Cedars Rest Home Limited(The)

The Cedars Rest Home Limited

Inspection report

23 Langham Road
Bowdon
Altrincham
Cheshire
WA14 2HX

Tel: 01619284361
Website: www.caringuk.com

Date of inspection visit:
07 April 2016

Date of publication:
14 July 2016

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

We undertook an inspection of The Cedars 5 and 7 April 2016. The first day of inspection was unannounced which meant the provider did not know we were coming.

We last carried out an inspection at The Cedars in 17 September 2014. We found the service was fully complaint in all five standards we inspected at that time and was meeting legal requirements.

The Cedars provides residential accommodation with personal care for up to 34 older people and people living with dementia.

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

Staff were confident in describing the different kinds of abuse and the signs and symptoms that would suggest a person they supported might be at risk of abuse. They knew what action to take to safeguard people from harm.

A robust system was in place to identify and assess the risks associated with providing care and support. People's support plans and risk assessments contained personalised information about an individual's needs and provided guidance for staff as to the support people needed. A relative told us and care records confirmed, that risks had been discussed with them and actions agreed to keep people safe from accidental harm.

People who used this service received safe care and support from a trained and skilled team of staff. The induction of new staff and on going training of others was robust and staff told us they received regular support from the registered manager.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the registered manager understood when an application should be made and was aware of the principles of the Mental Capacity Act 2005. People who were subject to DoLS had their rights respected and the home operated within the legal framework of the Act.

People, relatives and other healthcare professionals involved with the service said that the support staff were caring. On the day of our visits we saw people looked well cared for. There was a relaxed atmosphere in the home. We saw staff speaking calmly and respectfully to people who used the service. Staff demonstrated they knew people's individual preferences and what they needed to do to meet people's care needs. The people we spoke with who were using the service, and visiting relatives, told us they were happy with the care provided.

People's care plans contained information about their likes, dislikes and personalities, and were very much person-centred. They contained details about how people liked to be supported in all aspects of their care.

During our visit we saw examples of staff treating people with respect and dignity. Staff promoted people's independence by giving them choices. People using the service and their relatives were consulted and involved in assessments, care planning and the development of the service.

There were enough staff on duty to meet people's support needs and to provide activities for them. People's access to activities was very good; we saw that people were supported to get out and about in the community. People were encouraged to maintain relationships that were important to them and the service actively involved and welcomed family members to events held at the home.

Staff told us that they felt supported by the registered manager. Formal supervisions and annual appraisals took place and staff we spoke with felt valued and listened to. Regular team meetings were also held and staff were able to raise any issues or concerns at these meetings. Staff were proud to work in the service.

The registered manager had developed an effective system of quality assurance, which measured the outcomes of service provision. Systems were in place which continuously assessed and monitored the quality of the service, including obtaining feedback from people who used the service and their relatives.

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.

The provider had systems in place to manage risks, safeguarding concerns and medicines which ensured people's safety.

There were sufficient numbers of staff available at all times to meet the needs of people who used the service.

Robust recruitment processes ensured people were protected from those unsuitable to work with vulnerable people.

Is the service effective?

Good

The service was effective

The service was meeting the legal requirements relating to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

Staff were trained appropriately to care for and support people who used the service. The service was prepared and able to care for people at end of life.

Suitable arrangements were in place that ensured people received good nutrition and hydration.

People were supported to maintain good health and had access to a range of healthcare service.

Is the service caring?

Good

The service was caring

People and their relatives told us that staff were very caring. Staff had a positive approach to their work.

Staff were patient, treated the people with dignity and respected their choices. Staff tried to promote people's independence.

Staff knew people well as individuals and could describe their likes, dislikes and preferences.

People were supported to maintain important relationships. There were no restrictions in place with regards to visitors and people told us they were made to feel welcome.

Is the service responsive?

Good

The service was responsive

People's support plans were reviewed regularly. Staff responded quickly when people's needs changed and any changes in support needs were documented accordingly.

People had access to and were supported to take part in a wide range of activities based upon their personal preferences.

People and their relatives were aware of how to complain although those we spoke with had never needed to.

Is the service well-led?

Good

The service was well led

People, relatives and staff spoke highly of the registered manager. The registered manager had developed a strong and visible person centred culture in the service.

Staff felt involved, fully supported and listened to. They were given the opportunity to suggest improvements to the service.

The systems and mechanisms in place to audit and monitor the service were robust. The registered manager had an overarching view of the quality of the service provided and strived to continuously improve.

