

# Cornwall Care Limited

# Cedar Grange

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Cedar Grange is a care home which offers nursing care and support for up to 60 predominantly older people. At the time of the inspection there were 52 people living at the service. Some of these people were living with dementia. The service occupies a large purpose built detached house over two floors. The service is divided in to four separate units.

This unannounced comprehensive inspection took place on 22 May 2018. The last comprehensive inspection took place on the 14 and 17 March 2017 when the service was not meeting the legal requirements. The service was rated as Requires Improvement at that time. People's safety was not always protected. We identified issues in the recording and management of risks to some people. People who were vulnerable due to not being physically mobile, were not protected against the risk of other people entering their bedrooms and engaging in activities which were harmful. We took enforcement action against the service due to the concerns found at that inspection. We returned to carry out a focused inspection on 9 August 2017 to check on the action taken by the provider to meet the requirements of the regulations. At the focused inspection we found the service had made improvements and was no longer in breach of the regulations. However, the service rating of Requires Improvement was not changed at that inspection, as we required to see that changes were sustained over time. At this comprehensive inspection we found the service had sustained the changes made and had continued to make further improvements. The service is now rated as Good.

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.

The service is required to have a registered manager and at the time of the inspection there was a registered manager in post. 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.

We spent time in the communal areas of the service. Staff were kind and respectful in their approach. They knew people well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect. The service was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes.

The premises were well maintained. The service was registered for dementia care. There was little pictorial signage at the service to support people who were living at the service with dementia, who may require additional support with recognising their surroundings. The décor of three of the units did not identify places easily for people. We have made a recommendation about this in the Effective section of the report.

The premises were regularly checked and maintained by the provider. Equipment and services used at Cedar Grange were regularly checked by competent people to ensure they were safe to use.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff. Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible.

The service had identified the minimum number of staff required to meet people's needs and these were being met. The service had a number of staff vacancies at the time of this inspection and these posts were being filled by agency staff. The service was facing challenges in recruiting new staff. We were told this was due to businesses in the local area offering higher rates of pay.

There were systems in place for the management and administration of medicines. People received their medicine as prescribed. Regular medicines audits were being carried out these were effectively identifying if errors occurred, such as gaps in medicine administration records (MAR).

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

People had access to activities. Activity co-ordinators were in post providing some planned activities five days a week. Some people were supported to go out supported by staff, to attend appointments, have coffee or visit local attractions.

Technology was used to help improve the delivery of effective care. One person had movement sensors fitted in their room so that staff would know when they were moving around and may need support.

Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm. People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Mandatory training was provided to all staff with regular updates provided. The manager had a record which provided them with an overview of staff training needs.

Staff were supported by a system of induction training, supervision and appraisals.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly. However, some information in care plans was misleading and could lead to some family members being asked to make decisions for which they did not hold the appropriate legal power to make. We have made a recommendation about this in the effective section of the report.

The manager was supported by the provider and a team of motivated and committed staff. The staff team felt valued and morale was good. Staff told us, "I am very happy here, it is a nice place to work" and "The manager is really good, she had made a lot of changes and is very approachable, her door is always open."

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the registered manager and members of the senior staff team.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. A high number of agency staff were being used to cover vacant posts. However, many of these staff were regularly used and were familiar with the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

People received their medicines as prescribed.

Good ●

### Is the service effective?

The service was effective. Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. However, information in some care plans could mislead staff about which family members held power of attorney for particular areas.

Good ●

### Is the service caring?

The service was caring. People who used the service and relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Good ●

### **Is the service responsive?**

**Good** ●

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans were well organised, up to date and relevant.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People had access to activities.

### **Is the service well-led?**

**Good** ●

The service was well-led. There were clear lines of responsibility and accountability at the service. Staff morale was good and staff felt well supported

There were systems in place to assess, monitor and improve the quality of the service provided

People were asked for their views on the service.

# Cedar Grange

## 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.

The inspection took place on 22 May 2018. The inspection was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has experience of using, or of caring for a person who uses this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 11 people living at the service. Not everyone we met who was living at Cedar Grange was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with seven staff, the registered manager and two representatives of the provider. We also spoke with six visitors.

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

We looked at care documentation for five people living at Cedar Grange, medicines records, staff files, training records and other records relating to the management of the service.

