

Care UK Community Partnerships Ltd

# Cedrus House

## 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

### About the service

Cedrus House provides accommodation, nursing and personal care for up to 70 older people. There were 69 people living in the home on the day of our inspection.

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

People told us they felt safe and happy living at Cedrus House. People were positive about the care and support they received and told us they were treated with dignity and respect by staff knowledgeable about them and their support needs.

People praised the caring nature of the staff. There was a warm and friendly atmosphere at the care home. It was clear that people were relaxed and comfortable; and they had positive relationships with staff members.

Staff were aware of safeguarding arrangements and knew what action to take to keep people safe. We received some mixed feedback about staffing levels however we also received positive comments that staff were visible, and people received their care in a timely manner. The registered manager was closely monitoring staffing levels to ensure they remained sufficient.

There were enough staff to meet people's needs. Staff were recruited safely, and appropriate checks were carried out. Medicines were managed safely.

People's risks were managed safely. Risk assessments in place were person centred, thorough and gave clear information for staff on how to support people to reduce these risks. The home was clean and there were good infection control practices in place.

People's needs were assessed, and information was used to create detailed care plans which supported staff to provide person-centred care. A range of group and individual activities were provided for people to participate in. A relative told us, "They do a lot of activities and more so now with the new manager. [Family member] loves it when the exercise person comes and lots of other [people] seem to enjoy that. They go out on quite a few outings which is lovely. They share lots of pictures and it is nice that relatives can see what their family member has been doing."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's views were sought and used to drive improvement within the home. The registered manager understood the importance of their role and had made all notifications to CQC as required by law.

The registered manager and provider had good oversight of the service. Quality checks and audits were effective in identifying and generating improvements to ensure the safety and quality of the care people received. People and relatives said the service was well managed and they would recommend the service to others.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 25 January 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedrus House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Cedrus House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection site visit was completed by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cedrus House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cedrus House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 August 2023 and ended on 13 September. We visited the service on 18 August 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 11 people who lived at Cedrus House to seek their reviews of their care and support. Not everyone who used the service were able to tell us about their experience of receiving the service, so observations of care and support were also made. We spoke with 6 people's relatives and had telephone calls to seek feedback with a further 6 relatives. We spoke with 13 staff members. These included the registered manager, deputy manager, the clinical lead, the regional manager, trained nurses, care, catering, housekeeping and maintenance staff. Following our site visit, we received feedback via email from a further 10 staff.

A selection of records was also viewed, and these included the care plans and associated records for 8 people who used the service. The medicines records for 10 people were also assessed. The governance records viewed included policies and procedures, staff recruitment records, training information, quality monitoring audits and maintenance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Cedrus House. One person told us, "I must be safe because I have never given it a thought! I have got my call bell there and they come and check on you if you are in your room. There are codes on the doors so people can't just wander around." Another person's relative told us, "As a family we feel [family member] is safe [at Cedrus House] and I know that they feel safe. She is looked after 24/7 and there are people there for her. There are code numbers on the doors so she can't get out and people can't get in. My priority is to make sure she is safe, and I feel that she is"
- Staff received training to help them safeguard people from abuse. They knew what signs to look for that may indicate abuse and how to report their concerns to the appropriate person or authority.
- The registered manager understood their responsibility to share information with the local authority safeguarding team and CQC to ensure allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management

- Staff were aware of any risks associated with people's care and knew how to support them safely.
- Identified risks to people included those associated with mobility needs, eating and drinking, skin damage and risks linked to health conditions. Risk assessments were in place along with detail of mitigation.
- The registered manager ensured regular checks of the environment were undertaken to ensure it was safe. There was a schedule in place of checks and maintenance of equipment was completed as needed. A range of generic risk assessments were in place to reduce risks in relation to the use of equipment and the environment.

Staffing and recruitment

- Safe staffing levels had been assessed and reviewed. The registered manager undertook dependency assessments to consider how many staff were needed to provide people with the care and support they needed.
- People and their relatives were mostly very positive about the staffing levels. One person told us, "A member of staff sat with me for 3 hours while we waited for an ambulance." Another person said, "I can normally find someone to talk to when I am there. I think they do their best to make sure they have enough staff around" A relative commented, " They seem to have sufficient staff and I have never felt that my family member hasn't had the attention they needs. They might have to wait sometimes but [family member] accepts that they are one of many."
- Despite this, we received some mixed feedback about the staffing levels, particularly from the staff working at Cedrus House. We found, however, that this was often caused by staff sickness and absences and in these incidences, the management team worked hard to source alternative cover, however, at times this was a challenge. One member of staff said, "Some days there are enough staff on the units and other days

there are much less. When we are short staffed however, management are trying hard to get cover."

