

N Notaro Homes Limited Cedar Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Inadequate



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This unannounced inspection took place on 2 December 2014.

The last inspection of Cedar Lodge was carried out on 21 October 2013. No concerns were raised at that inspection.

Cedar Lodge is registered to provide accommodation and personal care for up to 57 people. There are two areas of Cedar Lodge one being the Limes which can accommodate up to 15 people from the age of 25 who have an enduring mental health illness and the other called Cedar Lodge where people living with dementia receive care and support.

There is a registered manager in post who has overall responsibility for both the Limes and Cedar Lodge. A

registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living on the Limes were not always empowered to express their views, to feel they had a voice and be involved in the arrangements for meeting their care needs. Their human rights to privacy and confidentiality were not always respected and upheld.

There was an inconsistent approach to ensuring people felt able and confident to make complaints. People on the Limes told us they did not feel able to make a

Summary of findings

complaint or voice their view. One person told us “They don’t talk with me about any decisions, we are not asked about things.” However on Cedar Lodge people spoke of being able to talk with the manager and staff about their worries and concerns. One person said “I know there is always someone I can talk to about anything that is bothering me.”

People on the Limes did not always have the opportunity to have their nutritional needs met because of restrictions on accessing food and drinks. People on Cedar Lodge received the necessary support to ensure their nutritional needs were met.

There were not arrangements in place to ensure where equipment was used to protect people’s health and welfare and in their best interests consent was obtained.

People told us they felt safe and how there were always enough staff to provide them with the care they needed. One person told us “The staff are all very kind and understanding” another said “The staff are all friendly, they keep me safe.”

We observed how staff supported people on Cedar Lodge who were at times distressed or disorientated. They kept people safe by responded in a positive way to people who potentially were placing themselves or others at risk of harm.

Risks of abuse to people were minimised harm because staff were aware of their responsibilities to report any concerns about possible abuse. Recruitment arrangements minimised the risks of abuse to people because the necessary checks were undertaken.

People were supported and cared for by staff who received the necessary training specific to the needs of people who used the service. This gave them the skills and knowledge about how to meet people’s care needs effectively. They received good support with regular individual supervision.

People had access to community health services such as GPs as well as specialist community health and mental health services.

There was a calming, relaxed and caring environment on Cedar Lodge where people’s mental health needs and how it impacted on their behaviour and understanding were respected and understood. People were cared for by kind and respectful staff in a welcoming and caring environment. People said how kind and friendly staff were. We saw staff spent time talking and listening to people. There was an inviting and welcoming environment.

People had the opportunity to live their lives as they chose with staff enabling people to make choices about their routines. Activities were arranged on Cedar Lodge which suited people abilities and choices however on the Limes people had limited opportunities for activities.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. People felt safe living in the home and were confident staff had the skills to provide safe care and alleviate the risk of harm to individuals.

Staff demonstrated a good understanding of their responsibility to protect people from abuse and poor care.

There were adequate staffing levels in the home to provide the necessary care and attention to people.

Good



Is the service effective?

The service was not always effective. People were not always able to have their nutritional needs met.

There was no system in place to ensure consent was obtained for the use of equipment which monitored people's movements.

People had access to a range of community health services so their health needs could be met effectively and health specialists provided support and guidance to staff to meet people health needs.

Staff received the necessary training so they had the skills and knowledge to meet people's care needs.

Inadequate



Is the service caring?

The service was not always caring. On the Limes there was not an environment where there were positive and engaging relationships with people.

People's rights to confidentiality were not always respected.

There were inconsistencies in ensuring people's right to privacy and dignity were upheld and respected.

The environment on Cedar Lodge was caring and respectful of people's abilities and specific needs associated with their mental health.

Requires Improvement



Is the service responsive?

The service was not always responsive. There was an inconsistent approach in how the service promoted an environment and culture where people felt able to voice their views, concerns and make complaints.

People received care which was individual to their needs and choices.

The staff responded to changes in people's needs which made sure they continued to be appropriately cared for and receive the care they needed.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not consistently well led and we found failures in how the Limes was managed and people supported.

On the Cedars there was an open and approachable environment for people, relatives and staff.

