

N. Notaro Homes Limited

Cedar Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 12 September 2016 and was carried out by one adult social care inspector and was unannounced. Cedar Lodge is a residential care home specialising in providing accommodation and personal care for up to 42 people living with dementia. This registration also includes The Limes, a purpose built recovery and rehabilitation centre adjoining Cedar Lodge. The Limes provides shorter term placements for up to 15 people (mainly younger people) with a range of mental health conditions to support and enable them to move forward into the wider community. These placements were currently only referred through Somerset Partnership Trust although this was soon to change.

On the day of the inspection, there were 42 people living at Cedar Lodge and 13 people living at The Limes. There was an excellent registered manager employed at the home who was clearly passionate about providing a high quality, individualised service. They managed both units with support from a deputy manager qualified in mental health on The Limes. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection in December 2014 we found the areas of caring, responsive and well led required improvement and effectiveness was inadequate. The service had sent us an action plan and we saw all areas had been very much improved. There had been many meetings to discuss with staff and the management team how improvements could be made and these had all been addressed. For example, people on both units had opportunities at any time to voice their views about their care and be involved, privacy was respected and people and relatives felt able to make complaints knowing they would be addressed. We had raised an issue about access to the kitchen at The Limes. We found there was always open access to the kitchen and food that people wanted to eat whilst being encouraged to work towards independence in shopping and cooking, taking responsibility and meeting goals. Where restrictive equipment was used to protect people's safety, people and their representatives were involved or the appropriate best interest decisions made using the correct processes to protect people's rights.

People were supported by very kind, caring and compassionate staff who often went the extra mile to provide them with excellent, high quality care. This high standard of care enhanced people's quality of life and wellbeing. The staff were extremely passionate about providing people with support that was based on their individual needs, goals and aspirations. They were pro-active in ensuring care was based on people's preferences and interests, seeking out activities in the wider community and helping people live a fulfilled life.

People had access to activities that complemented their individual hobbies and interests. Links with the local community had been established and people were supported to participate in community events and other events that were important and meaningful to them. This provided them with a sense of purpose and wellbeing.

The staff were happy working in the home and felt very supported in their role. They were clear about their individual roles and responsibilities and felt valued by the registered manager and the wider senior management team. Good leadership was demonstrated at all levels with pro-active effort to encourage ideas from staff to further benefit the people in their care and maintain a strong, stable staff team with a shared goal. Each individual staff member was engaged in sourcing new opportunities for people and putting ideas into practice. There were effective systems in place to monitor the quality and safety of the care provided.

There was a strong culture within the home of treating people with respect. The staff and the registered manager listened to people, offered them choice and made them feel that they mattered. People and the staff knew each other well and these relationships were valued.

People were able to make decisions about the support they received and to live their lives as they wished. Staff clearly enjoyed spending time with people and making each day matter. People's diverse needs were met and respected.

People were safe living at Cedar Lodge and The Limes. There were enough staff to meet people's care needs safely and also to provide individualised support in and out of the service.

People received their medicines when they needed them. The staff had received appropriate training in line with nationally recognised qualifications and regular supervision to provide them with the necessary skills and knowledge to provide people with effective care.

People received enough to eat and drink to meet their individual needs and timely action was taken by the staff when they were concerned about people's health.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people's safety had been assessed and actions taken to reduce the risks of them experiencing harm.

Systems were in place to protect people from the risk of abuse.

There were enough staff to meet people's needs in an individualised way and to keep them safe whilst enabling them to make informed choices.

People received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to provide people with care to meet their individual needs.

People's rights were protected by staff who understood their legal obligations including how to support people who could not consent to their own care and treatment.

People had a choice of appetising and nutritious food and drink and they received enough to meet their needs.

People were supported by the staff to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was very caring.

The staff cared deeply for the people they provided care for. They were kind, caring and compassionate and often went the extra mile to improve people's quality of life.

People and their relatives where required, were involved in making decisions about their care. People were actively encouraged to make choices about how they lived their lives and

there was a balance between risk and promoting independence.

People were treated with dignity and respect at all times.

Is the service responsive?

Outstanding 

The service was very responsive.

Staff provided individualised care to people which clearly had improved their quality of life and wellbeing.

People's individual care needs and preferences had been assessed and were being met whilst encouraging new opportunities and promoting independence.

People could be confident complaints and concerns were taken seriously and dealt with appropriately to promote improvement.

Is the service well-led?

Good 

The service was very well-led.

There was an open culture within the home where people and staff were listened to and felt that they mattered.

The registered manager was pro-active in sourcing ideas from the staff team to further benefit the people in their care.

Good leadership was demonstrated at all levels, the registered manager and deputy managers were hands on, supportive and visible throughout the service.

Quality assurance systems ensured people received a good quality service driven by responsive improvement.

Cedar Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 12 September 2016 and was unannounced. The inspection team consisted of one adult social care inspector. At the previous inspection on 2 December 2014 there were some issues highlighted relating to accessibility to food at The Limes, processes in place for people to raise concerns and records around consent. We found that there were no issues in these areas and people were fully supported to live their lives to the full in an individualised way.

Before the inspection, we requested that the provider complete 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. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During the inspection, we spent time with 10 people living at Cedar Lodge and three people at The Limes. We spoke to two visiting relatives, a visiting health professional, the registered manager at Cedar Lodge, who also oversaw management at The Limes and the deputy manager at The Limes. We spoke with nine care staff, the cook, maintenance man and laundry person. Due to some people living with dementia, they were not always able to comment directly on their experiences at the service so we joined people for lunch at Cedar Lodge and observed their care and interactions with staff in the communal areas.

The records we looked at included four people's care records (two in each unit), four people's medicine records and other records relating to people's care, two staff recruitment files and staff training records. We also looked at maintenance records in respect of the premises and records relating to how the provider monitored the quality of the service such as audits and quality assurance surveys.

Is the service safe?

Our findings

All of the people we spent time with told us they felt safe living at Cedar Lodge and The Limes. One person at The Limes told us, "I feel very safe here, I can come and go as I please but I know the staff have my back and want the best for me." Another person said, "Oh yes, it's lovely here. I like staying here. What's not to like." A relative at Cedar Lodge told us they were happy to see their loved one settled and happy and they felt able to leave them knowing they were safe and well cared for. They added, "It's not just a care home, it's their home and they see it as such." One relative letter stated, "You [staff] made Cedar Lodge their last home and made it a home they loved and wanted to be in, they felt safe, secure and happy there, of that I am sure."

There were systems in place to protect people from the risk of abuse and avoidable harm. For example, accessing the community from The Limes and managing behaviour which could be challenging for staff at Cedar Lodge. Staff knew how to keep people safe. This included from the risk of abuse. All of the staff knew the different types of abuse that could occur and told us they would not hesitate to report any concerns they had to senior staff. They added they would also report any concerns outside of the home if they felt this was appropriate. Staff and the registered manager understood the correct reporting procedures and we saw these had been followed when necessary using the local authority safeguarding process.