- Staff were visible, and we observed staff responding quickly to requests for support. The registered manager assured us that they continued to closely monitor and review staffing levels to ensure people's needs continued to be met in a timely manner.
- The provider continued to recruit staff safely. Appropriate checks were completed to ensure staff were suitable for the role. This included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were managed safely, and staff followed the providers policies and procedures when supporting people with their medicines. A relative told us, "They look after [family member's] medication and we haven't had any problems... if there are any changes, they let me know. When [family member] has to go to hospital they send a folder with them detailing the condition and medicines and they print off a prescription to take with us. I know all about [family members medication]."
- Staff had written guidance on the expected use of people's 'when required' [PRN] medicines, so they were clear when to offer these.
- Medication records were complete and matched stock balances. There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.
- Prior to undertaking the administration of medicines staff undertook training and had their competency assessed. Staff completed medication administration record's (MAR) to record when people's medicines had been administered.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider's approach to visiting was in line with government guidance and there were no restriction to visitors at the time of inspection. One person told us, "People can come and see you when they want to, and we can meet downstairs or in a lounge or in my room." A relative said, "You can go and visit when you want to. It is so nice to have the coffee area and to sit and chat with people there."

#### Learning lessons when things go wrong

- Staff completed accident and incident records which were reviewed by the registered manager to look for any trends and to assess the risk of a reoccurrence. Any lessons learned were shared with staff to improve the safety of the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they were admitted to the home. This was to help determine if the home was suitable and could meet people's individual support needs and preferences.
- Pre-admission assessments explored people's medical, health, social, religious and support needs. People and their relatives were involved in the pre-admission assessments identifying care needs and preferences.

Staff support: induction, training, skills and experience

- Relatives were complimentary about the skills and experience of the staff supporting their family members. One relative said, "I think the quality of staff is excellent. On the whole I think they do have the right skills. They are approachable and will always chat to you. Even the reception staff know us and the residents." Another relative told us, "When I went there [Cedrus House] the other week the staff were training on using a hoist. I have seen them use a hoist to move [family member] and they really took their time and explained to them what they were doing and kept [family member] calm."
- There was an induction programme in place, which new staff were required to complete before working on their own.
- Staff received regular supervision and an annual appraisal and felt supported to undertake their job role. A member of staff said, "I have enough training to support me, we have eLearning, face to face training and encouragement from the management team".
- The registered manager regularly monitored staff training to ensure staff were up to date with courses the provider considered mandatory.

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

- Mealtimes were calm and sociable occasions. People could meet to dine together, and those who preferred received their meals in their rooms. People and their relatives were generally complimentary about the food, and several told us improvements had been made recently. One person told us, "The food isn't bad. You get a choice, and they will make you something different if you don't like what is on offer. They always leave you a jug of water and squash and it gets changed during the day. You can have a hot drink when you want as well. They monitor my weight as well which is good." Another relative commented, "[Family member] is very fussy with their food. I look at the menu and it seems good, and they can get something else if they don't like what is on the main menu. They are very good at knowing what [family member] likes and they even got their favourite soup in for them."
- People were supported to maintain a healthy diet and to receive food and drink in accordance with their needs and preferences.
- People's dietary needs were documented and monitored to ensure people were eating and drinking

enough. Referrals for specific advice, such as dietician and speech and language therapy (SALT) for people with swallowing difficulties. were made and advice incorporated into care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and the management team worked collaboratively with a range of community health and social care professionals, teams, and agencies to ensure people's care needs were met.
- Where need was identified, referrals were made for specialist advice and assessments, including dietician and speech and language therapy. Advice was recorded and followed by staff as needed. A relative told us, "I think [family member's] healthcare needs are met fully. They will call the Doctor out if they need to. They seem on top of health matters."

