Acer Healthcare Operations Limited

Cedar Court 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

Cedar Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cedar Court is registered to provide nursing and personal care for up to 75 people. There were 62 people living at the service at the time of our inspection.

This inspection took place on 6 September 2018 and was unannounced.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our last inspection on 28 July 2018, we asked the provider to take action to make improvements in relation to the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), how people were respected, how people received personal care, the malodour on one floor and the quality assurance. We found at this inspection that action had been taken to address these concerns.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate assessments had been completed where people's capacity was in doubt and applications to the Local Authority were submitted if people were being restricted in their best interest. Staff gained consent from people before care was delivered.

People and their relatives told us that staff were kind and caring and treated people in respectful and dignified way . This was confirmed through our observations. People had choices around their care and felt involved in their care planning. Relatives and friends were welcomed at the service to visit people. People and their relatives were given support when making decisions about their preferences for end of life care. Religious services were available for people that wanted.

There were effective systems in place to assess the quality of care and to make improvements. This included audits, meetings and surveys where feedback was sought. Improvements were made as a result of this. Staff worked with organisations outside of the service to support the care being provided to people.

Start by saying what the provider had done to address the concerns we found last time, so move evidence highlighted in comments to here.

There were appropriate number of care staff to support people when they needed it. People told us that they felt safe and supported at the service. The management of medicines was safe by staff who had the appropriate training. Staff understood the need for good infection control practice to reduce the risk of spreading infections.

The environment was set up to meet the needs of people living at the service particularly for those people living with dementia. People were able to access the service independently where appropriate.

People and relatives felt that staff were competent in their roles. Staff received training and supervision and felt supported by their managers. Nurses were kept up to date with their clinical training. People told us that the care they received was effective.

There were appropriate plans in place to ensure that risks to people were managed. Staff understood what to do to minimise risks in relation to people. Emergency evacuation plans were in place and staff understood what to do if an emergency occurred at the service. Where people had accidents and incidents, actions were taken to reduce the risk of them reoccurring.

Staff had received training in safeguarding people from abuse and they had a good knowledge of what they needed to do if they suspected abuse. Staff at the service had robust recruitment checks undertaken before they started work.

People enjoyed the meals at the service and said they had sufficient choices. People's healthcare needs were monitored including weight loss and any changes in their health. People had access to appropriate healthcare professionals where needed. Healthcare professionals were positive about the care being delivered at the service.

People had a range of activities that they could be involved in including those that were cared for in their rooms. People that were socially isolated in their rooms had one to one activities arranged for them. Care plans were detailed and included specific guidance for staff to ensure that people's needs were met. Staff communicated changes to each other about any changes in people's care.

Complaints were investigated, recorded and responded to appropriately. People and staff felt the management of the service had improved significantly. Staff said they felt empowered and valued. We could see that they staff team worked well together and that staff enjoyed working there.

The manager had informed the CQC of significant events including incidents and accidents and safeguarding notifications.

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 sufficient staff to meet people's needs.

Appropriate plans were in place to assess and manage risks to people. In an emergency staff understood what they needed to do.

People were protected against the risk of abuse. Staff understood they needed to do to protect people.

Medicines were stored, administered, recorded and disposed of safely.

Recruitment practices were safe and relevant checks had been completed before staff commenced work. Accidents and incidents were acted upon and measures were in place to reduce the risks of further incidents.

Is the service effective?

Good

The service was effective.

Staff received training and supervision to ensure that appropriate care was delivered.

The environment suited the needs of people who lived at the service.

Assessment of people's needs was undertaken before they moved in to the service.

Healthcare professionals were involved in the regular monitoring of people's health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People had enough to eat and drink and there were arrangements in place to identify and support people who were

nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy was respected and promoted. Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

People's religious needs were met.
Is the service responsive?

Is the service responsive?

Good

The service was responsive.

Information regarding people's treatment, care and support was reviewed regularly and shared with staff. There was sufficient guidance for staff in relation to people's care.

People received appropriate care at the end of their lives.

People had access to activities and people were protected from social isolation.

People were encouraged to voice their concerns or complaints. Complaints were investigated and responded to.

Is the service well-led?

Good

The service was well- led.