There were systems in place to identify shortfalls in the quality of care and these had been effective in making some improvements however they had failed to identify areas which needed to be addressed for people living on the Limes.

Requires Improvement



Cedar Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 02 December 2014 and was unannounced. The inspection team was made up of two inspectors, one of whom had mental health experience. We also had an expert by experience. An expert by experience is a person who had personal experience of using or caring for someone who uses this type of care service. Before the inspection we asked the provider to complete a 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 also reviewed the information we held about the service.

During the inspection we spoke with 14 people who used the service five of whom lived on The Limes, three relatives and seven staff. We spent time with the registered manager discussing their views about how they managed the service and the quality of the care provided. We looked at a number of records relating to individual care and the running of the home. These included seven care plans, medication records, and records of accidents and policies and procedures. We also observed staff interacting and supporting people and saw how people were supported to have meals.

We contacted social care and health care professionals asking them about their experience of the service and their views on the quality of the care provided by the home. Comments we received from two health care professionals have been included in this report.

Is the service safe?

Our findings

One person told us “There are always enough staff around.” And another person said “Staff always treat me kindly, they understand me and how I sometimes get upset but it is not a problem.”

Staff on the Cedars demonstrated an understanding of how to keep people living with dementia safe. They told us how they needed to observe people for example one person who mistakes another individual for their partner. This could cause anxiety and aggressive behaviour. Staff told us how they needed to be aware of these situations and how they would distract the person and “lead them gently away”. We observed staff took care to ensure people’s safety usually by gently taking them by the hand and moving them along when they were blocking spaces and potentially stopping others from passing. This could, they told us, lead to people becoming distressed, agitated and aggressive. Staff were attentive to people’s needs and alert to their needs alleviating the risk of harm to themselves or others.

Staff confirmed they had undertaken safeguarding adults training and were aware of how abuse could occur and the differing types of abuse. They all told us if they had any concerns they would “immediately” report them to the manager and were confident he would investigate and “take the action needed”. Staff were aware of their right to report any concerns outside of the service and they were protected by the providers whistle blowing policy. This policy gave information to staff about how to share concerns about possible abuse in a confidential manner to outside agencies. One staff member told us they would go to social services if they were not satisfied with how the manager responded to any concern they might raise.

The service had notified us of incidents where there was concern about the risk of harm to people. They had also appropriately notified the local authority safeguarding team for possible further investigation. This demonstrated the service understood the importance of reporting incidents to appropriate agencies.

On the Cedars staff were present throughout the home and also sat in the lounge area so they could respond immediately to people’s needs. We observed staff spent time preventing risks of harm to people by being attentive and alert to their needs. Staff had time to walk with people

who were walking around the home, talking and re-assuring them. This demonstrated how staffing deployment and the arrangements for staffing of the Cedars enabled people living with dementia to receive appropriate support and care. Staff told us they felt there was always enough staff on duty in both areas of the home.

Risks to people were minimised because the home operated a safe recruitment procedure. Staff told us that as part of their recruitment previous employment and criminal record checks had been undertaken. This was to ensure potential employees were suitable to work with vulnerable adults.

People’s health risks were well managed through risk assessments identifying specific risks, such as skin damage, risk of falls and nutritional risks. Information was provided to staff about promoting and monitoring fluids and ensuring people in bed were repositioned regularly.

Risks to people who lived in the Limes, such as smoking, were minimised because with the agreement and involvement of people measures were put in place to alleviate risks.

Some people had behaviours which could be challenging to the service which could cause risks. These were managed by providing staff with information about possible triggers and signs to look out for that would indicate changes in behaviours. For example, a support plan described how staff were to spend time with a person distracting them with activities when they were pacing and their breathing became laboured.

People told us they had their medicines when it was needed. One person told us “Staff will come and find me so they give me my medicines.” People received medicines from senior carers who had undertaken specific training about the management and administering of medicines. Administering records had been completed accurately with entries for when people had refused medicines and where “as required” medicines had been given. There were protocols for when “as required” medicines could be given to people. Staff were able to tell us when such medicines could be given to ensure they were being used appropriately.

Is the service safe?