## Is the service safe?

### Our findings

One person told us, "It's safe for me here. I can't say how they make me safe, but I feel safe." Relatives told us, "My mother has been resident here for several years and I feel the staff really care and make sure she is as safe as possible. They will always keep me informed of anything untoward, by phone if necessary or when I next visit. I feel we work as a team to keep Mum safe and well and as comfortable as possible," and "(Person's name) can sometimes roll out of bed in the night if they are restless, but the carers came up with a solution that protects them and alerts carers to come to their assistance if this happens."

The service held an appropriate safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Staff were confident of the action to take within the service, if they had any concerns or suspected that abuse was taking place. Staff had received recent training updates about Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the registered manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

The registered manager reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The service had a number of vacant staff posts. These were being covered by a number of agency staff. We were told the service faced significant challenges when recruiting care staff due to local businesses offering higher rates of pay. The registered manager told us that mostly the same agency staff were used regularly. This meant they were familiar with the people living at the service and provided some continuity.

Recruitment systems were in place and new employees underwent relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of suitable references.

The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were met quickly. One person told us, "Even if the staff are busy they always come to help if I ask, or if they see I need some support they'll stop what they are doing or at least say to wait a moment so that they can help."

The service was divided into four separate units, two upstairs and two on the ground floor. We saw from the staff rota there were three to four care staff in the units throughout the day supported by a senior carer and a nurse on each shift. The staffing numbers varied as the numbers of people in the units changed. There were eight care staff who worked at night, supported by a senior and a nurse. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the registered manager was very supportive. The management team were open and transparent and always available for staff, people,

relatives, and healthcare professionals to approach them at any time.

The service held a policy on equality and diversity. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them. We saw examples of people being supported in an individualised way throughout our inspection.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person safely.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, one care plan gave clear specific guidance for staff about why a person may react to personal care and what action may reduce this reaction.

Equipment used in the service such as moving and handling aids, wheelchairs, passenger lifts etc., were regularly checked and serviced. Necessary service checks were carried out by appropriately skilled external contractors to ensure they were always safe to use.

The service held an appropriate medicines management policy. Staff training records showed all staff who supported people with medicines had received appropriate training. Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken. Regular internal and external audits helped ensure the medicines management was safe and effective. There were medicine administration records (MAR) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The service was holding medicines that required stricter controls and measures were in place to ensure appropriate storage and recording of these. The records held tallied with the stock held at the service.

Some people required to have their medicines given covertly. This means their medicines were hidden in food or drink to ensure it was taken by the person. Each person who required this to be done had been assessed to ensure it was in their best interests. Arrangements were reviewed regularly by the GP and there were clear records about how the person preferred to take the medicine, such as in yoghurt etc., One nurse explained, " I would assess the situation beforehand and if I were going to administer medicines disguised in food I would say, this is your medicine and I've put in in some custard for you." We witnessed another nurse administer medicines disguised in the resident's pudding and she explained to the person that the medicine was included. This was done with compassion and dignity.

Cedar Grange were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored regularly to

ensure the safe storage of these medicines could be assured. The service had ordering, storage and disposal arrangements for medicines.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised. However, records did not always show the actions taken to help reduce risk in the future. The registered manager assured us this would be addressed in the next audit.

Care records were stored appropriately but accessible to staff and visiting professionals when required. On one unit the care plan cupboard was not locked throughout the inspection. We were told following the inspection that the lock was broken and it was confirmed that this was repaired the next day. Care plans were accurate, complete, legible and contained details of people's current needs and wishes. The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them.

The service had an infection control policy. We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. Staff received suitable training about infection control. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visit.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency awarded the service a 5 star rating.

Each person had information held at the service which identified the action to be taken in the event of an emergency evacuation of the premises. Fire fighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

## Is the service effective?

### Our findings

People's need and choices were assessed prior to moving in to the service. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

Staff had a good working relationship with the local GP practices and healthcare professionals. We saw people had seen their optician, dentist and podiatrist as necessary. Due to people's level of dementia it was not always possible for them to be involved in their own healthcare management. Families were, where appropriate, kept informed of any changes in their family members healthcare needs. People told us, "I just have to ask, and the carers will make an appointment" and "If I'm ill the nurses know, and they call the Doctor."

Technology was used to support the effective delivery of care and support and promote independence. One person had movement sensors fitted in their bedroom which operated the lights when the person was moving around. Pressure mats were also used to alert staff when people were moving around, if they had been assessed as being at risk of falling. This meant staff could provide support in a timely manner.