There were systems in place to regularly assess and monitor the quality of the service. The provider had met the breaches in regulation from the previous inspection.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

Staff were encouraged to contribute to the improvement of the service and staff felt valued.

The management and leadership of the service were described as good and very supportive.

Appropriate notifications were sent to the CQC.

Cedar Court 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 6 September 2018 and was unannounced. The inspection team consisted of two inspectors, a specialist dementia nurse 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 service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

We reviewed the Provider Information Return (PIR). The PIR 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 were also following up on concerns that were raised by the Coroner's office in relation to wound care management and concerns raised by the Quality Assurance team from the local authority.

During the visit we spoke with the registered manager, 12 people, one relative, one visitor and eight members of staff. There were people that were unable to verbally communicate with us; instead we observed care from the staff at the service. We looked at a sample of six care records of people who used the service, medicine administration records and training, supervision and four recruitment records for staff. We reviewed records that related to the management of the service that included minutes of staff meetings, surveys and audits of the service.

After the inspection we were provided with feedback from two health care professionals.

Good

Is the service safe?

Our findings

People told us that they felt safe with staff. One person said, "It's very safe here. I do feel safe because when you go outside it's so big and they do look after you here." Another told us, "I feel safe enough here. There's always staff around to help you if you need them." A third said, "Nothing worries me. I just say to myself everything is here for us, you've just got to grab it."

Relatives we spoke with told us that they felt their family member was safe at the service.

There were safe medication administration systems in place and people received their medicines when required. Medicines were administered by registered nurses who were assessed to ensure they were competent and safe to do so. There were pain charts used daily for people where appropriate to determine if painkillers were required. All medicines were found to be stored appropriately, the drug fridge temperatures were recorded daily. Staff had a clear understanding of what to do should there be an unacceptable temperature deviation. The rooms where the drug fridges were stored had an air-conditioning unit in place and there was a system in place to reset each morning and notices in place stating they should not be switched off. One relative told us that they visited daily to help with his family members medicine as their family member found taking their medication distressing. The relative felt well supported by the staff enabling them to do this. There was a clear policy in place for the administration of homely remedies.

People were protected against the risk of infection as appropriate measures were in place. One person said, "It's [the service] kept very clean, they [staff] do a good job." Another told us, "They [staff] never stop cleaning. I've never smelt any bad odours." A relative said, "There is a very good standard of cleanliness and no odours."

The environment was clean and smelt pleasant. Bathrooms were clean and tidy; sluice rooms were locked and the laundry room was tidy and organised. Handwashing prompts were seen around the service and staff were observed washing their hands regularly. Staff had received training in infection control which they put into practice to keep people safe. One member of staff said, "You have to have good hand hygiene. I wear gloves and aprons and if someone has diarrhoea and sickness then change their towels after every wash. This is all to reduce the risk of bacteria spreading." Hand sanitizers were available in various areas around the service. One nurse demonstrated an understanding of infection prevention and control by handwashing before and after administering eye drops to a person who was known to have an infection. One relative said, "When I used to come in there were smells in the corridor and room but now, since [registered manager] took over, it always seems to be clean, in order, and tidy and no unpleasant odours. When mum first came in here I used to drive off and wonder if I'd done the right thing. Now when I visit I drive off knowing she's in safe hands and that's a huge relief."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. There were up to date and relevant risk assessments in place, particularly around contributing factors such as nutrition, skin integrity and mobility. One person said, "I've got a bell, there's always a carer around, there's lots of handles and bars in the bathroom for support. I just feel comfortable and safe here." One member of

staff said, "If a person is at risk of falls then always make sure they have their call bell within reach. If they are walking then make sure they have their frames with them. If needed walk with people to offer support." Where clinical risks were identified appropriate management, plans were developed to reduce the likelihood of them occurring. People were protected from developing pressure ulcers. One person's records specified they should be supported to turn over in bed to relieve pressure on their skin. They were supported to do so every three to four hours and staff had signed a chart to confirm that they had done this.

