staff is if people become upset." Another relative commented, "Not enough staff. They are needed in lots of places, so people have to wait a little bit." Staff confirmed they now felt staffing levels had improved in the last few months.
- Throughout the day we saw people being responded to promptly by staff. If a person became distressed for any reason staff were quick to offer comfort it is was required. Where people had been assessed as needing one to one support staff were available and present with the person at all times.
- Staff were recruited safely. Records confirmed they had not started work at the service until all the required checks had been completed to ensure they were safe and suitable to work with people who lived at the home.

Assessing risk, safety monitoring and management

At the last inspection we saw staff did not always understand how to support people who could behave in a way that caused themselves or others harm. This was a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- There were systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service. Incidents were reviewed by the manager to ensure action was taken to mitigate future risks. Staff told us they now recognised where people's behaviour may cause anxiety or risk to other people and had the skills to support them to minimise risk. One staff member told us, "I feel comfortable working with people with behaviours. We write it down, so we can learn what behaviour is like and what works to help them. Then when professionals come in, we can share our information to help them."

- Risk assessments identified where people may be at risk. For example, their mobility or at risk of choking. These were reviewed regularly. We did note assessments sometimes lacked detail in how staff should respond to an identified risk. Staff knew people very well so this did not represent a high risk. However, lack of guidance could mean agency staff might not have all the information they need.
- Staff received training in fire safety and knew what action to take in the event of a fire to keep people safe. Although a new member of staff told us they had not yet received fire safety training. We brought this to the operations manager's attention and they arranged for the training to take place. Following the inspection, they confirmed this training had now taken place.
- People had individual personal emergency evacuation plans with information on how to support them in the event of a fire. For example, if a person needed one to one support to leave the building during a fire.

Using medicines safely

- Medicines were not consistently stored safely. There was a difference in how the two clinical rooms were being managed. There was a new clinical lead nurse in post and this was discussed with them. They told us they were aware improvements in clinical practice needed to be made and they would be developing an action plan.
- We noted the temperature of the room and refrigerator where medicines were stored was not consistently recorded. (Most medicines come with directions from the manufacturer to store below 25C). This was brought to the clinical lead's attention to take appropriate action.
- Medicines, which were prescribed 'as required' were not consistently recorded on medicine administration records. We found some records were stored in people's care plans. Where pain relief was being given we did not see any method of assessing if the medicines were being effective. Records also suggested PRN medicines were not being offered outside normal medicine round times. This is important to ensure people who cannot tell someone they are in pain have their pain managed appropriately.
- Where people needed to receive their medicines covertly, (medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink.) we found they were not always reviewed regularly. For example, one person had their covert medicines agreed in December 2017 but there was no further review.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- Relatives told us they felt their loved ones were safe in the home. One relative commented, "The best thing about this place is [person] is safe. "
- Staff had a good knowledge of safeguarding, they were confident reporting any concerns and knew about the whistleblowing procedures. A member of staff told us, "Safeguarding is protecting residents from abuse, including harm from other residents. Everyone is so aware of it, we aren't concerned that things go unnoticed."
- Records showed when incidents of suspected abuse had occurred the provider had reported these appropriately to the local authority safeguarding team and to CQC.

Preventing and controlling infection

- The service was clean and regular infection control audits were undertaken by the senior staff. We saw housekeeping staff carry out their duties throughout the day.
- We did note the pedal bin in the nurses' station did not work which meant it needed to be opened manually and there was no liquid soap in the dispenser. This was brought to the attention of the clinical lead to take action.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff members using PPE appropriately during our inspection.

- The clinical waste bin had not been marked as 'clinical waste' and needed emptying to reduce the risk of cross contamination. This had been noted in the July and August 2019 management audit.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated appropriately. There were systems in place to analyse incidents and accidents to see if there were any trends and take appropriate action.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider had made a number of environmental changes downstairs but had not always thought how the changes may be perceived by a person living with dementia. For example, in the lounge/dining room there was an area set like a bar with fake beer pumps and images depicting a bar scene. There was a picture of a clock on the wall showing a fixed time. This could potentially cause confusion to a person as a real clock on another wall showed the actual time. We brought this to the manager's attention who made arrangements for the fake clock to be covered.
- We did note the call bell was very loud and sounded throughout the service even when it was to alert care staff for the upstairs area. This was potentially disturbing for some people. We discussed this with the manager who told us they were looking at introducing a new call bell system which used a different method to alert staff to people needing support.
- The service provided care over two floors. The first floor supported men living with dementia whose behaviours were best supported in that environment. The manager showed us they had changed one of the bedrooms to a quiet lounge area. This was to provide a quieter environment. This lounge had helped to reduce the number of incidents where people could become distressed with each other.
- There was an enclosed garden which was used by people during the warmer months. The service also had pets, for example guinea pigs. These proved popular with some people living at Cedar Court. There was some signage to help orientate people around the service.