The Cedars Rest Home Limited

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 5 and 7 April 2016, with the first day being unannounced. The inspection team consisted of one inspector 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. The expert was experienced in residential and dementia care for the elderly.

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

We contacted the local Healthwatch organisation and the local authority commissioning team to obtain their views about the provider. No concerns were raised about the service provided at The Cedars. We liaised with other professionals involved with the service at the time of our inspection and received complimentary feedback about management and staff.

We spoke with 12 people who used the service, four visiting relatives, two visiting healthcare professionals and ten members of staff, including the registered manger, the director and the cook. We observed the way people were supported in communal areas and looked at records relating to the service.

Some people who used the service were unable to tell us about their care therefore we used the Short

Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who cannot tell us about their care. We observed care and support at lunch time in the dining room and also looked at the kitchen, the laundry, a number of people's bedrooms and the outside space available for people using the service.

We reviewed five people's care records in detail. We looked at five staff recruitment files and ten records in relation to staff training, supervisions and appraisals. We looked at the systems and processes in place for monitoring and assessing the quality of the service provided by The Cedars and reviewed a range of records relating to the management of the service; for example medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures, complaints and compliments.

Good

Is the service safe?

Our findings

When we spoke with people living at The Cedars they told us they felt safe and well cared for. No one we spoke with raised any concerns about how staff treated them. When asked if they felt safe people told us, "Oh yes, [I feel] very safe," and "Yes I don't feel vulnerable at all." One person told us they didn't feel safe using the stairs but felt safe using the lift and stair lifts that were available to access all floors.

The home had effective systems for ensuring concerns about people's safety were managed appropriately. Records showed potential safeguard concerns had been reported promptly to other agencies such as the local authority and The Care Quality Commission (CQC). The staff we spoke with were able to describe the types of abuse that may occur and told us they would have no qualms in reporting incidents to management. One member of staff told us, "I've never seen anything that worries me about the way staff speak to residents. I'd tell [registered manager] if I did," and another also told us they would have "no hesitation" in reporting concerns to the registered manager. Staff also told us and records confirmed they received regular training about how to keep people safe.

On the days of our inspection there were enough staff on duty to meet people's needs. People we spoke with told us there were enough staff available when they needed help and support. People we spoke with told us that staff responded to their needs in a timely manner. We saw that the call alarm system had two settings on buzzers located in people's bedrooms. The red emergency button was used to summon assistance in an emergency and people we spoke with were aware of this function. One person told us, "I've used the emergency button once; they came immediately."

On the first day of inspection a care worker informed the manager of their absence from the afternoon shift with very little notice. The manager was pro active in addressing this and cover for the shift was found by asking other care workers. This meant that the home did not operate short staffed and people living in the home were protected from unsafe staffing levels.

We looked at the staff rotas to check staffing levels were consistent. We saw that two people were on a waking night shift with a third member of staff undertaking a sleep in shift. The home's policy was for a member of staff to accompany a person if they needed to leave the home in the middle of the night in the event of an emergency, for example admission to hospital. Having a third member of staff available during the night meant that the home would not be under staffed if a member of staff had to leave the building in the event of an emergency. People using the service could be reassured that they would be kept safe and would always be supported by a member of staff if they had to leave the home during the night.

We looked at the care records for five people who used the service. Care records contained individualised risk assessments and risk management plans and we saw that risks had been discussed with either the person or their relative. Care plans contained detailed guidance for staff to follow to minimise risks for people. We saw risks in relation to the use of bed rails, the use of hoists and eating and drinking. Detailed risk assessments meant that there was a robust risk assessment and management strategy being followed to keep people safe from accidental harm.

The home's layout was spread over three main floors with a lift available for those less mobile. The lift was accessible from all main floors with stair lifts in situ from each main floor up to mezzanine areas in between floors, where additional bedrooms where located. We saw people using these stair lifts with support. There were no barriers or gates restricting access to stairs but we saw evidence in care plans of risk assessments in place for those that chose to use the stairs and stair lifts. One care plan we viewed contained a risk assessment for a person who liked to use the stair lifts independently. The risk assessment noted for staff to respect the person's wishes for independence but to be vigilant and remind the person on a regular basis how to use the equipment. This meant that people were kept safe and the homely environment was not compromised for people living at The Cedars.