Risks to people's safety had been assessed and actions taken where necessary to mitigate these risks. This included risks in relation to falls, not eating and drinking, developing skin pressure damage accessing the community and smoking. There was clear information within people's care records providing staff with guidance on how to reduce these risks. Staff were clear that the least restrictive method was sought and regularly reviewed. For example, one person wanted to spend time with another person living with dementia. Thought was given to enabling the couple to spend safe time together whilst ensuring both were able to agree to the relationship. The staff responded respectfully to their requests and the couple were able, for example, to go out on walks from Cedar Lodge with a discreet staff chaperone.

The focus on The Limes was of maximising independence and taking informed risks. People were clear about what was expected of them when living at The Limes in relation to saying when they were coming and going, whether they would like a meal and use of alcohol and drugs. Any restrictions were clearly related to people's mental health goals and behaviours to enable them to effectively integrate back into the wider community in the future. For example, a goal could be to access the local shop independently or make a bus journey. Any behaviours that could limit successful independence were analysed and discussed with the person to enable them to learn and try again.

Staff were able to demonstrate they understood these risks and what they needed to do to keep people safe. For example, some staff told us the importance of making sure the environment was safe and clear of any obstacles when people were walking around the home. This was to protect them from the risk of falls and also to maximise independence. People were free to move around the home as they wished.

Staff understood people's anxieties which could sometimes trigger behaviour that could be challenging for

staff. They helped people to do what made them less anxious. For example, one person felt safer using a stick although they mobilised independently. Staff knew to prompt the person to have their stick and we saw the person happily accessing the garden independently. Another person preferred quiet and staff followed them with their meal to a quieter place. Staff also knew which people liked to spend time together and who became anxious with certain people. They were vigilant to notice body language signals and distracted people to minimise distress. These risks were regularly reviewed and the mitigating actions changed as required. For example, when people were less stable on their feet or had fallen, the staff discussed what the 'real risk' was and considered the use of pressure mats or door alarms as a last resort as part of best interest decisions to keep people safe especially near stairs.

The home had allocated staff member's dedicated champion roles in relation to managing risk to people's safety. This empowered the staff to take control of the management of risk within the home to facilitate keeping people safe. This included areas such as infection control, nutrition/housekeeping, mental health, diabetes and active daily living. These staff were responsible for ensuring safe practice was followed by all of the staff working within the home and to give them clear direction on what actions needed to be taken to reduce the risk of people experiencing harm. People also benefitted from a named keyworker who was a first port of call for people or someone who could oversee their care. Most people at Cedar Lodge were able to mobilise independently or with minimal assistance whilst living with dementia. Staff did a good job in being visible throughout the home as there were various areas where people could spend their time. Three people preferred to spend time in their rooms at Cedar Lodge and this was respected, they were regularly asked if they were ok and staff respected when they did not want to be checked. For example, one person preferred not to dress and liked to stay in their room. The registered manager made sure they had everything they needed to occupy themselves and their choices were respected.

At The Limes people were all independent and were supported to maximise safe independence and wellbeing with occasional prompting in personal care and life skills. People told us they were able to make choices such as taking a long bus journey, staying with friends and keeping their rooms how they liked them. Staff went out of their way to facilitate people's choices, considering safer compromises but focussing on the person's choice and identified goal. Some people had legal restrictions due to their mental health condition. One person told us they knew what they could and couldn't do and care plans and goals were initiated by the commissioning service prior to people moving in. They were able to tell us the goals were regularly reviewed and they could discuss any issues at any time. Most people had a named preferred person they liked to speak to who could be outside the service and staff respected their choices. This demonstrated that people were given the freedom to make their own decisions about their care in a way which balanced real choice and independence.

In respect of the premises, we saw that fire doors were kept closed and the emergency exits were well sign posted. They were clear of any obstacles so that people could easily reach the exits if needed. Testing of the fire equipment and the fire alarm system had taken place regularly. Staff demonstrated to us that they knew what action to take in the event of an emergency such as a fire or when someone became unwell. They confirmed that they had received training within these areas. The equipment that people used such as hoists including slings had been regularly checked and serviced in line with the relevant regulations to make sure it was safe to use. Any accidents or incidents that took place were recorded by the staff and investigated by the registered manager. We saw action had been taken when any accidents or incidents had occurred to prevent reoccurrence.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. There were separate teams of staff for each unit. On Cedar Lodge there was the registered manager and deputy manager and administrator 9-5, two senior care workers and six care workers in the morning supported by

an activity co-ordinator, four domestics, laundry and maintenance staff and the chef and chef assistant until 6pm. In the afternoon there were two senior care workers and four care workers with two senior care workers and two care workers at night. At The Limes there was a senior care worker and two care workers who worked 12 hour shifts supported by the deputy manager with a senior care worker and care worker at night.

People on both units told us there was enough staff and a relative and visiting health professional echoed this. One person on Cedar Lodge told us, "I get the help I need. It takes a while to get your food but only because it's made fresh and dished up how we all like it. Like a café." A relative said, "The staff always have time to chat. They can sit and have coffee with people. It's nice to see." Staff told us there were opportunities for people to go out and staffing levels were adjusted to enable this. It was an important part of how the service was run. For example, two staff were taking a group out to a tea room during our inspection. The service did not use agency staff but covered sickness and leave with in-house staff who knew people well. We observed staff meeting people's requests for assistance consistently in a timely manner during the inspection but also pro-actively going and spending time with people, dancing, chatting, offering things to do and generally enjoying time together. The registered manager told us the number of staff required to work was calculated based on the needs of the people who lived in the home and was kept under regular review. For example, if one to one care was needed for someone at the end of their life, the service would provide it. Staff rotas showed more often than not there were higher numbers than those stated.

Staff files showed that the relevant checks had taken place before a staff member commenced their employment. This included criminal record checks (DBS), gaps in employment and the service asked for three or four references including previous employer. This was to make sure potential new staff were safe to work with vulnerable people.

People received their medicines when they needed them. One person told us, "I always forget what I have and staff don't mind reminding me." Staff on The Limes went out of their way to enable people to stay at friends and families houses. If people could not administer their own medication this did not prohibit a visit because staff could pop over to them and enable them to stay out. There were clear records showing what medication people took, including 'as required' medication. Staff asked people if they needed paracetamol for example and why. Staff also reviewed people's medication as part of wider risks such as falls or sleepiness. This meant that people were reviewed by their GP to ensure they continued to be on relevant medication, which was monitored by a well trained staff team.

Medicines were stored securely so they could not be tampered with and for the safety of the people who lived in the home. People living at The Limes were moving towards self administration and each room had a locked storage cupboard for individual medication. We checked some people's medicine records to make sure they had received their medicines as intended by the person who had prescribed them. The records we looked at confirmed this.

The home had recently moved to a computer system (EMAR) for administering medication which could highlight potential errors, stock levels and alert to administration timings. There was clear information in place to guide staff on how to give people certain medicines and regarding whether people had any allergies that needed to be taken into account. Staff had effective medication training and their regularly. There was an annual audit visit from a local pharmacy and monthly medication audits by the provider. For example, advice was taken about how to manage storage in the hot weather. Any medication errors were investigated and appropriate action taken. For example, one error had occurred when a prescription had been changed and staff had assumed the previous dose. This error could now not happen as the computer system would alert staff to changes in prescription. Any errors were followed up with an individual

protection plan for people and to inform staff to ensure that people were safe.