Environmental risks to people's care were managed safely. Bedrooms and communal areas had smoke detectors and fire doors fitted. Communal areas had smoke detectors and emergency lighting fitted and fire extinguishers at intervals along the corridors. The fire extinguishers had been serviced within the last 12 months. In the event of an emergency such as a fire each person had a personal evacuation plan and staff understood how to evacuate people in an emergency. There was a business continuity plan for example in relation to staff sickness, bad weather and in the event the building needed to be evacuated.

Staff understood what to do in the event of an accident or incident. One told us, "If someone was choking I would slap their back five times and call the emergency bell. We record all accidents and incidents and update the care records." There was detailed information around how the incidents occurred and what steps had been taken to reduce further risks.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One person told us, "If it was something wrong that I didn't like going on I'd speak with [the registered manager]." One member of staff told us, "I would speak to the person who was abusing and explain that they cannot do that. I would then report it to my manager." There was a safeguarding policy in place and all staff had received training.

There were sufficient care staff to meet the needs of people. One person told us, "Enough staff. They come quickly." A second said, "I think there's probably enough staff, they certainly seem to cope all right." A third told us, "I always get a response to my bell and don't have to wait long. Night times and weekends are no different."

One relative told us, "There's always staff around. There's no cause for concern." Another said, "There always appears to be someone around if you need them. I know most of the staff and they know me." We found that staff attended to people's needs without them having to wait. One member of staff told us that people were, "Well served with activities, but it would be better to have someone else when accessing the community." We saw that the registered manager was recruiting to this position and seeking volunteers to assist with activities outside of the service. The registered manager assessed people's dependency regularly and increased the staffing levels where needed. We reviewed the staffing rotas and saw that staffing numbers were always met.

People were protected from being cared for by unsuitable staff because robust recruitment procedures were in place. We saw that there was an up-to-date record of nurse's professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

Good

Is the service effective?

Our findings

At our last inspection in July 2017 we identified a breach of the requirements of the Mental Capacity Act (MCA). There were a lack of decision-specific mental capacity assessments for people and consent for people was not always being sought. At this inspection we found this had improved.

People confirmed that they were asked consent before care was delivered. One person told us, "They [staff] always ask if they can do things. We'd like to change your dressing, is that okay?"

The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. There were mental capacity assessments in place for people accompanied by evidence of best interest meetings. For example, in relation to bed rails, locked doors and covert medicines. One member of staff said, "People have the right to make decisions. We can help them make these decisions in their best interest. It's important to know your residents and what they like and don't like." Another told us, "The law is designed to protect people that may not be able to make decisions for themselves."

We noted that applications for DoLS authorisations had been completed and submitted to the local authority where appropriate. One member of staff said, "Where people [who lack capacity] may want to go home we apply to the council for DoLS."

People and relatives felt the staff were competent in their roles. One person told us, "Care is very good. This is the best place I've been to." Another person said, "I'm well looked after." A third said, "I know all the staff and they know me and I think they do a marvellous job." A relative told us, "The staff are excellent. They are proactive, they look after mum so well and are very kind to her."

Staff were sufficiently qualified, skilled and experienced to meet people's needs. People were supported by staff that had undergone an induction programme which gave them the skills to care for people effectively. All new staff attended induction training and shadowed an experienced member of staff to assist them to carry out their role. One member of staff said, "The training is a useful reminder for yourself and things change." Another told us, "Training is better. It's more often. We do it every six months to one year to refresh our knowledge." We saw that staff had undertaken the service mandatory training that included dementia training and training around behaviours that may be challenging. Nurses were provided with updated clinical training including wound care, catheter care and end of life care.

Staff received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. One member of staff said, "We have supervisions with our manager. You can question how you do things to see if you are good or not. It's good to talk to your manager face to face." The clinical lead

undertook one to one and group supervisions with nurses on a regular basis and other staff met with the registered manager regularly. Nurses at the service had to revalidate periodically to prove their skills were up-to-date and they remained fit to practise.

The environment was set up to meet the needs of people living at the service. The service was well decorated and homely, and consideration had been given to making the service more dementia-friendly. There were memory boxes outside people's rooms to help orientate them back to their bedrooms. There was appropriate signage on the bathrooms and toilets. The corridors had been decorated and furnished with sensory items, murals and objects of interest; which people accessed independently. There was a room that was made to look like a garden with soothing music playing. Furniture had signs on to prompt people where to find which items of clothing.