On the Limes new medicine arrangements had been put in place for when people go away from the unit such as going to stay with their family. This followed an incident where there had been concerns about the required medicines being given to the person.

Is the service effective?

Our findings

Although staff gave examples that showed they understood the principles of the Mental Capacity Act 2005, in some instances they were not following it. We found some people's rights were not fully protected. For example, on the Cedars some people had pressure alarm mats in their rooms and some had door alarms. When a person steps on this type of mat, an alarm will go off to let staff know the person is moving. The same thing will happen with a door alarm. Whilst these mats and alarms are used to protect people at risk of falling, they can infringe on their privacy and freedom of movement. It is therefore important that the decisions to use this type of equipment are carefully considered, involving people and professionals. People's consent had not been sought in these circumstances.

Where people lacked the capacity to consent the registered manager had not followed the codes of practice in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager confirmed there were no arrangements for obtaining consent in the use of equipment such as pressure mats and door alarms and no best interest meetings had taken place. We did however note this was an area identified for improvement through a quality performance review undertaken by the registered manager.

On the Limes, where there were generally younger people, some people had signed they did not wish to be resuscitated as part of "End of Life Plan". There was little if any other information as part of these plans. We asked the unit manager why people had signed them and they could not give a reason why they were being completed. This meant there was a potential for people not to receive appropriate care and treatment and people's right to treatment being denied.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People spoke highly of staff and their skills. One person told us "I love it here, staff do a great job, meals are all on time so you know where you are and they do a thorough job." Another person told us "the staff do an excellent job".

People staying in the Limes told us there were set mealtimes but there were some facilities in the lounge and kitchen area to make snacks and drinks. However people told us these facilities were not always available. One person told us they liked to get up early but were not able to get themselves a hot drink before 8am. Another person told us they had asked for a banana as they were hungry but were told they could not have it as it was after 9pm, another wanted some toast but again told no as it was after 9pm and the lounge/kitchen area was locked. People told us "there was not enough choice", "not enough food" and "there is not enough to eat".

People told us if they missed the evening meal which was at 5pm they would have to make a sandwich for themselves. If they were not there at 5pm they did not get a hot meal. One person told us they did not like the evening meal choice and were told if they did not like what was on offer they could have a sandwich. They said they had asked to cook something else but had been told no.

People told us access to snacks and other foods, hot drinks was restricted in the evening. They all said the lounge/kitchen area was locked at 9pm and unlocked again at 8am. People said this was the only place to get a hot drink, sandwich or other snack and watch television or just sit in the lounge area with others. One person told us they had a kettle in their room but they could not get milk after 9pm. People did not have fridges in their rooms. There was limited fridge space in the kitchen area. One person told us "I tend not to buy anything and keep in the fridge as it goes walkies." Another person told us they bought cake, coffee and cake to keep in their room.

The Limes "Guide to the service" said "snacks, fresh fruit, hot and cold drinks will always be available 24 hours a day". One member of staff told us "There has to be a cut off time for people accessing food". We asked the manager of The Limes why the lounge/kitchen was locked at night. They told us it was only locked for a short period at night when staff were doing medicines. We asked why this was as during the day when people had medicines it was not locked. They then said it was "locked because there is a kettle in there". Most of the people we spoke with told us they did not like the restrictions but felt they could not complain about it. They said no one had asked them for their views about these restrictions on accessing the

Is the service effective?

lounge/kitchen area. This meant the arrangements for ensuring people's right to have their nutritional and dietary needs met, to have enough to eat and drink, were not effective.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Since our visit and following our feedback to the registered manager we have been told improvement have and are being put in place. Specifically about people accessing the kitchen area was to be discussed with staff. A meeting was to be held with people on the Limes about having meals and snacks.

We looked at the arrangements for meeting people's nutritional needs in both areas of the home. Care plans included information about people's dietary needs and identified any concerns about people's health related to nutrition. Nutritional assessments identified any concerns and specialist advice had been sought from professionals such as dietitians. Some people received supplements or a fortified diet where there was concern about people's weight or their having a balanced diet.