Is the service effective?

Our findings

During the last inspection in December 2014 this section was rated inadequate because we found there was a failure to ensure there were suitable arrangements for obtaining and acting with the consent of individuals in relation to their care. There was also no system in place to ensure consent was obtained for the use of potentially equipment which monitored people's movements.

We found during this inspection that there had been many meetings with management and staff to ensure that consent was obtained and the correct processes were in line with legislation. Staff had received additional training and were knowledgeable about the Mental Capacity Act 2005. We saw that processes were followed well and involved service users' consent. In December 2014 we also found that people were not always able to have their nutritional needs met. This related to one kitchen on The Limes being locked for maintenance only. There had always been an alternative kitchen which was accessible to service users at all times. This had been addressed at length during meetings with management and staff, residents' meetings and during individual staff supervision and appropriate actions taken in a timely way. The service user guide had been updated and each service had received a copy. We found during this inspection there were no issues relating to access to nutrition and there were suitable arrangements to ensure and promote the independence of people and provide appropriate opportunities for nutritional needs to be met effectively.

People received effective care based on best practice from staff who had the knowledge and skills required to enable them to carry out their roles. People all said they felt the staff were well trained. One person told us, "Oh yes, I can just relax, how nice is that?" One relative said, "The staff are all very good, each one. I can talk to any of them and they know what they are doing." A healthcare professional who specialised in mental health told us that, in their opinion, the team of staff working within the home had the ability and skills to respond well to people's complex needs. They said the staff worked with people towards realistic goals saying, "The staff work very well with us. One person's needs changed and they knew immediately they needed a consultant referral. They know people staying here don't want structure, they need to learn about living independently and staff enable that here and are very experienced. They ring for advice and I don't have any worries here I know what is going on and we can leave the staff to get on with it." Comments in the feedback book at Cedar Lodge from a visiting occupational therapist stated, "Staff are friendly and helpful, I get a full handover [about people's current needs]." A community psychiatric nurse had commented, "I'm always offered a coffee, I can follow up anything with staff at any time, they are always friendly and very helpful."

Staff told us they felt they had received enough training to provide people with effective care. Staff had completed training in a number of different subjects such as safeguarding adults, dementia, medicine management, tissue viability, nutrition and hydration. They said they were given lots of opportunities to attend training in areas that reflected the needs of the people who lived at Cedar Lodge and The Limes. Staff had achieved or were working towards 'Care Certificates'. These are a set of recognised standards that health workers stick to in their daily working life to provide safe, compassionate care. Staff were able to view the training programme and add their names to dates that suited. There were various sessions and repeat

sessions to ensure attendance. The registered manager said this gave staff a chance to 'own' their training, encourage communication and avoided staff worrying about dates they could not attend. The registered manager listened to staff and gave them practical help to ensure tasks were done correctly. For example, some staff found visual aids more effective. The registered manager had taken photographs of different cups to show the amount they held to ensure fluid charts were monitoring hydration effectively. Other photographs of how to use stand aids and hoists and apply catheter straps were displayed in staff areas. Staff told us, "We just want to get it right." Training from outside the home was regularly sought.

Staff accessed specialist training and further education and qualifications. For example, some staff at The Limes had distance learning nationally recognised qualifications in understanding mental health, diplomas in community mental health and psychiatry and social work. The deputy manager had set up an information factsheet file to aid staff. For example, commonly used sections of the Mental Health Act were easily available such as the use of hospital orders, information about personality disorders and post traumatic stress disorder. They were also trained in British Sign Language.

We observed the staff providing people with safe care and demonstrating good care practice throughout the inspection. Staff competency to do their role was regularly assessed and staff received clear and constructive feedback to enable them to improve their practice when necessary. Staff talked to us about the support and supervision they received. They said they felt well supported within the home and that there was always someone to go to for advice. The service had invested in an 'Even Better Place to Work' an online method of collecting information about the health and performance levels of the service. This enabled them to manage staff performance in an interactive way using employee engagement indicators and monitoring. We looked at the satisfaction at work (S@W) data which showed staff were regularly formally asked in detail about their views on conflict, feedback, openness, feeling valued, ownership, difference and motivation. For example, one care worker had had a discussion about their contribution. They had not felt they had contributed much but their manager had praised them and pointed out where they had enabled a person to complete their personal care independently. Through the supervision meeting, they had been able to highlight they would like to know more about meetings with external health professionals. Therefore, an action had been completed to give the staff member better understanding of the mental health system as a whole by attending meetings with visiting mental health professionals.

Across the units other methods of team building were used such as themed card games highlighting areas of working. Staff said they found this interesting and of benefit. This was ongoing and included in all staff team meetings. Team meetings were held regularly in both units and there was opportunity for staff to make suggestions. Staff training needs were on each agenda. For example, at one meeting at The Limes three staff were supported to access training in topics that they were interested in such as a higher diploma.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People 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 are called the Deprivation of Liberty Safeguards (DoLS).

Staff clearly understood the importance of seeking people's consent and offering them choice about the care they received. Where people lacked capacity to make some decisions, the staff were clear about their responsibilities to follow the principles of the MCA when making decisions for people in their best interests.

They gave us clear examples of how they supported people to make decisions. We observed staff asking for people's consent throughout the inspection. For example, showing simple choices of menu, clothes and drinks. Staff at The Limes were clear about the mental health legislation specific to individuals and were open with people about any restrictions and goals. For example, The Mental Health Act 1983 sets out the rights for people with mental disorders. This Act sets out procedures that need to be followed to ensure people receive appropriate treatment and may include certain conditions people have to follow when they leave hospital.

Records showed that people's ability to consent to certain decisions had been assessed and best interest decisions made. These had involved the relevant individuals such as the person's family or a healthcare professional. There was clear information within these records to give staff guidance on how they needed to support people to make a number of different decisions about their daily lives. For example, a complex decision had been made involving the appropriate people which put the needs, and preferences of the people living at the home at the centre. An action plan using compromises to manage safety had been agreed and we saw a couple able to spend meaningful time together as they wished and able to make informed choices despite limitations in their understanding. The home's philosophy was displayed around the home further highlighting the personalised care.

People received support with eating and drinking and to maintain a balanced diet. People we spoke with and the visiting relative told us the food was of excellent quality. All kitchens were well stocked. On both units the quality of food and drink provision was excellent and bespoke to individuals. On The Limes, the last inspection had found some lack of food choice and access to food. We found people could access the kitchen at all times which was stocked with good quality produce. People on The Limes were supported to be as independent as possible. Breakfast and lunch was 'help yourself' and resident meetings showed how the staff asked people if there was anything they would like them to buy. For example, people asked for curry, peanut butter etc. Three evening meals a week were cook your own with three nights cooked by staff. People could ask for a meal to be put back and were supported to re-heat them. One night was takeaway night which people said they enjoyed and they could make requests. A wide range of ready meals was available for people to access a quick meal if they were preparing it. People chose to eat together, out or at any time they wanted. Staff monitored some people's use of food due to mental health issues relating to their agreed goals, educating people about healthy eating and looking to success in the community. For example, explaining to people that eating a whole loaf of bread may not be the right choice. Records showed a wide variation in individual preferences and showed people could choose what they wanted, being fully involved in shopping if they liked.