Handrails were in place in corridors throughout the building to help people mobilise safely. One person said, "There's no problem getting around. The corridors are wide and there's plenty room to turn if you need to. There's hand rails along if someone feels the need to grab on. There's plenty of space between the furniture. I get around and out and about." One relative told us, "She [their family member] can walk around and does so."

We asked people their thoughts of the food at the service and whether they had choices. One person said, "Good food, good choice." Another told us, "There's lots of food to eat. I have enough to eat and I'm never left feeling hungry. There's always drinks being brought round and biscuits and cake." A third told us, "The quality of food in the main is good. There's always something I'll eat." A fourth said, "It's excellent food. They [the kitchen staff] come the night before with the menu choice. I have breakfast and supper in my room and lunch in the dining room."

People's nutritional and hydration was managed well at the service. For example, one person experienced high weight loss after moving in to Cedar Court. They were placed onto a food chart for two months, supported with their meals and an improvement was seen. The person had been taken off of their food charts and was happily eating their meal when we saw them. One member of staff said, "We always try and encourage people to eat and drink. If someone isn't eating or drinking well, we start a food and fluid chart. I would speak to the nurse if I was concerned."

We observed lunch in the main dining rooms. The tables were tastefully laid with serviettes, cutlery and beverages. People were given the option of what drinks they wanted and staff sought their choice before they were served. Adapted cutlery and plates were provided to people who needed them. People were offered a choice of meals and where appropriate a visual choice was offered to people to help them decide. Where people had a soft or pureed meal this was displayed pleasantly on the plates that made it look more appetising. Staff went at people's own pace when they ate and chatted with them. Staff were attentive, going between tables asking people if they needed anything.

Those people who ate in their rooms received their meals quickly. There were people at the service who had specific dietary needs. The chef had taken care to ensure that their meals were cooked taking into consideration their needs. Fruit, snacks and a variety of drinks such as tea, coffee, and different flavoured juices were readily available to people. The chef told us, "They [people] requested more salad so we put that in." The chef told us they met with people each week to gather feedback about the food to make changes where needed to the menu. We saw evidence of these discussions with people.

People told us that they could access health care. One person said, "If we need a nurse we can see one here. If beyond here then they will make a decision to get a doctor out. It's possible to get taken to see the

dentist." Another person told us, "The staff check every day how I am feeling. If I needed to see anyone the nurse would check me over and if the doctor was needed he'd be called out. If I had a hospital appointment they'd arrange transport for me. "A relative told us, "Mum has been allocated a doctor. I have no worries about health care."

There was evidence in care plans that a range of healthcare professionals were involved in people's care. We saw that a GP visited weekly and a community matron visited weekly to review wound care and any infection control issues. A paramedic practitioner provided further support every week. The registered manager told us that all staff were aware of how to identify a deteriorating person and knew to either call 111 or them. There were examples of referrals made to multi-disciplinary teams together with responses and actions taken.

Prior to moving into the service, people's needs were assessed to ensure that the service was appropriate for them. On admission, people's vital signs and measurements were taken as a baseline. If when next checked there was a concern, the registered manager received an alert through the system so that they could follow this up and monitor that person's general health. Care and support was planned and delivered in line with current evidence based guidance. Standards were incorporated from relevant guidance that was specific to the services they delivered. For example, from the National Institute for Health and Care Excellence, British Journal of Nursing, Royal College of Nursing, Mental Capacity Act 2005 (MCA) and NHS England. We found that the care being provided was effective and produced positive results for people.

Staff worked well together across the service. Staff had a handover meeting with heads of departments every morning. The registered manager told us, "I'll speak to the nurses to see if people's needs have changed." A member of staff told us, "Staff work well together, we call each other on the floors and we have a good handover in the morning when we come on shift. It's important to know what's happening with people whilst you have been off."

Good

Is the service caring?

Our findings

At our last inspection in July 2017 we found that people's spiritual needs were not always considered and people's dignity was not always respected. There had been a strong smell of urine on the unit where people living with dementia were. People's appearance was not always well maintained and people could not always understand staff whose first language was not English. We found that this had significantly improved on this inspection.

