

Cedarhouse (Hythe) Limited

# Cedar House Residential Care Home

## 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

This inspection took place on 15 and 16 December 2016 and was unannounced. The previous inspection was carried out in June 2014 and no concerns were identified.

Cedar House Residential Home is registered to provide personal care and accommodation for up to 29 people. There were 21 predominantly older people using the service during our inspection; who were living with a range of health and support needs.

Cedar House is a large detached property situated in a residential area just outside Hythe. There were 26 bedrooms, three being able to offer double occupancy, although the registered manager told us that they had all been used as single occupancy rooms for many years. 16 of the bedrooms had ensuite facilities with many having views across the English Channel. People also had access to a large communal lounge, dining room, bathrooms and toilets. There was an enclosed garden with a conservatory to the rear of the premises.

The service had a registered manager, who was present throughout the inspection. 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.

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A robust system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit and appropriate to be working with people. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Staff continued to receive training, competence checks and support to meet the needs of people. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about whistle blowing and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The

registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The care and support needs of each person were different, and each person's care plan was individual to them. Care plans, risk assessments and guidance were in place to help staff to support people in an individual way. People's legal rights were protected as staff provided care in line with the Mental Capacity Act (2005). Correct procedures were followed when depriving people of their liberty. Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve outcomes for people.

Staff encouraged people to be involved and feel included in their environment. People were offered varied activities and participated in social activities of their choice. Staff knew people and their support needs very well. Feedback we received from people, their relatives and health professionals was wholly positive. We were told about exceptional standards of care; which improved the quality of people's lives and gave their families peace of mind. We observed warm, caring attitudes from staff and commitment to provide the best service for people.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were complimentary about the food and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy and nutritious diet.

Staff told us that the service was well led and that they felt very well supported by the registered manager and provider to make sure they could support and care for people safely and effectively. Systems were in place to ensure care at the home was of a good quality. People's feedback was regularly sought and action was taken to implement improvements. The registered manager had good management oversight and was able to assist us in all aspects of our inspection.

## 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.

There were enough staff to meet peoples' needs. The provider carried out appropriate checks when employing new staff.

People felt safe and staff knew how to recognise and report abuse.

Assessments had been made to minimise personal and environmental risks to people.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

### Is the service effective?

Good ●

The service was effective.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were well supported and had one to one meetings and appraisals to support them in their learning and development.

People's health was monitored to help maintain their well-being. People were provided with a range of nutritious foods and drinks.

Staff understood how to protect people's rights in line with the Mental Capacity Act (MCA) 2005.

### Is the service caring?

Good ●

The service was caring.

The established staff team delivered care with consideration and kindness in a warm, inviting and family atmosphere.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

Staff encouraged people to be independent when they were able.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff knew people very well and had a good understanding of individuals needs and preferences. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain but said they had no complaints.

### Is the service well-led?

Good ●

The service was well-led.

The registered and deputy managers created an open culture in which staff told us they felt well supported and involved in running the home.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Records were accurate, up to date and were stored securely.

# Cedar House Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 15 and 16 December 2016 and was unannounced. The inspection was carried out by one inspector on the first day and two inspectors on the second.

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 also looked at previous inspection reports and other information we had about the home including notifications, safeguarding information and feedback. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During the inspection visit, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed a variety of documents. These included six care files, staffing rotas, four staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with six people who used the service and two relatives. We also spoke with the provider, the registered manager, the deputy manager and three members of staff. After the inspection we spoke with two more relatives and received feedback from three social care professionals who had had recent contact with the service.

## Is the service safe?

### Our findings

People told us they felt safe and liked living at Cedar House. One person said "I love it here; the staff look after me and keep me safe." Staff knew people well and responded quickly to meet their needs. A relative commented, "There is a great amount of care, they do anything to make them happy."