We took lunch with people at Cedar Lodge. The atmosphere within the dining room was social, happy and energetic, with lots of people chatting to each other and with the staff. It was clear that meal times were a social occasion. All of the staff including ancillary, nursing and management provided support during the lunchtime period to make it a good experience for the people who lived there. People knew what meal was coming and staff reminded them. People were offered a choice of food that had been prepared from fresh produce and were observed to enjoy their meals, especially the sweet trolley where they chose a bit of whatever they fancied. Where people did not want to eat anything from the menu, an alternative was made for them. There were well laid tables in the large dining room and smaller lounge, although people could eat where they wanted. Kitchen staff told us that the communication to them about people's individual food and drink needs was very good. This made sure that people received the correct diet for their own needs. The kitchen staff were very aware of people's individual likes, dislikes and any cultural preferences people had in relation to their food and drink. A board in the kitchen showed who was on what kind of diet. For example, it included who liked what size of meal with a list showing small, medium and bowls. One person liked a smaller meal and two puddings and the cook said if [person's name] is hovering I know they usually

would like a pudding.

The staff told us that they monitored people who were at risk of not eating or drinking. We saw the staff supporting these people to eat and offering them regular drinks throughout the day. This information was recorded and analysed to see if the care being provided was effective. Where changes were required, advice was sought from an appropriate healthcare professional such as the GP, dietician, speech and language therapist or diabetic specialist nurse. The records showed that any suggestions made by these professionals were followed by the staff. For example, some people had been prescribed food supplements and these were being received. Other people were having their food fortified with extra calories. Staff also organised various themed events such as Hawaiian day, BBQs every Thursday, cake baking and teaching people how to cook simple meals.

People were supported to maintain good health and had access to healthcare services as necessary. People were referred in a timely way and saw healthcare professionals such as their GP, dentist, optician or chiropodist when they needed. For example, staff noticed when one person had a sore area under their ring and when people needed the dentist. Staff within both units had developed excellent relationships with community specialists. This included the local GP, tissue viability nurses and community psychiatric nurses. The deputy manager said they were proud of the phenomenal relationship they had with the GP for example, who understood the rehabilitation aspect of their work. The healthcare professionals we spoke with told us that the staff were very knowledgeable and always referred people to them in a timely way if they had any concerns about their health needs.

Is the service caring?

Our findings

During the last inspection we rated this section as requires improvement because we found that the registered manager failed to ensure there were suitable arrangements so that people's dignity, confidentiality and privacy were protected and upheld. This related to a one to one keyworker discussion taking place in a communal area. We received a comprehensive action plan and improvement were made. The registered manager said this was not a usual occurrence. We found during this inspection that confidentiality and privacy were upheld and people knew they could use their private rooms for any conversations.

Without exception, people and visiting relatives told us the staff were extremely caring, compassionate, attentive and dedicated. At Cedar Lodge, one person said, "I am now a very happy person. This place is so much better than I expected. I'm sure the manager would sort anything out." We saw a group of care workers laughing and chatting with people living at Cedar Lodge. They were having fun dancing with people and there was lots of smiling and banter. They said, "We all love it here. There's always lots of smiles." Staff said they were encouraged to spend time with people living at the home. On both units, although there was a staff room for formal breaks, the registered manager said few staff used it, preferring to have coffee with people in the communal areas. We saw staff being with people throughout the inspection, going out, chatting, looking at books or just sitting. On both units staff knew which people got on with others and those relationships that could make people anxious.

People on both units said, "The staff are really lovely", "Such a nice bunch" and "Amazing!" People demonstrated they valued their relationships with the staff, expressing to us how they in turn also cared about the staff and individual staff member's wellbeing. They all told us they appreciated how hard the staff worked to provide them with an excellent level of care. One person made staff a bracelet during the inspection and said they couldn't manage without their support. They felt confident they could give their opinion and be respected and involved. For example, we were introduced to every person in the home and permission was gained for us to speak with people. Each staff member went around the units at the end of their shift saying goodbye to people they had been caring for saying when they would be back. People chatted about their day and future events and on The Limes wished people well with their goals.

There was a sense of calm around the home but also a lively atmosphere. Staff knew any triggers that could result in behaviour that could be challenging for staff, they ensured people were around those that made them feel good and avoided others. For example, one person did not like untidy places so staff managed this to avoid confrontation by ensuring where they were was tidy. A relative had come to visit at Cedar Lodge to find their loved one reluctant and anxious. The registered manager took time to reassure them and the couple left happily for a trip out. There were plenty of places for people to go freely, quieter lounges, music room, television room, outside in the gardens and gazebos. People could be quiet or enjoy watching the world go by. Each person was acknowledged by staff and made to feel they mattered. If someone was on their own or in their room staff ensured they had everything they needed or were encouraged to join in.

Healthcare professionals comments all indicated they had only ever witnessed the staff providing people

with kind, caring, respectful and compassionate care. They also said staff were very dedicated to providing people with a high standard of care to improve their quality of life and wellbeing. Another independent home manager had said, "It's very clean and well organised here. It's very homely and people always seem really settled."

The continuous training and development staff received had embedded a culture within the home that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported. The deputy manager at The Limes said, "It's all about the difference we can make. We see people here as people every day. We want them to want to live here and enjoy their time with us." Staff clearly all shared this ethos and people living there agreed. One person said, "It's great here. The staff are really professional and friendly. I can do what I want, I just need to say. I can go out overnight which I like."

Staff showed us how they promoted real independence for people, enabling them to maintain their wellbeing. Staff assisted people to be as independent as they could on both units and for people who lived in The Limes this was the aim as part of rehabilitation back into the community. For example, with personal care and eating and drinking, making positive choices and relationships. We saw this occurring throughout the inspection on both units. People at The Limes were supported to go to the shops on their own, pack for holidays, interact with others appropriately in the community or at Cedar Lodge just move around the home as they wished. At Cedar Lodge one person liked to leave the dining room after their main meal so staff followed them discreetly with their pudding knowing they had a sweet tooth. Other people enjoyed popping in and out of the courtyard and garden independently. At the Limes another person had met their goal of making a simple snack and were now going out with a packed lunch they had made themselves. Another person had had a psychotic episode affecting an event they wanted to do. Staff took advice from health professionals and made arrangements so the person wouldn't miss out on a fun activity. Another person went out for an evening and made some less positive choices, the home were non-judgemental and supported the person in a very caring way, picking them up and bringing them home working through their choices positively.

At Cedar Lodge people were further assisted to be independent by use of clear dementia friendly pictorial signage to communal areas and bathroom facilities. For some individuals notices had been placed such as 'This is the way to your room [person's name]'. Some people had their door key on a lanyard so they could choose to lock their door when not in use.