People were treated with dignity and respect. The chairs in the lounge had been replaced that meant that people were no longer having to sit on furniture that smelled of urine. When staff provided personal care to people this was provided behind closed doors to protect people's dignity. We observed staff knock on people's doors before they entered. People looked well cared for and staff took care to ensure that people's appearance was well maintained. One person said, "The staff are very good at privacy and dignity. The door is always shut when they're helping me in the shower. The curtains are closed too." Another said, "They treat me with compassion and try to inject some humour. They always protect themselves when they're washing me." A visitor told us, "When I'm visiting, if [name] needs to have someone help with personal care I'm asked to leave the room. They'll come and find me when they're done and let me know."

People told us that they thought staff were kind and caring. One person said, "Everybody is very friendly and helpful. Nobody rushes you, they do things at my pace and that makes me feel safe." Other comments included, "[Staff are] very kind. Caring", "Oh, they're lovely here, they make a lovely cup of tea", "Everyone [staff] here knows me. I like it here. They're very nice", "It's lovely here, lovely" and "The staff are lovely. They know what they're doing and we get on together very well." Relatives shared this view of staff. One told us, "The staff cannot be kinder to mum." None of the people we spoke with had a concern understanding staff whose first language was not English.

We observed examples of kind and caring interactions between people and staff. As each chosen meal was placed in front of people at lunch, where it was a hot meal the member of staff cautioned the person to be careful as the plate was hot. As soon as the plate was put down, the person was asked if they were happy with their meal before the member of staff moved on to serve the next person. One person had refused their meal. A member of staff went over to them, knelt down and spoke to them, holding their hand and asked what was wrong and whether they could get them something different. The member of staff was tactile and soothing and the person responded to this. On another occasion we observed a member of staff sitting with a person in their room. They were gently rubbing the person's hand and chatting to them.

Staff used endearments with people where it was appropriate to do so and people responded to this in a positive way. We saw a person being gently encouraged by a member of staff to walk down the corridor. The registered manager also passed at the same time and said they were going to have to put up a speed camera for the person. The person laughed at the joke and said they were so glad the member of staff had given them encouragement to make the effort to walk down the corridor. One person said, "I very much feel they [staff] want to care for me, not that it's just a job to them." We heard another member of staff say to a person in their room, "Are you feeling hot [person's name]? Try to stretch out. That's perfect, well done my

love."

We looked at care plans to ascertain how staff involved people and their families with their care as much as possible. We found evidence that people and/or their representatives had regular and formal involvement in ongoing care planning. One relative told us, "I was involved with the care plan which was done with the previous manager. [The registered manager] has been in touch with me to say that it needs a review." People told us that they had choices around their delivery of care. One person told us, "I was told when I came in here that this is my home and that all anybody wants to do is to make life easier for me, not take my choices away from me." Another told us, "I don't feel as though my freedom has been taken from me, I have the choices to do what I want." A third person said, "The staff are absolutely lovely. They'll come into my room and say, 'Are we having a shower this morning [name]' and I'll answer back 'Yes we are, thank you.' We have a good laugh and they never rush me. They know exactly what to do and I feel very confident with them."

When staff spoke with people they did this in a polite and respectful manner. One person said, "I'd say the staff were kind and respectful. They have endless patience." Another person said, "They're [staff] kind enough and also respectful when they speak to me." A third said, "I think they're excellent. They call me by my first name and I'm absolutely happy with that." We saw an example of a person [living with dementia] repeatedly ask a member of staff the same question over a period of 20 minutes. The member of staff responded patiently and calmly each time the questions was asked which put the person at ease.

People were supported with their independence. One person told us, "I make my own choices what I'm going to do. I'm lucky that I can get around easily enough with my wheels [referring to their walking aid]." Another said, "If I wanted to get out into the garden they'd take me out. The home is large and easy enough to get around wherever you're being taken." A third said, "They don't really have to do much for me because I'm still as independent as I can be. I suppose the fact that they let me be independent is good." A relative told us, "They [staff] do their best to try and encourage her to be as independent as she can be."

People were able to personalise their room with their own furniture and personal items so that the rooms felt more homely. We saw that family and visitors were able to visit the service whenever they wanted. Relatives and visitors told us that they always felt welcomed. One told us, "It's very much open door and visitors can pop in when they want." Another said, "Visitors can come when they please." A third said, "There is no issue about what times or days I visit."