People received their medicines safely and when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Medicines were stored securely, properly labelled, prescribed to individuals and in-date. Stock was managed well so that people were not left without medicines they needed. Medicine administration records had been completed neatly and showed people had received their medication consistently. There were directions for staff about giving medicines people could take as and when they were needed; which ensured people were regularly offered pain relief or laxatives, with proper time gaps between doses. MAR charts contained photos to help staff ensure the right people received their medicines. Monthly medicine audits were carried out by the deputy manager; we saw clear records of the checks that had taken place. Competency checks were completed every 6 months for staff responsible for administering medicines. Staff we spoke with knew what medicines were for and were clear about procedures, such as what to do if a person refused their medicines.

There were clear policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

Recruitment files showed that the required checks had been made to make sure that staff were right for their roles. Full employment histories and references from previous employers had been taken, along with checks to ensure that staff were of good character. Documents to prove identity had been seen and copied.

There were enough staff to meet people's needs. People told us that call bells were answered promptly and we observed that staff attended people's needs efficiently throughout the inspection. Three care staff and a senior were on duty each morning, during the afternoon this reduced to two care staff and a senior. Overnight there were two care staff. In addition the registered manager and deputy manager worked a variety of hours throughout the week. There were also kitchen, domestic and maintenance staff working

each day. Rotas' showed that staffing had been consistent in the weeks prior to our inspection. Any gaps were either covered by the staff team or, if needed, regular agency staff were used. The registered manager explained that the rotas were flexible, for example, when needed they would arrange for an extra member of staff to start work at 7am if people's needs changed. Staff told us they are able to tell the registered manager if people's needs changed and they would respond accordingly with altered staffing levels. We recommend that the registered manager considers the use of a formal dependency tool, as by doing this, they could be assured that they had sufficient staffing, especially if people's needs changed. Staff told us that they had time to spend chatting with people, one member of commented, "There's no time limit when we're helping people, if they want us to sit and paint their nails we have time." One person told us, "It's marvellous here, they've always got time for a chat and to check I'm okay." A relative said, "They look after us all as family, the staff have been there quite a while. We don't see lots of changes; it's nice to see the same staff."

The premises were clean and well maintained. Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. Fire risks had been thoroughly assessed and people had individual emergency evacuation plans. These gave details of the assistance each person would need in an urgent situation. Staff had regular fire safety training and could accurately describe the way in which people would be helped. These checks enabled people to live in a safe and suitably maintained environment. There was a clear strategy to help keep people safe in the event of a fire or other emergency. This included an arrangement with another local care home; so that there would be limited disruption to people's care if the service had to be evacuated.

Accidents and incidents involving people were recorded and the registered manager reviewed and monitored these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. We observed that staff followed care plan information when assisting people to move around; which helped to keep them safe.



# Is the service effective?

## Our findings

People told us that staff looked after them well; one person told us "The staff looked after me when I wasn't feeling well, they helped me and called my doctor." Relatives commented, "Staff are very well trained, they treat everyone as though it's their Mum or Dad." Staff worked well together as a team, everyone we spoke to commented on the team work and friendly, homely atmosphere at Cedar House. Throughout the inspection we observed people and staff to be relaxed in each other's company. Staff communicated clearly with each other and handovers between each shift made sure that they were kept up to date with any changes in people's needs.

Staff told us they had a thorough induction when they started working at the service, this involved office time with the registered manager where they spent time reading people's care records, policies and procedures and getting to know the service. They also spent several shifts shadowing experienced colleagues to get to know people and their individual routines. New staff received training before they started working with people. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. Staff told us they supported each other and could ask any of their colleagues for help or advice if they needed to. The registered manager told us that they were in the process of incorporating the Care Certificate into the induction. The Care Certificate is a set of standards that social care workers follow in their daily working lives.