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.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care plans identified where people lacked capacity to consent to aspects of their care. Best interest decisions had been made when needed. However, these were not always decision specific and referred in a general way to the person's care and welfare. It is possible for a person who lacks capacity to make one decision but not another one and care plans did not always reflect this.
- Staff's understanding of the legislation was not consistent. Some staff understood the importance and impact it may have on people's ability to make decisions whilst another told us, "I sort of did that training. But I don't know what it means." We discussed this with the manager who told us they would provide further training and support to staff.
- Referrals had been made to the local authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way. DoLS were in place for people as appropriate to keep them safe from harm and conditions were met.

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

- People's needs were assessed with the involvement of families where appropriate before they moved into the home. Relatives confirmed someone from the service visited their loved one prior to them moving to Cedar Court. One relative said, "[Person] was assessed in hospital. Staff know [person's] needs really well. They did from the start."
- Assessments included information on people's health physical and mental health, life history and what support they required.
- There were systems in place, such as daily care records, and daily handover meetings to enable staff to share information about people's care and any close monitoring needed.

Staff support: induction, training, skills and experience

- At the last inspection we had concerns staff did not have the necessary skills to manage people's behaviour or understand their safeguarding responsibilities. During this inspection we saw staff provide support to people appropriately. For example, where a person appeared distressed staff immediately offered support and comfort to the person. One relative told us, "Staff seem to manage challenging behaviour quite well. You used to hear [person] shouting, but we don't hear [person] shouting now. Staff seem much better trained."
- Staff training covered a wide range of subjects including, understanding people living with dementia and how to use specialist equipment to keep people safe from the risk of choking.
- New staff completed an induction. One staff member told us, "I spent time shadowing and learning about the people and how things are run. They gave me help when I had questions during and after." They added "I have received training, it was good. We had dementia training, so we know how to calm people down. I think we are quite effective"
- The management team told us they had developed a mentoring programme to improve staff knowledge and skill levels.
- Staff told us they received regular support and supervision from the management team.

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

- People's dietary preferences were assessed, and information was provided to the cook to ensure people's dietary needs were catered for. For example, where people required a soft diet or diabetic, different food options were available. We saw people were offered a variety of hot and cold drinks during our visit. We spoke with the cook who told us they were always given information about people's dietary needs and

preferences when they arrived at the service. They understood where people needed a pureed diet or a soft diet. This was also updated as and when people's needs changed.

- Staff knew people's preferences. For example, during the midday meal a person was asleep and although staff had tried to wake them, they remained asleep, staff discussed saving a meal for when they awoke. One staff member asked the cook to save a large meal for the person as they liked a 'big meal.'
- Relatives gave a mixed view over the quality of the food. One person told us, "Food has improved [person] seems to enjoy it." However, another relative said, "The food's naff. Not much flavour." We did note, people we saw eating their midday meal appeared to enjoy it and no food was left on people's plates.
- People's weights were routinely monitored, and most people's weight remained stable. Food and fluid intake were recorded if required, so any poor intake would be identified and monitored. Where concerns were noted they were referred to the GP for further support. Where people had been identified at risk of choking advice from SALT (speech and language therapist team) was obtained and recorded in people's care plans.
- Records indicated individual recommended daily fluid intake and what the person had achieved. This was important as it gave staff an indication what each person should be drinking each day.