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

- The service was clean, tidy and free of hazards to promote people to mobilise freely. The registered manager had recognised that some of décor was somewhat tired, and plans were in place to enhance areas.
- A café area on the ground floor was utilised by people and their friends and families as a social meeting point. One relative told us, "I think it is lovely to have the [café area] and the ice cream freezer. It is a lovely area to sit in and have a chat. They really take good care of [family member]."
- People's bedrooms were personalised and homely. People had brought items of their own to make their rooms comfortable and personal to them.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training about MCA and DoLS. Staff asked people for their consent before they provided any support. One person told us, "They do ask me if it is okay to do whatever it is they need to." Another relative said, "I have seen them ask [family member] and they explain what they need to do. The other day they came in and said they needed to weigh them and was it okay?"
- People's capacity to consent to their care and treatment was assessed where required. Where people were assessed as not being able to make a specific decision, the staff team followed best interest processes and recorded the involvement and views of those who were important to the person.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well cared for, and they and their relatives told us they were very well treated by the care staff at Cedrus House. One person told us, "The carers are really nice, they are kind and caring and look after me very well. They don't try and rush me either which I appreciate." Another person said, "I can't think of any part of my care that needs improving." A relative commented, "The care has been brilliant. It has given us complete peace of mind that [family member] is being well cared for." Another relative said, "There is a huge amount of humour there. The staff are not laughing at [family member], they are trying to use humour to do things and it works! There seems to be so much love for [family member] and they treat [family member] with respect."
- Staff supported people in a respectful and caring way. We observed staff being kind and thoughtful with people and their visitors. Staff talked with people while they supported them and offered care and reassurance when people were upset or confused.
- People's equality and diversity needs were considered, and care planned for. Where people had specific needs, the registered manager and staff team would work with people to ensure these needs were met.

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

- People told us they were involved in making decisions about their care and that this was delivered as they wanted it. One person said, "I love to have a bath and I can ask for one when I want. Sometimes I have a shower and I am sure I could have one every day if I wanted to."
- Where possible people and their relatives were involved in developing and reviewing care plans. A person told us, "We did a care plan when I first came here and sometimes, they update it with me." Another relative said, "They phone me every month to check that everything is okay. It is an opportunity to discuss how [family member] is and if any changes are needed. They involve me in any decisions that need to be made about their care."
- We observed all staff, from care staff, to housekeeping and maintenance staff, took the time to have a chat and spend time with people and to make sure nobody was overlooked. There was a calm and friendly atmosphere in the service throughout the inspection visit.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and that their independence was promoted. One person said, "I like to have a female carer to help me wash. I wash my personal areas and they help with areas I can't reach. They have towels ready to cover me up and always have the door shut. I don't worry about them helping me." Another person told us, "The staff are very good with [privacy]. They always shut

the door and make you feel at ease with them. They check that you are okay with what they are doing. They always wear gloves and an apron with personal care."

- People's independence was encouraged. Care plans contained information about how to support people and what they could do for themselves. One person told us, "I sit on a stool, and they wash the areas I can't reach, and I wash the rest of me. They are totally respectful, and we have a chat while they help me. They will then help me to get dried and dressed. I feel comfortable with them. They work at my pace as well."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives were happy with the care they received and told us staff were responsive to their needs. Interactions between people and staff were positive.
- Relatives were confident staff knew people's individual needs well and felt involved in their care. A relative told us how their family member, prior to moving to Cedrus House, had been very unwell and wasn't expected to get better. Once moving to the care home, they considered the care had been so good that their family member had improved no end. The relative told us, "I could never have predicted this turnaround and it has been a God send... to see what they have done for [family member] is incredible. [Family member] now has a good quality of life."
- Staff had built positive relationships with people and knew them well. This meant people received care that was tailored to their needs and wishes. One relative said, "My [family member] hasn't been this well for ages."
- The assessment and care planning process ensured people's identified needs could be met. Care plans provided clear guidance for staff to follow which included information about people's likes, dislikes, lifestyle, and interests. These were reviewed regularly and updated as needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded.
- We observed staff communicating effectively with people, repeating or explaining information where necessary.

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

- Staff encouraged people to maintain relationships and avoid social isolation. Family and friends were able to visit the home as often as they wished. We saw several people's relatives visited on the day of our inspection visit.
- The registered manager told us how they were aware that people's relatives wanted more detail about whether their family member had been involved in activities in the home or engaged in activities during the

week. The provider introduced an electronic tool that enables relatives to see what activities their family members had been enjoying and participating in. The registered manager told us, "Cedrus House recently purchased 3 electronic 'tablet's so that relatives could view the tool when they were in the home. This gives relatives an opportunity to have a conversation starter before entering the suite and not feeling lost for conversation."