We saw that people had access to religious services that were important to them. One person said, "There's a monthly communion and church service which I have been to." Another person said, "They have a church service here for anyone that wants to attend." The registered manager told us that they were unable to locate an external group to come to the service for a particular denomination. It had been agreed with the person's family that staff would take the person to services when the family made them aware they were on.

We asked people what the atmosphere was like at the service and what they particularly liked about living at Cedar Court Care Home. One person said, "The atmosphere here is friendly and generally I'm quite happy here for all sorts of reasons. I don't have to worry about anything." Another told us, "It's usually a calm atmosphere here. You don't hear people shouting down the corridors." A third said, "It's a nice, comfortable atmosphere. Being cared for and having things to do helps with my frustration that I can't get up and do things for myself." A fourth said, "It's a family atmosphere here. There are two reasons why I particularly like living here; the security and because my son and daughter don't have to worry about me."

Good

Is the service responsive?

Our findings

There were detailed care records which outlined people individual care and support. For example, personal hygiene (including oral hygiene), medicines, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. We saw guidance available for staff in relation to specific healthcare conditions. For example, one person had diabetes. There was information for staff on the signs to look out for should the person become unwell and what they needed to do. Staff were knowledgeable about people's care needs. People care plans showed that they were reviewed monthly and on a more frequent basis when required. Daily records were also completed to record each person's daily activities, personal care given, what went well.

The provider had systems in place to ensure people received appropriate end of life care. Nursing staff were knowledgeable about the challenges associated with the gradual deterioration of people in their care. They spoke both compassionately about ensuring that people received good end of life care and the importance of building relationships with relatives, and people's friends to ensure they were involved in decisions about their care. Staff took one person [who was nearing the end of their life] to Liberties of London for her 100th birthday as they used to work there.

People had a range of activities they could be involved in. One told us they enjoyed it when there was music and when animals came in. Another said, "[Staff name] is a wonderful activities organiser. Some of the residents were involved in putting the flower beds together and look after them." A third person told us, "When they have activities like exercises, quizzes, general knowledge, what the papers say, news quiz, I enjoy all of them and I go to the lounge. It's also the social company I like, which is good." A fourth said, "I go upstairs to the activities. I go to most, I feel one should support. [Member of staff] is excellent and organises everything very well."

We observed a 'what the papers' say activity in the morning. People attended from all units. They discussed trains and rail journeys and compared past and present experiences of this. People were engaged and sharing memories where possible. In the afternoon an entertainer came to the service to play music. Other activities occurring this month included dog visits, a Spanish guitarist, quizzes, exercises, a singing 'Glee' club and hair and beauty sessions. One person said, "I like to knit, read and do crosswords. I can entertain myself. I'm not bored."

The activities coordinators carried out individual visits to people who were cared for in their beds and spent time chatting to them. This was evident from the daily activities record in people's electronic file. It confirmed what was spoken about or if that person was asleep upon their visit. A relative told us "The is very good. [Staff name] always goes in and asks mum if she'd like to join in. Nowadays it's nearly always no but [staff name] will stop and have a chat with her, so she's definitely not overlooked."

We saw that seasonal events took place at the service, including summer and Christmas fetes. One person

said, "Unfortunately the weekend we had it there was bad weather but that didn't dampen things. We had a fantastic gentleman who sang everything from Frank Sinatra to the Bee Gees, he was excellent. There was a raffle and all sorts of things going on. It was a tremendous amount of work but the staff just got on with it and had fun with everyone and it was a lovely day to remember." There were also trips outside of the service including garden centres, trips to the coast, schools, toddler groups and churches.

The service viewed concerns and complaints as part of driving improvement. We noted the complaints procedures was available for people and visitors in reception. People and relatives told us they knew how to make a complaint. One person said, "I've not made any written complaints but I know there is a procedure if I wanted to do so." Another told us, "It would have to be done to the carer and then referred up the tree. The only occasion care staff can deal with it is if food not hot enough, where there have been occasions, but not many." A third said, "I've not made a complaint but I know there is a procedure. I'm not frightened to speak out but I have a daughter who visits and I think she would want to know and take care of anything formal."