The service was well maintained, with a good standard of décor and carpeting. The service was registered for dementia care. Many people living at Cedar Grange were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was little pictorial signage which clearly identified specific rooms such as toilets and shower rooms. People's bedrooms displayed a number and their name. All four units were laid out in a similar way but with different décor. One unit did have different coloured bedroom doors which helped support people to find their own room more easily. Some corridors had wall mounted boxes with clear fronts displaying reminiscence items or items of specific interest to the person whose room was nearby. Generally there was little additional clear identifying prompts for people to find their way around the service independently.

We recommend the service take advice and guidance from a reputable source regarding the design of the environment which supports people living with dementia.

Training records showed staff were provided with mandatory training for their roles. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care and MAYBO training. MAYBO is specialised training for staff in conflict resolution, physical intervention and restraint reduction.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff, that are new to working in care, have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time

as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

One person told us, "The staff here do everything for us. They have so much experience and can always suggest the best way to go about things." Relatives told us, "All the Staff are lovely and caring and I've known some of them for a long time, but even the younger recent new-joiners are nice people and they are getting the training they need from the other staff" and "There are always lots of agency staff who need to quickly get the ethos of Cedar Grange, but they generally do."

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt well supported and were able to ask for additional support if they needed it. Staff meetings were held to provide each staff group with an opportunity to share information and voice any ideas or concerns regarding the running of the service. Whole service staff meetings were also held. Staff told us they felt they were listened to and that they were asked for their ideas and suggestions regarding the development of the service.

People were supported to eat a healthy and varied diet. Staff regularly monitored people's food and drink intake to ensure people received sufficient each day. Staff monitored people's weight regularly to ensure they had sufficient food. The service had recently changed the timings of the main meal of the day to the evening. The provider had reviewed research which had shown this may help people to settle better in the evenings. This change was being monitored to ensure people ate sufficient food and did not lose weight following this change in routine.

One person told us, "This is such a lovely place really. It's quiet and the staff are caring. I wish I didn't need to be here. The meals are okay. Nobody worries me here and I know I'm lucky to have somewhere like Cedar Grange because I couldn't look after myself properly at home by myself anymore." Relatives told us, "(Person's name's) appetite is still good, and the staff encourage them to eat and make sure they get enough to drink as well, during the day as well as at meals," "The food is well-cooked. It looks nice, and there are sandwiches or other lighter options if a big meal is too much. I've eaten meals here sometimes, with my husband, and I've always found it very nice" and "The food presentation is what you might expect in a big institution, but it's the type of food we cook at home and I don't think (Person's name) minds as long as it tastes good and is easy for them to chew."

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided as separate foods and colours on the plate in moulds to help the meal look appealing and people were able to see what they were eating.

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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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

being met. The service had applied for some people to have authorised restricted care plans and several had been authorised. The service was upholding any conditions.

There were capacity assessments held on people's care files to demonstrate that the best interest process was followed to ensure the service worked in the least restrictive way.

The service held detailed records of the specific powers of attorney that had been given to family members or friends by people living in the service. However, the information held in some care plans relating to their attorneys was not clear. Two care plans indicated that a named attorney should be contacted about care decisions and they had signed the person's consent form on their behalf. One of these people was insisting on a certain course of action to be taken by the staff, when they only held legal powers relating to finances. People were asked to consent, where they were able, to their care and to have photographs of them displayed in their records. Where people were unable to consent themselves due to their healthcare needs, other people were asked to sign on their behalf. We noted that some family members, who had signed consents, did not always have the right to do this. This meant staff were asking family members for decisions they had no legal powers to make. We discussed this with the registered manager who assured us this would be addressed.

We recommend the service take advice and guidance from the Code of Practice relating to the Mental Capacity Act 2008, regarding the recording systems and processes in place for the management of this legislation.

One relative told us, "I don't have POA as my relative came to Cedar Grange after an incident that ended up with her in hospital and then into residential care in quick succession, no longer competent to give her authority. But the staff involve me in everything and ask my opinion as they know I have good knowledge of her wishes."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People chose when they got up and went to bed, what and then they ate and how they spent their time. Some people required support to do this and this was provided by staff.

## Is the service caring?

### Our findings

People and their relatives were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. People told us, "I like it here" and "They know us so well. On our birthday, they make us a cake." Relatives told us, "My husband always has his glasses on, his teeth are cleaned and he has his moustache trimmed. They take such good care of him here" and "My wife can't dress herself. She was always very particular, and the staff know her and know it would mean a lot to her, so they always make sure that she looks smart. They also wash her and never mind if she needs help with going to the toilet or anything else."

Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at Cedar Grange. One person was being encouraged to drink. Staff sat with this person to ensure the cup was in the best position for the person to reach it. Staff said, "Shall I put it here, with the handle this way, then you can easily get it, it is very nice, taste it, it is your favourite, tea with sugar." Relatives and healthcare professionals told us staff and management were kind and caring. The partner of a person already living at Cedar Grange arrived to live at the service on the day of this inspection, following a period in hospital. Staff quickly arranged for the two people to sit together and chat. Plans were being made for their rooms to be next to each other. The staff were genuinely pleased to see the two people happily together again.

Where possible staff involved people in their own care plans and reviews. However due to people's capacity involvement with this was often limited, and consultation could only occur with people's representatives such as their relatives. People and their relatives were provided with information about advocacy services if required.

People's dignity and privacy was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. One person's care plan stated, "Modest lady appears to get easily embarrassed" and then guided staff on how to respond. If people required the use of moving and handling slings these were provided, solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

We spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly. The atmosphere throughout the service was calm.

When people came to live at the service, the manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was variable. However, staff did help to complete this information with people if they were able to participate in this exercise. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly. People

were well cared for.

Care files and information related to people who used the service was stored on each unit in lockable cupboards, accessible by staff when needed. One unit's care plan cupboard was not locked throughout this inspection. We were advised following the inspection that the lock was broken. We were assured this was repaired the next day. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably.

People and their families were involved in decisions about the running of the service as well as their care. Families told us they knew about their care plans and the manager would invite them to attend any care plan review meeting if they wished. Staff knew some visitors well and involved them in events at the service. Some relatives volunteered at the service assisting staff.

The service had held residents and families meetings which provided people with an opportunity to raise any ideas or concerns they may have.

## Is the service responsive?

### Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. People and their relatives were positive about living at Cedar Grange and the staff and management.

The care plans were regularly reviewed and were person centred and detailed. One person had exhibited behaviour which challenged staff and others, their care plan stated, "Staff to be mindful of their body language" and "Balance solitude with intervention but be aware of the risk of falls."

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant people's changing needs were met.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. However, some mattresses which were in use at the time of this inspection, were set incorrectly for the person using them. The registered manager and operations manager confirmed there was no regular check of the individual settings of these devices but that this would be put in place. We judged this had not had any impact on people's well being at the time of this inspection. A daily audit checklist was put in place by the end of this inspection to ensure the settings of the mattresses were accurate. This meant people were protected against the risk of developing pressure damage to their skin whilst in bed for long periods.

Some people were cared for in bed due to their healthcare needs. Many of these people were unable to use a call bell if they needed assistance. Care plans directed staff to check people hourly and record this on monitoring charts. Most of these charts showed staff were carrying out these checks as required. However, there were gaps seen in some monitoring charts. Some people required to be re-positioned regularly when in bed. We identified one person, who according to their charts, had not been moved for over 4 hours. We raised this with staff during the inspection and care and support was provided. We judged people were receiving appropriate care but that staff were not always appropriately recording the condition of people's skin and when they had provided care. We did not evidence any impact on people due to this recording issue.

In care files we saw there was specific guidance provided for staff. For example, in one care plan staff were directed to specifically check a person for urine infections, constipation, hunger or pain when the person's behaviour became challenging to staff. This meant staff had access to relevant information that supported best practice in the care of individual's needs. Another care plan guided staff to speak calmly and explain to the person, "It must be very difficult for you when we don't understand you, but we are here to help."

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. We observed a handover during this inspection. Handover information was provided from a comprehensive written record of each person's care needs. This record was update each week. Changes which took place within this period were communicated verbally to staff at shift changes. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

People were supported by staff to maintain their personal relationships. This was based on staff understanding of who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. Relatives were able to join their family members for meals if they wished. One relative and their partner had been supported to eat together in a quiet lounge area away from the main dining room, as they preferred a quieter environment to enable them to talk and be alone together during their meal.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. We saw concerns that had been raised to the manager had been investigated fully and responded to in an appropriate time frame. All were resolved at the time of this inspection.