We observed people on Cedar Lodge received support and assistance where this was needed. People were given help in a non-intrusive and sensitive way. Some people were asked if they needed help and this was always given so ensuring people had their meal. There was a relaxed and unhurried atmosphere with people being given plenty of time to have their meal. One person told us "I like the food here". We were told people had the opportunity to make a choice about their meal and there were pictorial menus available to help people make a choice. However when given the meal care staff did not always tell the person what the meal was or confirm this was what the person wanted. This meant people were not always given the opportunity to have an alternative meal if they wished.

People were supported by staff who had completed training in a range of areas including infection control, health and safety and moving and handling. They also told us they had undertaken dementia care training and other specialist areas such as catheter care and supporting people who have diabetes. One member of staff told us "The training is very good it helps me give the care people

need." Training records confirmed staff had undertaken training specific to the needs of people in the home including mental health awareness for conditions such as depression.

All the staff we spoke with told us they had regular individual supervision and this was confirmed by records we looked at. They said there were "ample training opportunities" and appraisals.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and hospital. DoLS provides a process (authorisation) by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was aware of the impact of recent changes about deprivation of liberty safeguards. The changes widened when applications may be necessary. They had made an application for one individual and had identified others where applications needed to be made.

People had access to community health services and specialists. Records showed where some people had been referred to a dietician because of concerns about weight loss and nutrition. Others received health care support through community nursing. For one person this was to provide care for a pressure wound. They had provided guidance to staff about this individual's specific care needs and records showed this guidance had been followed. People received support from the community mental health team where this was needed.

A healthcare professional told us "The team of senior carer on the Cedars have a good understanding of the needs of their resident's and converse well with GPs and the district nursing team. If they are not sure about something they will happily ask for advice and support. They are aware of their limitations and are pro-active to the resident's changing needs."

The Limes worked closely with community mental health team and people told us they regularly saw their community psychiatric nurse (CPN). Staff told us the CPN visited the Limes weekly to liaise about people's recovery and progress.

A mental health professional who works with staff on the Limes told us "I feel that the team are responsive to peoples care needs, they link in with various teams within

Is the service effective?

Somerset Partnership and will always contact me if they have concerns over a client or any issues over care. As I mentioned I meet with the Staff weekly and we go through all clients living within the home and any issues that may be causing concern. Due to the nature of the clients living at the home, most suffer from severe and enduring mental health care needs, there are often changes in people's

presentation on a day to day basis and Staff manage these changes well. The Staff always listen to my advice and we have many discussions around the best way to meet the complex needs of some of the clients at the Limes. Staff also support Clients to attend reviews with the Consultant Psychiatrist and are part of this review so that information is shared and plans of care agreed."

Is the service caring?

Our findings

People's rights to confidentiality were not respected. On the Limes we observed a person's 1:1 keyworker time taking place in the dining room. This was a public area off a corridor. We saw other people came and sat in the room and could overhear personal and private information. We could hear from the corridor personal information being discussed. People had to walk past the area where the meeting was taking place and we noted there was no change in the conversation or acknowledgement people's information was personal and private.

We spoke with the person and asked how they felt about the 1:1 meeting and they told us they did not feel listened to and their care plan was out of date as it said they were still in hospital. This was later confirmed by the keyworker. The person told us "it is not private and everyone could hear".

Staff told us such meetings were "normally" held in the dining room. One told us if people asked they could be held in the person's room. We asked people if they knew this was possible and they said they did not. This meant people's privacy; dignity and respect for confidentiality were not upheld or promoted.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us staff were "all lovely and kind" and "you can't fault the staff they really look after me". One person on the Cedars told us "I love it here, I'm so pleased, it could not be better, I like everything about it." A relative had commented to the home how "staff treated my relative with a great deal of skill and professionalism, treated as an individual. ...granting them their dignity." A member of staff told us "I would be quite happy if my nan was here." Visitors we spoke with told us they were always made to feel welcomed. One told us "There is always a cup of tea" and another said they frequently stayed for lunch.

Some people who were living on the Limes told us they felt listened to by staff. One said "It is good here not bad."

Others felt they were not involved in decisions for example one person told us they were not asked about the food menu. People told us when staff cooked the main meal they were not involved or get a choice of what they wanted.