Good

Is the service well-led?

Our findings

At our previous inspection we identified that there was a lack of robust quality assurance processes in place. The provider sent us an action plan to advise how these shortfalls were being addressed. At this inspection we found that improvements had been made.

People and relatives informed us that there had been improvements in the leadership of the service since the last inspection. Comments included, "It's well run", "The manager is good. His medical knowledge is very high. Everyone works together as a team and I think the staff respect him. His deputy, she's a lovely lady. They're very approachable", "I know who the manager is, he's always around and is approachable. He's made a lot of changes for the better since he took over when I used to visit friends, which is one of the reasons why I chose to come here" and "The manager is very good. He came to the house to assess me and arranged for me to come in. He's very approachable and I feel confident with him in charge."

We asked staff whether they had seen improvements in the management of the service since the last inspection and whether they felt supported. One member of staff said, "'He's [the registered manager] very good, very easy to deal with, very approachable. He knows how to resolve any issue I have." Another told us, "[Registered manager] and [deputy manager] are fantastic. There is an open-door policy, they're always ready to listen."

Staff morale was good and they worked well together as a team. One relative told us, "He [the registered manager] motivates his staff. He's instigated 'Employee of the Month' and that's good for morale. He has made huge improvements in the organisation, structure and leadership. Daily tasks are done properly." A member of staff said, "I think we do a really good job here. We took a dip and we've come out the other end. I think the residents are really happy and that's the main thing." The registered manager told us that they were developing an open and transparent culture so that staff would feel able to raise concerns. Staff told us that they felt valued.

Staff understood the ethos of the service. One told us, "You need to have empathy. Work with your heart". We saw a large tree on a board at reception where staff wrote down what they believed what was important to people living at the service. These included, "Friendliness, respect, hope, happiness, love and welcoming." Staff demonstrated these values in the care they provided during the inspection.

During the inspection we found that the management team responded well to any areas of improvement they needed to make. We raised with them the need for an additional laundry staff member. The registered manager had been trying to recruit to this position however they ordered an agency member for the following day as soon as the concern was raised. Some of the drawers in the corridor were unclean with old crisps and broken plastic, as were sensory rummage boxes, but the registered manager was quick to address this by adding this to the check list for the cleaning staff.

People and their relatives had opportunities to feed back their views about the quality of the service they received. There were regular resident and relative's meetings where people were asked for their views on the

service. We saw that people and the relatives fed back that they were satisfied with the quality of care. One person said, "[Registered manager] holds regular meetings where we raise queries or suggestions." A relative said, "I had a newsletter email a week ago and I know they have residents' meetings." We saw that where people had made suggestions these were taken on board. One person had asked to be involved in the recruitment of staff. Training was being arranged for them. Where people had asked for smaller meal portions this was accommodated. In additional resident and relative surveys were undertaken.

There was a comprehensive system of audits that were being used to improve the quality of care. These included clinical care, care plan audits, nutrition and dining experience, infection control and the environment. Each audit included an action plan of things that required improvement and timescales for these improvements. For example, it was identified that the gutters required cleaning. A contractor had been arranged to come and address this. Another action point was that relatives who did not attend the meetings should be sent an email or a letter. We saw that this was taking place. The provider had a tracker in place to review all audits around health and safety and the quality of care. We saw this was being regularly updated.

There was evidence that the provider was working with external organisations in relation to the care provision. The home had created a link with a local toddler group that visited Cedar Court once a month. Students from a local school visited the service to understand how staff provided care to people. They fed back, "We were totally blown away by our day with you yesterday. [Staff] gave a fantastic insight into the workings of a residential setting."

Healthcare professionals gave us positive feedback of their experiences of working with staff at the service. One told us, "I have worked with the management team who have been very welcoming. They have a good knowledge of their residents and as well as following our advice they have been proactive in asking for advice when they have had queries about residents." Another said, "I am aware that Cedar Court (and particularly the manager) have been working to improve their standards with regard to their overall management of eating/drinking/swallowing difficulties and with regard to oral care, and I have not had any recent incidents when specific recommendations that I have given have not been carried out."

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. The registered manager had informed the CQC of significant events when required.