People were involved in their care every day. Daily records at The Limes included input from individuals to see how they thought the day had gone. They discussed issues with relationships and discussed people's thoughts with them to give reassurance and to enable self learning. For example, one person commented on their relationship with others at the home in their day report. Staff listened and asked how this could be made more positive for them. Another person was anxious going on a bus alone for home leave. Staff accompanied them all the way to the parent's house on the bus to drop the person home and did the same to pick them up. At Cedar Lodge staff said they wrote about how the day had been for people not the staff and we saw entries detailing exactly this with reference to mood and what had gone well. Relatives said and had written to the home and commented that they were kept very involved in people's care.

Staff spoke of the people who lived at Cedar Lodge and The Limes with the utmost respect, care and compassion. They were all highly motivated to provide people with the best care that they could and thought about them when they weren't at work. For example, bringing in music and items they knew people liked. Some people at The Limes kept in contact after they had moved out into the community. One person had even returned to join people and staff on a home camping holiday, having made real friends during

their time at The Limes. The deputy manager said, "Relationships and advocacy are important for people so we encourage that."

It was important to staff that the service was a welcoming place. One person was visiting the unit for the first time. They were introduced to their matched key worker, whose first language was also not English so they could speak the same language, and shown their room. They were shown how they were able to decorate the room how they wished and shown the resident pet 'bearded dragon' lizard which they enjoyed holding. They looked happy and much less nervous on leaving, happy to be moving to the unit. One care worker said, "I left for a while but I missed it so much I came back. It's so lovely and homely here, just a nice environment."

Staff made sure the décor was homely and of good quality. The deputy manager enjoyed interior design and the home looked beautifully maintained with good quality furnishings with choices involving the people who lived there whilst enabling people living there to use their personal spaces as they wished. People were supported to manage their own laundry at The Limes and keep their rooms clean whilst using it as they wished. People were surrounded by items within their rooms that were important and meaningful to them. Items such as books and photographs were present. Enabling people to personalise their rooms created a comforting and homely feel within their rooms which was echoed throughout the home. One person really enjoyed showing us their personalised room complete with the home's cat on their bed. People had also made some artwork to display throughout their home, at The Limes and Cedar Lodge.

Staff told us how they often observed staff going above and beyond what was required of them when providing care to people. The home operated a 'key worker' system. This was where the staff took responsibility for providing care to certain people who lived there. Staff told us that this worked well and helped them to develop very caring relationships with people and to provide people with a high level of care that they needed. For example, one person's relative suffered an anxiety condition. They worried about the person at the home causing sleepless nights. Therefore a named staff member who they knew and the key worker arranged that the relative could have a phone to receive texts or phone calls during a night shift. The registered manager said often a text sent would help alleviate any anxieties. This link worked and continues.

Staff were able to tell us about people's individual personalities, their likes, dislikes and preferences, demonstrating that they knew people well. They said they often tried to match the staff to individual people so they could develop meaningful and caring relationships with them. One person had wanted to present their memorabilia. The maintenance team made a bespoke presentation floor standing case for war memorabilia and medals. It was usual for staff to tailor make items for people. One person baked regularly in the main kitchen with the chef. Two staff were doing one person's hair in the hairdressing salon as they knew the person liked to look smart, staff did not see particular staff roles as set in stone. The person was so happy, showing people their new hair all day. We saw these people enjoying themselves having gone out and returning to have lunch on a table for two. This showed that staff valued and facilitated people's relationships with themselves and each other in a safe, positive and responsive way.

We observed throughout the day that people could make decisions about how they wanted to be cared for. This included areas such as making choices about where they wanted to spend their time within the home, where they ate and what they wanted to eat. People were actively involved in making decisions about their care. One person said, "I get up and decide what I want to do. I like that, you make nice friends here." One person wanted to kiss senior staff members' feet and be totally hairless as part of their culture which was respected and supported. Relatives told us they were encouraged to visit their family member regularly and to be involved in their care. They said they were always made to feel extremely welcome and that the staff

kept them fully informed about their relatives health and wellbeing which was very important to them.

The staff, people and relatives we spoke with also told us that more formal reviews of people's care took place. This involved them sitting down and discussing the care that was being received. Residents and relatives meetings, 'Friends of Cedar Lodge', took place regularly to obtain peoples' and relatives' views on the care provided. These were very well attended and provided another forum for people to express how they wanted to be cared for. The information included ideas about places to visit, which room was best for meetings, any changes such as new garden furniture and flooring. People had asked for a fishing trip and an ice cream van which was happening as well as a trip to Taunton Flower Show. One meeting discussed an issue relating to mental capacity. The registered manager explained about capacity and how the home always presumed capacity and followed legislation to act in people's best interests. One person had said it was hazardous turning out of the home onto the road. The registered manager had listened and contacted the council for solutions which they were waiting for.

Staff were aware of the importance of people's right to privacy and dignity. This had been embedded throughout the home. All of the people we spoke with and the visiting relative told us they or their family member was treated with respect at all times. One person said, "They leave you alone if that's what you want. Right nice folk here." We observed the staff engaging with people in a polite manner and respecting their privacy. People were addressed by the staff using their preferred names and the staff knocked on people's doors before entering into their room. When personal care was being given, the staff made sure that the doors to people's rooms remained closed or prompted people to remember to close their doors.

People were supported by the staff as they approached the end of their life. The home was part of a nationally recognised scheme, Gold Standards Framework, which set best practice standards for end of life care. The registered manager said their aim was to enable people to avoid unnecessary hospital admissions. This reflects national guidelines. The care records showed that where appropriate, people's preferences and choices regarding this subject had been discussed with them and their families. Staff told us that people's wishes were respected. Staff regularly reviewed people's care needs as they approached the end of their life. This was so they could plan whether any interventions may be needed. This included involving the specialist palliative care team and having 'anticipatory' medicines ready to use if needed, to keep the person comfortable and pain free at this time. Staffing numbers within the home could be increased when someone was nearing the end of their life. This was so they could be with the person if that was what the person and family wished for. One family wrote, "It was a difficult time for us all, which was helped knowing that Dad's changing needs were being looked after. We appreciated the coffee, tea and biscuits knowing we could visit at any time. We have fond memories of Cedar Lodge, going out for coffee and cake, sitting in the park and eating ice creams. We would recommend Cedar Lodge to others." One relative had supported a nomination for a care award for a care worker who looked after their loved one at end of life. They said, "[Care worker's name] made a difference. She cared for them so well that they recovered from their symptoms several times resulting in improvement with pain relief, pressure relief, communication with district nurses and showing kindness throughout." Another relative wrote to the home saying, "It was a privileged to spend [person's name] final night with them and to witness the excellent care and vigilance of the staff."

The home still had very close links with family members of past residents and the registered manager said they found this an important part of the service. They were happy that relationships had endured and that people wanted to continue links with the service. For example, one relative visits weekly to play board games with people and another relative came in to entertain with their music, whilst others visited to sit with people. The home also offered bereavement guidance and signposted people/relatives to counselling and community groups following someone's death at the home.