Staff received face to face training in a range of subjects in order to perform their roles safely and to provide the right care and support to meet people's needs. Training in all mandatory subjects was up to date for all staff. Our observations found that staff were both competent and confident in delivering personalised care. Staff had also undertaken extra training in subjects such as nutrition and fluids, diabetes awareness and dementia awareness. Competency checks were completed after each training session to check staff knowledge and understanding. One member of staff told us, "We have regular training, it helps with our job. We have face to face training, the trainer is good and we get to discuss things as a group." Many staff had achieved at least a level two National Vocational Qualification (NVQ) in health and social care; with a number of staff having or studying towards NVQ three or higher. NVQ's are work based qualifications which recognise the skills and knowledge staff need to do their job. Staff have to demonstrate their competency to be awarded each level.

Staff had individual supervision meetings with a nominated supervisor and annual appraisals with the registered manager. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people, and gave them the support that they needed to do their jobs more effectively. Good training and supervision helped to ensure that people were cared for by staff who were confident, competent and supported by the registered manager and provider in their development.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to

make sure decisions were made in the person's best interest.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

It had not been necessary for the registered manager to make any application for deprivation of liberty safeguards (DoLS) authorisations for people. However, the demonstrated that they understood when and why they may need to in the future. These authorisations must be applied for when it is necessary to restrict people for their own safety.

Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The registered manager and staff had knowledge of and had completed training in the Mental Capacity Act 2005 (MCA) and some staff had completed training in Deprivation of Liberty Safeguards (DoLS). Staff showed good knowledge and understanding of the MCA. We observed staff offering people choices and they told us about people who needed more help to make their own decisions. For example; one person needed support to choose what to wear. Staff described how they would pick out alternatives to show the person to assist them in making their choice.

People's health was monitored to help maintain their well-being. District and practice nurses, physiotherapists, occupational health practitioners, opticians, chiropodists and the GP all visited the service to assess people and contribute to their care and support on a regular basis. Where people had particular healthcare needs; such as diabetes or catheters, care plans had been put in place. These informed staff of the actions they should take to support people. District nurses attended weekly to carry out catheter wash outs, but bag changes were completed and documented by staff. One professional visitor told us, "The staff are always kind and caring; there is a good continuity with staff at Cedar House. They always make contact promptly if they need advice or input." Another professional had written to the service to compliment them on the high standard of oral hygiene and how happy and content people were when they visited. A relative told us that "They are quick to act if X is under the weather; they always keep us informed of everything they do."

People and their relatives were very complimentary about the food. One person told us, "The food is excellent, varied and we always have an option. The staff all remember what I don't like." Dining tables were laid well laid and people chose where they wanted to sit. Soft music played in the background as people ate their lunch. People were relaxed and chatted about plans for Christmas and the previous days Christmas party. Staff dished up and served meals in the dining room, offering people a choice, some people chose to have a bit of both meals that were on offer. Food was served hot, looked appetising and was plentiful. People were offered seconds. Staff were available for people throughout and supported people with their meals if needed, but people were generally able to eat independently. Some people chose to eat their meals in their rooms. Staff were chatting with people and checking to make sure they were content. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained. The main lounge had just been redecorated and refurbished and provided people with a nice environment to take part in social, therapeutic, cultural and daily living activities. People and relatives were complimentary about the redecoration and told us they had been

involved in choosing colours and furniture. There was a relaxed, friendly and homely atmosphere at the service.

## Is the service caring?

### Our findings

We spoke to people and their relatives about their experiences of living at Cedar House and received positive comments and feedback from all. People told us they were happy living at Cedar House. One person commented, "I love it here, the staff look after me, they are all so kind and caring. I like to have a joke with the staff." Another said, "They are marvellous here, they (the staff) are wonderful people. They do lovely parties for your birthday." And a relative told us, "When we walk in there is a warm, homely atmosphere. They treat everyone as though they are their mum or dad."

The service had a warm, friendly and inviting atmosphere. The recent redecoration of the main lounge had ensured that communal spaces were inviting. As a Christmas gift, the provider had purchased a digital juke box which had been installed in the dining room; this led to a pleasant ambiance for people to enjoy their meals and other activities. We were told that during the summer new furniture had been purchased for the conservatory so that people had an additional space where they could choose to spend time. A bell had been installed so that people could get staffs attention if needed until the provider was able to connect the nurse call system from the main building. Office spaces were open and accessible for people or their relatives to be able to talk to staff in private, if they wished.