- Areas to encourage and enhance social interaction opportunities had been developed. The care home had a café on the ground floor and had recently opened a pub area on the first floor. This gave additional areas that people could meet with their friends and family to socialise.
- Staff supported people to pursue their interests and take part in activities. Lifestyle co-ordinators were in place who provided a range of group and one to one support, including trips out in the local community.
- People and their relatives were very positive about the range of social and activity opportunities available to them. One person said, "They have different activities every day and I do take part in some of them. I certainly don't get bored. I like to read and do word search when I am in my room. I have got a friend who lives here too." Another person said, "They took some of us out yesterday and I went on the big wheel at Felixstowe. I am the oldest person to go on it. I did really enjoy myself; it was lovely. I have been on some wonderful trips out. I join in with some of the activities. We have a quiz night in the pub on Mondays which is good. I like to keep busy." A third person commented, "I have been out on some of the trips as well which was really nice. I think it is really good that they can take people out. You get a weekly list of activities, so you always know what is happening."

#### Improving care quality in response to complaints or concerns

- A formal complaints policy and procedure was in place. People and their relatives told us they would feel comfortable raising a complaint and confident they would be listened to. One person told us, "They have taken action when I've raised anything at all, so I am confident that they listen to me." A relative commented, "The new manager is approachable so I wouldn't worry about speaking to them."
- We saw, from records, that complaints were investigated, and a response provided by the registered manager or the provider.

#### End of life care and support

- End of Life care plans were in place for some people.
- The registered manager had commenced plans to create a private area at Cedrus House that relatives could use if their family member was nearing the end of their life. This meant the relative could remain close by.
- Staff completed end of life care training and there was an end-of-life care policy to ensure staff could support people with their end-of-life care wishes and needs.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was led by a motivated registered manager, deputy manager and staff team. They demonstrated a commitment to providing a service that promoted person-centred values and care. Many people, relatives and staff expressed confidence in how the service was managed and the direction of travel since the current management team had been employed.
- People and their relative's positive comments about the management team included, "The staff seem more stable and happier. They have smiles on their faces now and morale has improved" and, "The [registered] manager has already changed a few things. They are talking to the relatives and the staff to find out what the home is like. [registered manager] is not rushing things as it takes time to get to know everyone."
- Most staff felt supported in their roles and told us they all worked together to support the people living at Cedrus House. Some staff reflected that the home was in a period of transition between the previous management style and the current.
- We found the home was a calm and caring environment and staff quickly responded to people's needs. One member of staff told us, "I believe staff morale is better than it ever has been. I believe this is a much more content, happy and vibrant place to work. I believe this is down to having our new manager, and in my opinion [registered manager] is doing a fantastic job."
- The provider valued the staff team and we saw various staff incentives in place. The provider celebrated special events and staff achievements.

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

- The registered manager understood their responsibility around the duty of candour. They were aware when they needed to share information with other agencies including the local authority and CQC.
- Systems of oversight were in place to ensure lessons were learnt from any accidents, incidents, safeguarding, or complaints, and this information was shared across the service where needed.

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

- The registered manager understood their role and responsibilities and maintained effective oversight.
- The governance systems in place helped the registered manager, deputy manager and provider to monitor the quality of care provided to people. A range of audits were carried out by the management team

providing oversight of the service.

- Governance systems fed into a service improvement plan which included both areas identified for improvement and routine/planned works and developments.
- The registered manager had notified CQC where this was appropriate and there was a culture of transparency. All services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen at the home.

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

- Systems were in place to engage, involve and communicate with people, their relatives, and staff. Meetings were held at the care home, and where people made suggestions, requests, or shared preferences, we found these were noted and acted upon. One person told us, "We have residents' meetings, so you have the chance to talk about what needs to improve. We used to only get custard on Sundays, but we said we wanted it more often, so we get it every day now. They have taken notice and changed the menus a bit." Another person told us, "The manager is listening to us, and the home is running better."
- Relatives told us they received regular communication from the registered manager and staff and that meetings were held. One relative said, "There are regular relatives' meetings which is an opportunity to feedback and ask questions. The new manager certainly seems interested in what you have to say." Another relative commented, "They have relatives' meetings which is a great opportunity to talk about anything that is going on and give feedback. The [registered] manager has said their door is always open."

Working in partnership with others; Continuous learning and improving care

- The registered manager was visible and completed a daily walk around and received feedback directly from people living at Cedrus House. It was clear the registered manager knew people and their relatives well. A relative told us, "Things have improved now, there is lots more stimulation and activities for [people]. The communication from the home has improved and they are also improving the decoration in the home. I think it is running much better."
- The registered manager and the staff team worked in partnership with a variety of agencies such as the local authority safeguarding, speech and language therapy and the local GP surgery. This helped to ensure people's needs were met.