Is the service responsive?

Our findings

During the last inspection we rated this section as requires improvement because we found that there was a failure to always promote an environment and culture where people felt able to voice their views and concerns. This was because some people on The Limes voiced that they did not always feel comfortable to raise concerns or complaints. We found during this inspection that this had been discussed in meetings with management, and staff and people using the service and action had been taken in a timely way as outlined in the action plan. The service user guide had been updated and given to people living at the home. Comment slips and envelopes were easily available and meetings with people had been held to ensure they knew how to raise concerns and reassurance was given. Some people at The Limes preferred to raise issues with external health professionals or agencies as they already had a relationship with a named health professional managing their care when they came to The Limes and this had been promoted. Keyworker meetings had been held as well as staff supervision to ensure everyone had the information they needed to enable them to voice any concerns to the people they chose to share information with.

Staff had creative ways to support people to live as full a life as possible. The arrangements for social activities, were flexible and often innovative. For example there was a wide range of activities and events organised by both units at Cedar Lodge and The Limes. Cedar Lodge was laid out well with many different areas depending on what people wanted and to provide topics of conversation and stimulation for people living with dementia. For example, the hall had a mock vintage shop, post box and telephone booth. Throughout the inspection people were looking at the items, discussing them with staff, spending time being stimulated to reminisce. Vintage pictures and musical instruments were accessible as well as 'Twizzlers' stimulation knitted muffs to engage people with dementia which people were enjoying touching. Throughout the home there were easily accessible role play dolls and soft toys, magazines and picture books, pens and paper. People were seen with staff or by themselves picking up items, one person was enjoying touching some hats. A courtyard had vintage bikes for people to touch. This ensured people did not become bored therefore risking the chance of behaviour which could be challenging to staff and distressing for people.

The Limes also had extensive activities tailored to people's needs. Walking Wednesdays, arts and crafts, singing Sundays, pizza making night, a gym area with running machines and salsa dancing. Individuals had also been planning journeys to relatives independently, dog walking, accessing college courses such as brick laying and trips to town. Cedar Lodge had recently organised a garden party, cushion making, Clarks village shopping trip, karaoke, jewellery making and were planning Christmas events based on what people liked and ideas from staff and relatives.

There was an activities co-ordinator and people had individual records detailing their regular activities so we saw each person had had different opportunities to engage in leisure and social activities. The focus of care records was to find out as much as possible about people to inform how staff could promote their quality of life so family and friends were involved. Care plans were very detailed and easy to use focussing on what people could do for themselves. Staff were excited to tell us about people's individual likes and interests. For example, staff had found out that some people now living with dementia had enjoyed

swimming in the past. They spoke with their relatives who brought in swimming costumes and they had organised a trip to the local swimming pool. This had been a great success and staff were now trying out different pools with people. Others were planning another trip to the 'silver screen' showings at the local cinema. A recent pub lunch had been for 70 people. One person had always wanted to visit Land's End. Staff tailor-made a visit which was a great success.

Staff were encouraged to use their own skills outside work to benefit people. The registered manager said they brought staff members and people living at the home together as a team with the theme 'Old Memories Cherished New Memories Made' saying, "We are flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible." This included enabling people to pursue things they enjoyed but also giving people opportunities to try new things. Two people on The Limes were interested in scuba diving. A qualified scuba diver on the staff team organised a dive and swimming for people. One person living at The Limes had a black belt in Shotokan Karate and wanted to train. A qualified Shotokan examiner and coach recognised by the Olympic team committee on the staff team held talks and training sessions for that person which they enjoyed. Staff had also organised soccer coaching for a new initiative 'Five a side football for all' as people had expressed an interest. One care worker on Cedar Lodge told us, "I go ten pin bowling so I'm going to arrange that for people living here as they seem to fancy that."

Staff were able to have spontaneity with activities due to the team having the flexibility and support to encourage ideas. We heard how at a moments notice staff had organised mini bus trips for people to the Quantocks, Bridgwater fair and fishing. As well as having access to two mini buses, the home used a large 'slinky' bus on a regular basis because they were able to accommodate more people out on trips in the bigger bus. During the inspection people went out to a local stately home for tea and cake. They came to tell us about the lovely time they had had.

There was Wi-Fi within the home and some people had computers or mobile devices that they used regularly. People were able to keep in touch with their families or people who were important to them via Skype when they wished to. This helped them to maintain relationships that were important to them. A grant had been applied for to gain further computers and screens.

Links had been established with the local community and people were encouraged to participate in community events and other events that had meaning to them. This also helped to enhance people's wellbeing. Staff demonstrated they were passionate about raising awareness about the home within the local community. Staff found out about venues that would be supportive such as dementia cafes, community day centres and local attractions. A community centre held talks on different subjects so the registered manager was looking to access these. The home was part of the 'Archie Project' as were other homes in the area. This project linked care homes with a local school to promote engagement with children to dispel the fear of dementia and change the attitudes of the future workforce. Children visited the home regularly with their teachers and parents and staff from the home and people living with dementia attended school assemblies and gave talks. Staff also brought in their children and pets for social visits so that people could take a dog out for a walk, for example. Students on the health and social care course had replanted and sculptured the gardens and a local nursery had donated plants and planters. The college art department worked with people to create a weather proof art panel to display in the outside shelter areas.

People received personalised care that was responsive to their individual needs and goals. The registered manager told us they strove to continuously improve the service and to ensure people were provided with individualised care. The staff had received training in person-centred care and new staff completed the care certificate which incorporated training and understanding in all aspects of delivering person centred

support. We found this to be effective with staff having exceptional knowledge of how person-centred care should be delivered. For example, one person moving to The Limes was originally from another country. On their first visit staff made sure they met with a staff member who was also from that country who would be their key worker and able to communicate with the person in the same language.

When people moved into the both units, their care needs and preferences were fully assessed and recorded within their personal care record. These provided staff with clear information to guide them on the care that people wanted to receive. As part of this assessment process, people at The Limes discussed their goals towards becoming independent in the community. These were regularly reviewed with the person and their keyworker to ensure they were realistic and achievable. The deputy manager said, "We know people develop differently at different times. There's no hurry. If a goal is too soon for them but they want to do it, why not? Let people try if they feel ready. We respond to them individually." At Cedar Lodge it was important to involve friends and families to ensure staff were able to build a picture of people's likes, dislikes and interests when they were unable to express them themselves due to living with dementia. Each person had detailed 'This is Me' documents. Relatives wrote to the home to say, "We often shared in concerts, fun activities and ongoing art and craft projects with [person's name]. Our decision to choose Cedar Lodge was easy and proved to be correct."

Staff said they all treated people as individuals and strived to provide them with care based on their own individual needs. By knowing people well, the staff were able to tell us how they supported people to participate in activities that were meaningful to them. For example, one person enjoyed cooking and a 'portable oven' had been used to enable them to safely bake in the communal area where they were more comfortable with support. Another person really enjoyed helping out in the main kitchen with the chef and did so regularly. Cedar Lodge staff were currently organising a holiday for people which had not happened before, they were gathering information to see what people would enjoy. One person enjoyed particular music. Staff told us how they looked out for CDs when out and helped the person access music videos on an electronic tablet. A piano had been sourced so that some people could play, following a resident's meeting. Staff played chess and scrabble with people, especially with people who preferred staying in their rooms.