On the Limes there was a keyworker system where people had 1:1 time. This is where a specific member of staff meets with an individual to support and discuss their care. The unit manager told us people had 1:1 meetings weekly. Care plans and daily records did not confirm when these reviews had taken place. We spoke with people about the key worker. One told us they had not seen their key worker "for weeks" and did not know why. Another said they spoke with their key worker regularly and "get on ok" and "feel they listen to me". This showed there were inconsistencies about the frequency of 1:1 meetings.

We observed how there was a calm and relaxed environment on the Cedars. Staff were available to re-assure and support people. We saw if a person was agitated or distressed a member of staff would sit, chat and re-assure them. Staff always engaged with people in a caring and respectful manner telling people what was happening and making sure they understood what was happening. On one occasion a member of staff repeatedly told someone in a calm manner, accepting of the person's inability to fully understand, how it would soon be lunchtime and where they needed to go for lunch and how there would be lunch for them. We saw how staff on the Cedars prompted and assisted people in a respectful manner such as when people needed to use the toilet but were not sure where to go.

A healthcare professional told us "The district nursing team find the staff on the Cedars caring and compassionate towards the residents." A mental health professional told us "The Staff provide a homely environment at the Limes and are a caring service. This is demonstrated in how they provide individual care for each client depending on their needs and will provide one to one time for clients to ensure their needs are met."

Is the service responsive?

Our findings

People living on the Limes told us they were worried about making complaints. One person told us they would not speak with staff about any concerns as they did not want to get a reputation as “a whinger and complainer”. Another person said “Staff can take complaints the wrong way”. They also told us how they had seen staff respond in a negative way to people who had voiced concerns or “complained”. This meant there was a failure to promote an environment and culture where people felt able to voice their views and concerns.

Whereas people on Cedar Lodge told us “If I am unhappy I tell one of the staff” and “I can go to the manager about things.” A relative of someone living on Cedar Lodge told us they would “always go to the manager but I know I can complain if I wanted to”. We noted how the manager had responded positively to a complaint made by relative.

We saw during the inspection people regularly going to the office and speaking with the registered manager about concerns and issues they had. One person told us “He (the registered manager) is lovely I always go and see him.” On another occasion a relative spoke with us about a concern about an item going missing from their relative’s room and they later approached the manager about this. The registered manager came and told us how the individual concerned had lost the key to their room which had led to an item going missing. However the registered manager had been able to reassure the relative these items had been found.

Care plans were person centred and provided information specific to the individual about their routines, likes and dislikes. One staff member told us “We approach everyone differently. If someone is hitting out, we talk through it with them and find out the cause of their unhappiness, we give them time or we might get a different carer to approach them.” Staff were able to tell us specific details about people such as what they enjoyed doing or how they liked to have personal care in such a way e.g. having a bath. Another relative told us how staff understood how to approach their relative to have a bath. They had been impressed by how staff responded to her refusing at times and they knew how to approach her. A relative told us how their relative liked to have a paper in their room each

morning and this had not been happening when they first came to the home. Once they had mentioned this the paper was always given to the person whilst they were in the room.

A staff member on Cedar Lodge told us “We try to keep people accustomed to making choices...so they can have a lie in, go in and out, walk around and do what they are used to doing. A lady this morning did not want to get up so we left her until later and then she was happy to get up.” We were told how staff had noted how an individual was spending more time in bed. They had spoken with the person’s GP who was investigating if there were any health concerns which had led to this change in routine and behaviour.

People on the Limes told us there were some activities and how staff sometimes went out with people shopping. One person told us “It is very boring here, same stuff every day.” Another person told us “There is not a lot to do.” On the day of our visit two people went out shopping with a member of staff and another person did some baking with a member of staff. We were told the service at The Limes is tailored through The Somerset Partnership and activities are based around daily life skills/Occupations, enabling & encouraging ownership on individuals on how they wish to occupy their time. The Limes does however provide outings, weekly 1-1 keyworker time, access to groups within the community, In house Cinema, games and other activities.