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- Staff were working with other agencies to provide consistent, effective, timely care. The manager told us they were working with their local GP practice to improve communication amongst nursing staff to ensure information was passed to all staff in a consistent manner.
- Relatives told us the staff would contact the GP if their loved one became unwell. One relative said, "Staff called the GP out for a chest infection. Staff always know when to call the doctor. Then they update us."
- The service received weekly visits from the Advanced Nurse Practitioner from their local surgery to support people with their healthcare needs.
- People had access to chiropody services and a list was kept of those people who needed to see the chiropodist on their next visit. A relative commented, "[Relative] was concerned about [person's] toe nails, but chiropodist wasn't due to come. So, it was arranged a few days later."
- Care plans detailed people's oral healthcare needs and the manager told us they had recently developed a dental surgery contract with a local dentist to provide dental support to people living at Cedar Court. There were also plans to provide training for staff to ensure they could provide suitable support to people with their oral healthcare needs. The provider had recently purchased new tooth brushes, tooth paste and denture soak baths for people. These were not yet in use and staff told us they had yet to receive any training on how to support people with their oral hygiene. We also saw oral hygiene was not consistently recorded in people's care plans. The manager told us the new plans being put in place would ensure staff had the skills to provide consistent care.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection we found people were not always treated with dignity and their privacy was not always respected. This was a breach in Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- At the previous inspection concerns were raised regarding the staff not closing the curtains at the small window in people's doors when personal care was taking place. During this inspection we saw the curtains closed or where they were open there was no personal care taking place.
- We received positive feedback from all the relatives we spoke with about the care people received. Comments included. "Staff are really nice to [person]. They take time to talk to [person]. They know what reassures [person]." And "Staff are kind."
- We saw staff throughout the day supporting people in a kind and caring manner. For example, we saw staff provide discreet assistance when people needed help with eating their meal or assistance to go to the toilet. People were given clothes protectors at mealtimes and where indicated in their care plans these were removed following the meal. One relative told us, "Staff will clean person through the day if they spill stuff. Always dignified"
- Where people became distressed or anxious staff were quick to offer reassurance and spoke kindly and gently to people.

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

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

- The provider had policies on supporting and promoting people' equality and diversity.
- The manager told us staff had received equality and diversity training. Staff we spoke with were aware of the importance of respecting people from other cultures and people's spiritual needs. For example, one person was supported to attend their place of worship as this was important to them. A relative told us, "They take [person] to the church service. [Person's] dementia is getting worse, so they can arrange the church to visit [person] here."
- People living at Cedar Court Dementia Care Unit were living with dementia and were unable to tell us about their experience of care they received. However, we saw people and staff interacting throughout the day and staff were offering people choices and giving them options such as where to sit to eat their midday

meal or what to eat.

- Care plans identified what tasks people could do for themselves and we saw staff supporting people to carry out these tasks where possible. For example, staff supported people to eat their midday meal with prompts to promote their independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans had been rewritten with support from both the local authority and CCG to help improve their relevance to people living at Cedar Court. Although care plans were improved we found some lacked detail on what staff should do to support people. For example, a care plan stated a person needed two staff to assist with their personal care, one to focus the person the second member to assist the person in their personal care. There was no guidance on how to focus the person or what this meant. This meant agency staff, who may not know people well, may not have the information they need to provide support. However, we saw staff supporting the person knew the person well and were able to provide the support needed.
- Staff showed a good awareness of people's needs, could describe in detail personal care routines, people's likes, dislikes and risks. Life histories were recorded to support staff to provide care and support to people. Relatives confirmed staff knew their loved ones really well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate with people and care plans contained information about people's communication needs and any sensory support or adaptations they required.
- During the day we saw a staff member prepare a Skype call for one person to speak with their family who lived some distance away.
- Documents could be produced in any format or language required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had recently employed a life enhancement coach. We saw this staff member engage with people throughout the day in positive activities. For example, we saw the life enhancement coach sit with a person tell them they needed some help knitting for the babies. The person smiled and reached for knitting needles. The life enhancement coach showed the person how to use the needles, but the person struggled. Instead the staff member encouraged the person to touch a fiddle muff. This was positive for the person as they explained the textures on the fiddle muff to the staff member. Prior to this, the person had not been interacting with anyone or anything. When the staff member left, the person remained playing with the muff

for a further hour and smiling.

- Throughout the day we saw staff interacting with people in a positive way, talking with them about their interests and showing they knew people very well.
- During the afternoon, staff encouraged people to sing and have a drink of their choice. This was a very positive activity and people were smiling and joining in.
- Relatives told us they were aware of the activities taking place at Cedar Court and told us, "There are much more activities for them to do. These are advertised on the wall, so family can come along too."
- Throughout the day we saw relatives visiting. They told us they also felt they were supported by staff. One relative said, "Equally supportive of visiting family. They know that we can struggle."