The staff were clear that some people who lived at Cedar Lodge were at risk of social isolation which was highlighted in their care plans. To reduce this risk, staff told us that they regularly involved these people in activities they enjoyed or spent time with them in their room chatting to them, regularly checking they were ok and respecting their choices. Over lunch one person said, "They do come and see you, I don't feel on my own. I know they will notice if I'm not around and check on me."

People who were able, more so on The Limes, told us how the staff had an excellent understanding of their individual needs which meant they received personalised care from all of the staff. People told us how this had had a positive impact on their lives and had improved their physical health, overall wellbeing and therefore in turn, their quality of life. Staff at The Limes had organised regular focus group meetings that educated people about how to live successfully in the community. For example, there had been sessions on returning to work, a talk by a community support officer about managing negative behaviour and how to report it and a session on the future of mental health care. Staff had also tackled the issue of stigma associated with mental health issues. They had organised a community police worker to present their role to people. People were able to talk about their experiences with the police to promote a positive approach. People were able to be reassured about how they could access help in the community. The police worker also commented that they felt their perception on mental health and residential homes had become more positive as a result of the link with The Limes.

We observed staff being responsive to people's individual needs throughout the inspection. This included

responding to them when they requested support with personal care, a drink ofr if they wanted to go back to their room after lunch.

People's care records had been recently reviewed and the information within them was accurate and up to date. The staff had easy access to people's care records so they understood the care that people required. They confirmed that people's needs were reviewed each day during handover meetings between the staff to make sure they were aware of any changes that were required to their care.

There had been concerns that people especially at The Limes were not confident to raise a complaint. We did not find this at this inspection. People living at The Limes were having support with their mental health needs. This included enabling people to speak with named people they had formed relationships with in the past. If they did not want to discuss issues with The Limes staff this was because they had already chosen one person to speak to who knew them. It could be an advocacy worker, care worker or visiting health professional or friend outside of the home. However, staff encouraged people to talk if they wanted to and people we spoke to knew they could. People did not have any complaints about the care being provided. One person said, "I talk to anyone, it wouldn't get to complaining stage." People and relatives told us they felt comfortable to raise a complaint if they needed to and that they felt confident these would be listened to and dealt with. We were therefore satisfied that people's concerns and complaints were dealt with appropriately.

Is the service well-led?

Our findings

During the last inspection in December 2014 we found issues relating to ensuring suitable arrangements were in place so that people's dignity, confidentiality and privacy were protected and upheld and ensuring independence and nutritional needs were promoted on The Limes. We found during this inspection that the registered manager had provided a comprehensive action plan and taken appropriate action to address these issues in a timely way. The action plan had been shared with staff and people living at the home to ensure there was learning and improvement. We found there were no issues with these areas during this inspection.

An open and empowering culture based on treating people as individuals had been embedded within the home. Excellent management and leadership was demonstrated. People told us they felt the home was well-led and they could raise issues and concerns without hesitation with staff who were open and approachable. People said they felt listened to by the staff and the registered manager. This was reflected by relatives. All of the people, relatives and staff we spoke with told us they would recommend Cedar Lodge and The Limes as a good place to live. One person told us, "It's wonderful here. Good trickles down from the top. Matthew is a wonderful boss. He's always coming up with something, usually my lunch time banana!" Another relative wrote about the registered manager saying, "Your hands on leadership is inspiring to residents, visitors and staff." The registered manager kept up to date with good practice and the home was a member of various provider groups where information was discussed and shared. The management support team attended a variety of conferences and seminars where learning was then shared with the staff team throughout the company exchanging ideas and encouraging focal points.

The home used the public review website www.carehome.co.uk. This showed lots of positive comments. One person said, "Although the staff have different roles, they all work together and treat both residents and visitors with kindness, patience, courtesy and respect. Visitors are allowed at any time and are invited to join the residents for meals and activities. It's a homely place and I felt blessed to be a part of the family while my relative stayed there and even after they died. I would extremely like to recommend Cedar Lodge." One letter from relatives said, "We are totally happy how Notaro Homes has been taking care of [person's name]. We have been very impressed with the way [the manager] and care staff are concerned with each resident and their needs. Whenever we call the same concern is shown for us. Thank you, thank you, thank you." Another relative wrote, "Thank you for all the wonderful care, I could not have chosen a better home. I know they were happy with all the love and help you gave them." Other relatives said, "People [living with dementia] demand rapid and sensitive responses from staff close at hand. We are impressed by the ways in which they calm tensions, comfort the distressed, deal with urgent needs, always supporting one another cheerfully."

The staff praised the culture and support they received in the home. They said they felt really valued whatever their role at the home. One staff member wrote a letter saying, "Thank you for all the support you give me." The registered manager told us how domestics with appropriate training were given time to be able to enjoy going outside the home on trips with people saying, "Why shouldn't all our staff enjoy time with people here and get to know them better." Their ethos was 'TEAM- together everyone achieves more'.

This was evident during the inspection. For example, staff were encouraged to arrange spontaneous outings for people with staff support from any job role. One staff member said, "It's a great family here. It starts at the top with the manager and goes all the way down." Staff would be more than happy for a relative of theirs to live within the home." Another care worker said, "I have been here over 20 years. I know it's a cliché but I've never had such a good manager. It's give and take, we help each other. We are able to be innovative in what we bring to the home. I took some people for fish and chips in Minehead recently." Staff all said they were empowered to try anything, make suggestions and put ideas into practice. A specific activity planning meeting for staff was advertised and the registered manager actively encouraged staff to use their own skills outside work to benefit people, such as sports qualifications and expertise.

The deputy manager at The Limes felt well supported saying, "Our working relationships are phenomenal. I can explain myself and make decisions based on my experience and talk through judgements. We can push the limit to the next level for the benefit of people and towards their community living. We want people to succeed when they leave us." They were very proud of the unit.

When we discussed people's needs with the registered manager they knew details about everybody living at the home and about staff and their needs. For example, before lunch we were told about the needs of the people we would be sharing lunch with. We were then able to have meaningful conversations with them despite their living with dementia, about their hobbies and where they were from. The registered manager was fully involved in the lives of people and staff at the home. During lunch they offered gravy and extra cream during the meal, for example. Staff said this was a usual occurrence. We saw that one health professional had written to the provider to praise the quality of the registered manager, "Out of the blue you get blown away by meeting someone who not only connects to you personally but shows a passion you only dreamt to receive....You have been blessed with an amazing manager, carer, professional, super guy who I would hire without question. His team at Cedar Lodge and, most importantly, all the residents...love him too!" The registered manager told us that due to their track record consultants from the NHS would be happy to hold monthly clinics at Cedar Lodge/The Limes making them more accessible to people using the service and staff, making more time for people, enabling early detection of warning signs, personal goal setting, alleviating emergency admissions and increasing collaboration with staff.