Cedar Lodge had an activities person who provided a varied programme of activities. These included group activities such as quizzes, musical and craft. They told us how for some people they offered one to one time, reading the newspaper or just talking, as this was their choice. One person told us “I love it when we have music playing and we all have a bit of a sing”. Another person said “I can choose what I do; I like the games and just chatting with staff”. On the day of our visit someone came with small animals and some people were encouraged, where able, to help with Christmas decorations. We observed on a number of occasions staff sitting and talking with people or just walking with people having a chat.

We were told by the unit manager there were regular “service user” meetings with the people who lived in the Limes. We spoke with five people about these meetings. One person said there had not been a meeting while they had been there (some months) and others said they did not

Is the service responsive?

know about or been asked to attend these meetings. Staff said they tried to have these “service user” meetings once a month. One staff member told us “There is no point people saying we don’t offer something if they don’t come and talk to staff.” They said it was difficult to get people to speak with them. However people had 1-1 time, signed their care plans and were given copies by the staff and CPN’s. People had telephone numbers for their CPN’s if they needed to contact them at any time and regular weekly visits with a link nurse from The Somerset Partnership. This

demonstrated how the service was not always consistent in ensuring people were empowered to feel listened to, have a voice and be involved in their care and in the running of the home.

There were regular resident and family meeting for people who lived on Cedar Lodge. A relative told us how “They give us a chance to see what is happening in the home”. They told us how they had discussed how relatives could be involved in Life Story books. Another relative told us they were going to raise the issue of key workers at the next meeting.

Is the service well-led?

Our findings

The registered manager had overall responsibility for Cedar Lodge and the Limes although there was a unit manager at the Limes. We found a big difference in the quality of care delivered to people in both units. The registered manager based himself at the Cedar Lodge and this had a positive impact on the delivery of care at the Cedar Lodge. However, the registered manager lacked an understanding of best interest decisions and consent in relation to the use of equipment which could be viewed as being used to restrict people's right of free movement. The registered manager had also failed to ensure people's right to be heard and involved in decisions were promoted at the Limes. In addition, we highlighted a number of other areas for improvement at the Limes, for example promoting people's confidentiality and availability of food and drinks.

Whilst we received positive responses from people, relatives and professionals about Cedar Lodge we had mixed feedback from the Limes. People, relatives and staff consistently spoke of the quality of the manager in the running of Cedar Lodge. People went in and out of the office to chat and ask questions. The registered manager spent time with people and everyone, including visitors, were very relaxed and chatty with them. Throughout the time we were present, he was available, out and about in the home and staff told us how this was something he always did. One person told us "It's a fabulous place. I never want to leave and it is all because of (the registered manager)." A relative told us "I told when we came here that I have very high expectations and I've not been disappointed at all." A staff member told us "I would have my nan living here".

This was in contrast to what we found at the Limes, where people did not feel listened to and were not always involved in decisions about the care and how the service was run.

The registered manager told us he wanted to promote an open approach for people and staff particularly involving relatives of people who lived on Cedar Lodge. This approach was not mentioned for the Limes, where the registered manager also had overall responsibility for.

Despite there being systems to review the quality of care being provided in the home, they were not effective because they had not highlighted the issues we identified at the Limes. However they did include quality performance reviews undertaken monthly. These looked at various aspects of care. They had identified improvement in care reviews and team meetings. They had also identified how there were gaps in consent records. Audits had identified actions around medicines and improvements had been put in place, in relation to Cedar Lodge and the Limes, for example "as required" medicines protocols and topical cream records. A wound chart audit and monthly nutritional and weight audit for people on Cedar Lodge identified actions.

An incident audit had recommended improved observation in areas of Cedar Lodge such as lounges. We noted during our visit the availability of staff in lounges in Cedar Lodge and other areas of the home.

A satisfaction survey for both areas of the service had shown 60% excellent and 40% good. There were no disappointing or poor ratings. However the survey did not reflect the differing nature of the services provided. A staff survey showed 46% excellent and 40% Good.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services</p> <p>The registered manager failed to ensure there were suitable arrangements so that people's dignity, confidentiality and privacy were protected and upheld.</p> <p>The registered manager failed to make suitable arrangements to ensure and promote the independence of people and provide appropriate opportunities for nutritional needs to be met effectively.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>There was a failure to ensure there were suitable arrangements for obtaining and acting with the consent of individuals in relation to their care.</p>