People and relatives told us that they were involved in decisions about care and that communication was good, one relative said, "They are always in touch and informing us of things we need to know." Another told us, "We came here due to word of mouth, we looked at several homes and came in for respite and Mum decided to stay. They are wonderfully caring and keep us very well informed – let us know if she is unwell or if the GP has been. They have supported us with the whole process." During the inspection we saw that the deputy manager made phone calls to relatives to update them about their loved ones.

During the inspection we were consistently told about the "Family feel" of the service, by people, relatives and staff. We also observed this in a number of ways. For example; relatives and visitors were warmly welcomed by staff or the registered manager and were offered drinks, and conversation flowed easily. Relatives were encouraged to sit with people and join in with activities, the registered manager told us how many friendships had been made between relatives from their visits to the home and one relative told us "When I visit I like to see everyone and have a chat, it's nice for all of us". During the first day of the inspection, people, staff and the registered provider were getting ready for their Christmas party that afternoon/evening. There was an excitement in the air, and we were told that many relatives were expected to visit and celebrate together. The following day, people told us how much they had enjoyed the party and that there had been many visitors. Staff told us how successful the party was, and that they also enjoyed the opportunity to gather with people and their relatives. As many people had lived at Cedar House for a number of years and the staff team was consistent; people, relatives and staff all knew each other well. One relative had bought in a handmade Christmas gift for all people. During the inspection we heard a telephone conversation with a relative, where they were invited to spend Christmas day at the service with their relative, after we were told that any relatives could spend Christmas with them if they wished to.

Birthdays were celebrated and people told us this made them feel special. Staff told us that cakes were

made for birthdays, relatives were invited and they celebrated together like a family. There were photos on display of birthdays that had been celebrated. One person told us "Nothing is too much trouble for the staff here; they go out of their way to make sure we are happy." One relative commented, "It is so inclusive here, but they also respect that Mum is a private person and take that into account."

Throughout the inspection people were treated with respect and we were made aware by staff of the ways in which some people liked to be addressed, and of any people who were likely to prefer not to speak to us. This showed consideration for people's preferences and that staff were keen to prevent people being offended or upset in any way.

In order to protect people's dignity we saw that staff covered, or offered to cover, people's legs with blankets when they were sitting in their rooms in night clothes. They discretely reminded people about using the toilet; by kneeling beside them to give a quiet and respectful prompt, without drawing attention. Staff knocked on bedroom doors before entering and closed bedroom and bathroom doors when they were delivering personal care, to protect people's privacy. Staff used people's preferred names and spoke with them respectfully. There was a happy and relaxed atmosphere in which people joked with staff and clearly felt comfortable in their company.

People were encouraged to retain as much independence as possible; one person told us that they came and went as they pleased, that they enjoyed shopping in the local town and that with their consent, the service had made arrangements with the local supermarket to make contact if they forgot how to get home. Staff told us that this arrangement worked well, and helped the person to remain as independent as possible. One person told us "Staff help me when I need it; I want to stay as independent as I can, for as long as I can. It's nice to know the staff are there whenever I need them."

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Information had been gathered from people, relatives and health professionals, and they had been signed or verbally agreed by people to show they had been involved in decisions about their care wherever possible. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were moving freely around the home, moving between their own private space and communal areas at ease.

There was no one receiving end of life care at the time of the inspection. However, written records had been made about people's wishes, where known. Care files clearly noted if people had a Do Not Attempt Resuscitation order in place. This helped to ensure that people's end of life choices were respected.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented, "I love working here." People's care plans told us how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

## Is the service responsive?

### Our findings

People and their relatives told us they received the care they needed and that staff were responsive to their needs. There was a strong, visible person-centred care culture. People were relaxed in the company of each other and staff and positive relationships with people and their families had been developed. Staff kept relatives up to date with any changes in their loved one's health. One relative commented, "We're always told what is going on."