The registered manager's office was close to the main door at Cedar Lodge and they operated an 'open door' policy. This was the case with many people living with dementia, relatives and staff popping in. It was clear their priority was the people using the service, their loved ones and the staff they managed. When we arrived the registered manager made sure we were introduced to all the staff on duty making staff feel included and valued. One staff member sent a card commenting, "Thank you for all your support [before maternity leave]. I couldn't have better colleagues."

The registered manager fully promoted staff input and ideas ensuring they saw them put into practice, for example, ideas for activities based on people's hobbies which staff were also interested in such as the care worker organising ten pin bowling. They encouraged staff to support people to do small things such as pick blackberries and then use them for tea in a pie. It was important for the home to ensure people at the home were part of the local community. As well as organised visits from primary children to the home, talks and attending assemblies through the Archie Project, the registered manager encouraged pop in visits and now children asked their parents to drop in after school to visit people on a regular basis. There was positive feedback about this connection with the local children.

Staff told us that an ethos of providing people with care that was based on their own individual needs had been instilled within them through their training and the guidance they received. Their aim was to provide people with the best quality of life that they could. They felt management within the home and the

registered manager were open, honest and approachable. They felt listened to and were able to raise any concerns they had without hesitation. In the past, any concerns they had raised had been taken seriously and dealt with very quickly to ensure that people received high quality care.

There were regular staff meetings where people could air their views. Team working and training was on each agenda. The introduction of the 'Better Place to Work' system had resulted in a positive culture with staff responses in supervision sessions agreeing that they 'always' felt valued, recognised and utilised, for example. The staff told us that the leadership at all levels was very good. They were clear about their individual roles and responsibilities and they said that the communication with them about what was happening within the home was good. High staff morale led to a happy and comfortable place for people to live. Cedar Lodge staff retention in 2016 to date was 91%.

Staff worked well as a team across different staff roles. We observed this throughout the inspection. The staff all worked well together for the benefit of people in their care and treated people and each other with dignity and respect. There was lots of laughter between the staff and they were seen being supportive to each other. Staff added that they were praised when they did a good job.

There were opportunities for staff to develop within the home and use their skills to enhance people's experiences living there. The registered manager said they were, "Constantly adapting and devising work patterns to merge with team members learning and life situations in general". For example, one care worker started from school progressing to a nursing degree. The home had used their work to change the activity programme to incorporate activities relating to occupation and using a nationally recognised dementia care theory. Another team member whose first language was not English had been supported with classes and now had a management qualification. They had gone on to devise a deprivation and liberty policy within a dementia setting using their knowledge and experience of cultural difficulties. They had used their expertise to ensure staff enabled people to access the community safely and were able to participate in a range of activities.

Good relationships with the community and local healthcare professionals had been established. These good relationships enabled people to receive timely care to help enhance their quality of life and look at ways for continual improvement. For example, after discussion with the emergency services about how to improve information sharing a two way radio system was installed to enable staff to communicate inside and outside the building by direct calling to each other. Due to the new computer medication system staff also had complete access to prescription details, ordering and administration from mobile tablets anywhere in the building and grounds.

Community links this included community day centres and support groups such as dementia cafes, local police and advocacy groups and local attractions that were happy to support people living with dementia. The local university had asked if student nurses could be placed at the home and this was being developed. There was a link with the local college and academy offering work placements to students who had then visited the home to improve the gardens and spend time with people. These good relationships had enabled the registered manager to facilitate regular training to the staff from outside healthcare professionals including from nurse specialists and GPs.

There were effective systems in place to monitor all aspects of the care and treatment people received. Audits had been conducted regularly by the registered manager and senior staff. These had assessed areas such as the cleanliness and safety of the environment, the accuracy of people's care records, people's nutritional needs and the management of people's medicines. The provider also conducted regular quality performance and compliance reviews to make sure the home provided people with the care they required.

These followed CQC standards and regulations including involvement and treatment, meeting nutritional needs and cleanliness. The last report had shown good practice all round. The registered manager said, "Cedar Lodge strives to be a catalyst for positive changes through comprehensive, simple and effective audit systems and reviews completed by our quality performance manager, care staff, domestic, laundry staff, kitchen staff, administration staff and deputy managers. Everyone has a responsibility and role to recognise emerging themes from every angle of our service to aid and improve the quality of care people receive." The service also employed the services of an external auditor.

The registered manager had recently carried out an audit about advance care planning and resuscitation status. This had resulted in finding ways for people to stay at the home longer and avoiding hospital admissions. For example, one person lived at Cedar Lodge for some years and regarded it as their home and other residents and staff as family. It was their wish to have their funeral and service at the home, remaining at Cedar Lodge up to the final committal. The home enabled this to happen which was great comfort to both her and her family. Staff said the whole process was something very special and cherished by all.

An oral hygiene audit outcome resulted in a more personalised oral hygiene care and appraisal plan. This detailed exactly what people could do for themselves in three levels, requiring directions, verbal prompting or independent and included dietary factors, types of toothpaste and dentist involvement.

A system of daily handover meetings had been put in place where staff communicated any changes in people's needs to each other. This made sure that people received any changes to their care they needed in a timely way. This process was reviewed regularly by the registered manager to make sure it remained effective. During staff supervision it was identified that handovers between shifts had an undercurrent of negativity. Research enabled the registered manager to identify areas for improvement. Staff completed a questionnaire after every handover and findings were summarised and used to enable staff to concentrate on positivity, neutral non judgmental, informative and person centred elements resulting in more energised staff.

The home noted areas for improvement relating to staff knowledge of the MCA. An independent assessment was done by an external auditor who interviewed staff. The MCA training has now been extended and notices and staff handouts developed.

Incidents and accidents were analysed each month so that action could be taken to reduce the risk of people experiencing harm. For example, some people who were at a high risk of falling had equipment to minimise future risk of falls. The registered manager looked for any patterns, locations each month to minimise risk overall. Any concerns or complaints that had been received were used as an opportunity for learning. This demonstrated that the provider and staff responded to people's feedback to improve the quality of the care they received to enhance their wellbeing. A falls audit indicated a particular person wanted to access the stair case areas with their zimmer frame. The staff looked at ways to make this safer. They referred the person to an occupational therapist, improved the stair case lighting, made the edge of the stairs more distinguishable, ensured more grab rails and signage and made the entry doors easier to open. The care plan included stay safe care assessments and the person was monitored through observation charts achieving a positive outcome.

An annual customer survey took place, the most recent taking into consideration areas identified as requiring improvement during the last CQC inspection. There had been two minor complaints in the last year. These had been taken seriously and had been based on misunderstanding. To aid better communication the registered manager gave people and relatives an on call mobile number 24/7. Survey results were displayed and feedback to people, relatives and staff and actions taken. For example, one

person had wanted a mirror and shower chair. An occupational therapist (OT) had visited to assess and provide these. New sofas and chairs had also been purchased as a result of comments. The survey asked people to give a rating and the majority of the findings showed an excellent rating or good .