There was evidence that organised indoor activities were available for people to join in if they wished. There was an activity room and a themed reminiscence room at the service. A planned programme of themed events was seen in the units. It was not clear if people were involved in how activities were chosen to ensure they were meaningful and relevant to them. There was no record of activities being evaluated in any consistent way to ensure they were appropriate and enjoyed by people. The activity coordinators worked on weekdays. We were told weekend activities were for care staff to organise if they had time. The activity co-ordinator was busy taking individual people out in the local area during the morning of our inspection which meant they were not able to provide activities in the service.

We spoke with the activities co-ordinator following our inspection visit. They told us they sometimes had to take people to appointments outside of the service which took them away from providing activities. They told us they did not formally evaluate the activities provided but kept "a mental note" of what had worked well.

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We were assured one to one activities were provided for people in their rooms. Details of activities provided for people were documented in the daily records, along with details of all the care and support provided. This made it difficult for inspectors to establish how often a person was provided with activities.

There was secure outside spaces that people could enjoy. On the day of the inspection the sun was shining, however no one was outside enjoying the good weather.

Feedback from people about the activities was mixed. People were talking about the activities they had enjoyed during the royal wedding celebrations the weekend prior to this inspection. An on-line survey showed feedback from one relative which stated, "Activities only appropriate to the mobile and least impaired. Bedbound clients only have company when being fed or toileted etc." Another relative told us, "(person's name) loves to take part in the singing and chair aerobics sessions. If you ask them, they'll say 'no thank you', but then when the music starts they just joins in and they have such good fun. You can just see how they enjoy it and it does them a lot of good." One person told us, "I like to sit here in the window seat to look out."

We recommend that the service take advice and guidance from a reputable source regarding the choice of, recording and evaluation of activities for people with dementia, to help ensure they are relevant and meaningful for people.

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses and any support they might need to understand information. People who had capacity had agreed to information in care plans being shared with other professionals if necessary.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were requested from people each day at the time of the meals. People were shown plates of food for people to make a choice.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. Cedar Grange arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate, people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan. The registered manager said there were good links with GP's to ensure people received suitable medical care during this period of their lives.

## Is the service well-led?

### Our findings

The service is required to have a registered manager. 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 2008 and associated Regulations about how the service is run. The service had / did not have a registered manager in post.

Relatives and staff told us the manager was approachable and friendly. The registered manager had been in post since April 2017 and had made many changes and improvements to the service. Risks that were of concern to us at previous inspections had been addressed. People had been reviewed to ensure they were living on the appropriate unit for their needs. Staffing had been reviewed to ensure staff had the appropriate skills to meet people's needs. One staff member told me, "I have worked downstairs and found I enjoyed it better up here so I asked to move and it was agreed. I find we are listened to and if we have an issue it is always sorted. I am very happy here."

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals had access to the files to help ensure the care plans were kept up to date with changing situations.

The registered manager spent time within the service so was aware of day to day issues. The manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The registered manager had been supported by a deputy, but this person had recently left their post. A clinical matron worked across the Cornwall Care services was supporting the registered manager, as were the operations managers.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "I am happy here, we all work well together" and "I feel well supported and can ask for help if needed, the manager is great."

There were systems in place to support all staff. Staff meetings for each staff team took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed.

The provider had a quality assurance policy. People and their relatives had recently been given a survey to ask for their views on the service provided at Cedar Grange. Responses were positive. The service had been scored at 9.1 out of a possible 10, by an on-line survey, from responses by people and families who used Cedar Grange. Comments included, "I have complete peace of mind knowing that my mother is in the best possible hands and I couldn't be happier with the superb level of palliative care that she receives twenty-four seven from all the highly trained and most wonderfully dedicated staff" and "With great care and support, (relative) has stabilised and has become very comfortable within the protected environment. The staff have engaged with his communication difficulties and given him an excellent quality of life."

Staff felt valued and enjoyed their work, they responded by saying, "I am happy here, it is a good place to work" and "It is very relaxed here, no stress, most of the time."

There was a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included, medicines management, accidents and incidents and checking property standards were to a good standard.

There were staff with responsibility for the maintenance and auditing of the premises. The environment was clean and well maintained. The provider carried out any necessary regular repairs and maintenance work to the premises. Staff told us they only had to ask if they needed anything and it was provided.

Lessons were learned by events, any comments received both positive and negative we seen as an opportunity to constantly improve the service it provided. The service had an open and transparent culture. Some issues identified at this inspection had been addressed by the end of the visit. The registered manager had made improvements to the service since the last inspection and was continually reviewing the service provided. People, relatives and staff were positive about the support provided by the registered manager and staff at Cedar Grange.