Improving care quality in response to complaints or concerns

- Relatives knew how to make a complaint and felt listened too when they had raised concerns. One relative told us, "We made a few complaints, but the new manager responded really well. We were happy with the response and didn't need to complain again."
- Where complaints had been made, they were responded to in line with the provider's policy.

End of life care and support

- Care plans contained information on people's end of life wishes, this included whether they wished to remain at Cedar Court or be taken to hospital.
- Where people were at end of life, arrangements had been made for suitable medicines to be available to minimise pain and discomfort.
- Staff told us they had received training to support people at this point in their lives. One staff member told us, "We have end of life training. It's very good, it gives us guidelines and I feel confident supporting people when they are at the end of their life."

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection we found the quality monitoring systems in place were not always effective. This was a breach in Regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the confidential information had not been stored securely. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17(2).

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

- There was currently no registered manager in post as required by the providers conditions of registration. The operation's manager has been acting manager since the previous registered manager left in September 2019. The provider had taken steps to recruit a new manager and following the inspection we were told a new manager had been appointed.
- The management team had introduced improved audits. These had been carried out to check how the service was operating and we noted improvements to this process. This had led to improved staffing levels and the employment of the clinical lead. However, it did not always demonstrate action was taken as a result of the management audits. For example, we saw in the July and August 2019 audits carried out by the operations manager it identified the sharps bin in the nurses' station (this is where needles are safely disposed of) was not labelled and clinical waste storage was not clean. We noted the same concerns during our inspection. We brought these issues to the clinical lead's attention who made arrangements for them to be actioned.
- At the last inspection staff had not always had the skills and training they needed to support people safely. We found at this inspection staff training had improved and staff told us they had the skills needed to support people. One staff member told us, "The managers ask us to progress out training. They want us to be better"
- All confidential documents relating to people's care were now stored securely in either the nurses' station which was kept locked when no one was in the room or in a locked cabinet.
- The management team and staff understood their roles and responsibilities.
- Notifications had been submitted to us as required by law and the rating of the last inspection was on display within the home and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team were committed to providing good quality care to people and promoted a positive person-centred culture.
- The management team had a visible presence in the home and knew people, their needs and their relatives well. One relative told us, "If you had asked me a month ago, I would have told you we were thinking of removing [person]. But the new manager has been really effective. They made big changes. We've noticed a big difference. But we worry when they go." Another relative commented, "The managers have been very helpful."
- Staff also told us they felt supported by the management team and the manager was approachable. One staff member told us, "The manager walks round a lot and supports us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was very open and honest in relation to where the home was and where it was going in the future. They had a clear vision for the future of the home.
- Members of the management team were aware improvements still needed to be made. They understood new initiatives and good practice amongst staff needed time to become general practice.
- Management and staff understood their individual and collective legal responsibilities to act in an open, honest and transparent way when things went wrong. A relative told us, "When things go wrong, the staff are quick to call us and acknowledge what went wrong. But there are complicated people here, so we kind of expect it. They are always upfront about what happened and what they have done."
- Relatives were mostly positive about their loved ones living in the home. One relative said, "It has improved over last 6 months. It's much cleaner now, and always enough staff."

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

- The provider had sought feedback to help maintain and improve standards at the home. One relative commented, "We have had questionnaires and surveys. They are private and confidential. We can feedback how we feel."
- Staff said they felt supported to contribute to meetings and to suggest ways in which improvements could be made. One staff member told us, "We can always go to [manager] and make suggestions. It's been an improvement as they are more approachable." Another staff member commented, "I feel confident feeding back suggestions to these managers, Not before. We hope things continue to improve."

Continuous learning and improving care

- The service was continuously looking to make improvements. The provider was working with staff and the manager to improve the service
- Staff had received periodic one to one support sessions and an annual appraisal of their work, which they found beneficial. A staff member told us, "We have enough support from management." Another commented "It works well because we work as a team. We all communicate well, so we know what needs doing."

Working in partnership with others

- Positive working relationships were in place with local health and social care professionals. Health and social care professionals we had contact with during the inspection confirmed they felt more positive about the care being provided at Cedar Court and the management team were putting in place systems to ensure improvements were made.