Staff knew people well and were able to tell us about people's individual personalities and care needs. Bedrooms had been personalised to suit people's own tastes and to include items that were important to them. People told us that they were treated as individuals by staff and that they could choose when they got up and went to bed.

When people were considering moving into the service, they and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not.

Within people's plans were life histories, where available, guidance on communication and personal risk assessments. In addition there was guidance describing how the staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Care plans gave staff an understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and guidance on people's likes and dislikes around food, drinks, activities and situations. Each person had a healthcare plan, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff.

Contact details of family members and other important people were recorded in care files and people were supported to keep in touch. Some people went out with their families, and families also visited the service. Relatives and friends were encouraged to visit and participate in activities, for example the Christmas party was an occasion for all to come together and celebrate. The provider had also arranged for a visiting pantomime to perform at the service in the new year, again, families had been invited to enjoy with their relative.

Various activities were offered for people to participate in. In the main lounge there was a display board for people to see what was on offer each week. This included outside entertainers such as singers, musicians and mobile shows, along with activities lead by staff. Activities included games, bingo, quizzes, exercises, sing a longs and local walks/excursions. Some people also chose to attend a local day centre once or twice a week.

Residents meetings gave people the opportunity to raise any issues or concerns. During these meetings

people were able to discuss and comment on the day to day running of the service. Minutes showed that people had asked for specific meals to be added to the daily menus; during the inspection we saw that this had been actioned. The registered manager took time to speak individually to each person living at Cedar House on a daily basis; and recorded any concerns or niggles they may have. This meant that any little issues could be quickly rectified. People confirmed this happened.

We looked to see how complaints were managed; but there had been none received by the registered manager in the last 18 months. People and relatives told us that they would speak with the staff or registered manager if they had any concerns but told us; "There's nothing to complain about." People knew the process for making complaints, and details of advocacy services were available for people. A number of compliments about the service had been received; and the registered manager retained these.

## Is the service well-led?

### Our findings

People and their relatives told us they felt the service was well led and praised the registered manager and owner for how they ran the service in such a homely manner. We were consistently told how happy people were with the care provided at Cedar House and how people enjoyed living there. The registered manager was supported by a committed and conscientious team including a deputy manager, and a team of senior and care workers along with ancillary staff. Staff morale was high and the atmosphere within the home was warm, happy and supportive. One staff member commented, "They (the registered and deputy managers) are supportive, if we bring anything up about staff or residents they sort it straight away. They are really nice, supportive and friendly."

The registered manager demonstrated that they knew people well and had a good knowledge of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection. The culture of the service was open, honest and caring and fully focused on people's individual needs.

The healthcare professionals we spoke with all complimented the service on the quality of care and support it provided. Professionals' comments included, "I am very happy with the team at Cedar House and the service they provide to our patients. The staff at Cedar House provide a safe environment for our patients and in regards to our patients health they are very responsive in raising concerns."

Staff were kept informed about people's care needs and about any other issues. Staff handovers between each shift, communication books and team meetings were used to update staff. There was a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. Through our observations it was clear that there was a good team work ethic and that staff were committed to ensuring that there was a homely atmosphere and providing a good quality of life to people. All staff we spoke to told us they felt they were a strong team and were happy working at Cedar House.

The registered manager was aware of their responsibilities and had a good management oversight of the home. They audited all aspects of care, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. Premises and shift check forms were completed and also monitored; these identified any shortfalls in standards throughout the service on a day to day basis. The audits identified any shortfalls and action plans were put into place to ensure action was taken. The registered manager told us they felt well supported by the provider in their role.

Systems were in place for regular quality monitoring checks. Recent quality assurance surveys from relatives and health care professionals gave consistently positive feedback. Records were in good order and kept up to date. When we asked for any information it was easily accessible and records were stored securely to protect people's confidentiality.



The service had developed links with the local community through churches of different denominations and links had also been developed with other local care home providers.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so where necessary.