A system was in place to record accidents and incidents, such as falls. The registered manager told us that the outcomes of accidents and incidents were analysed to see what lessons could be learnt and reduce future risk by taking preventative action.
Each person had a personal emergency evacuation plan (PEEP) which identified the assistance and equipment they would need for safe evacuation. All PEEPs included a document to inform staff about how a specific disability might affect somebody in an emergency. For example, it highlighted that a person with dementia might be unaware of how to react and may even walk in the direction of danger; a person with epilepsy may have an episode brought on by a fire alarm strobe. The document alerted staff to how individuals might react because of their disability and how to best support them in the event of an emergency.

People we spoke with told us their medicines were delivered on time. During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for the majority of the medicines with others supplied in boxes or bottles. We found medicines were stored safely and only administered by staff competent to do so. Medcation administration records were up to date with no gaps in recording. There was a clear audit trail for us to see of medicines that had been received, administered or refused.

Each person had a blister pack of medication and a photograph at the front of their medication administration record (MAR). We observed a medication round whilst lunch was being served. We saw that people were given their medicines in an efficient yet caring way. Those who required more encouragement and support received it. One person questioned the lunch time medication and the care worker explained how often the individual received medicines, the type of medicine and what it was for. We saw that the person was satisfied with the explanation and took the medicines. This demonstrated people were receiving their medicines in line with their doctor's instructions and from knowledgeable, caring staff.

We saw that senior staff responsible for administering medication locked the trolley each time they moved away to dispense medicines. This meant that medicines were administered safely and people using the service were not placed at risk.

We looked at five recruitment files and found the provider followed a robust recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. Personnel files were in good order. The correct paperwork was on file in relation to the recruitment process and recruitment records for staff included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for those employed by the service. DBS checks help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services. This meant that people who used the service could be confident that staff appointed were suitable to work with vulnerable people.

The home did not employ domestic staff but used a contract cleaning firm. The same staff were used on a regular basis with four staff utilised on a daily basis during the week and one at weekends. We saw contract staff going about their duties in a friendly and professional manner. People we spoke with spoke very highly about the cleanliness of the home. When asked about this one person told us, "It's absolutely spotless." During both of our visits we noted that the environment was clean and fresh smelling with no apparent odours.

Good

Is the service effective?

Our findings

People at The Cedars received effective care and support which took account of their wishes and preferences. People and their relatives were very complimentary about the staff. One person we spoke with told us, "They ask me if I want to get up but I don't have to."

We spoke with visiting relatives. One person told us their family member was, "in the best place." Another told us that the service kept them fully informed. "[They're] great if there's any problem. I think they're absolutely smashing here."

A third relative told us that the home was the best their relative had experienced and described the service as "unbelievable." They described staff as being very patient, caring and "on the ball." . They told us risks were managed well and family members were involved in care planning. This showed us that the service was effective, flexible and adapted to people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the correct assessments in relation to capacity and decisions to restrict someone's liberty had been followed. Staff had received training in the MCA and followed the basic principle that people had capacity unless they had been assessed as not having it. The registered manager had a good understanding of the Mental Capacity Act and was aware of their responsibilities.Two care plans we looked at contained copies of standard applications for a DoLS that had been submitted to the supervising authority for authorisation. These authorisations had not yet been granted however, the manager was aware of their responsibilities in notifying the Care Quality Commission once the authorisations were received. .

We saw some good examples of how the service was following the principles of the MCA. Documentation in people's care plans showed that when decisions had been made about a person's care where they lacked capacity, these had been made in the person's best interests. This meant the home understood how to protect the rights of the people they supported.
We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at The Cedars. We saw from records, and staff confirmed, that they had completed an induction programme at the start of their employment. This meant that staff understood their roles and responsibilities within the home and as part of the team.

Staff new to the service were allocated the Care Certificate to complete as part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

The service had recently introduced an improved version of supervision that included observation of care practices, in addition to discussing training needs, company policies and procedures and any personal issues an employee might be experiencing. This demonstrated that the home ensured staff had an opportunity to express their concerns and discuss further training and development which meant people who used the service were supported by staff who were happy and competent within their roles.

Staff told us they were given appropriate supervision and support which helped to ensure they were able to provide effective care. We saw records which showed that staff were receiving regular supervision in line with the organisation's supervision policy. All employees had received an annual appraisal in October 2015.

We examined the training records and spoke with two staff. Training records showed that staff were offered on-going training opportunities and all the training in areas such as moving and handling, safeguarding, fire safety, dementia care, end of life, infection control, Mental Capacity Act 2005 and deprivation of liberty safeguards training were up-to-date.

A member of staff who was new to the service had signed up to undertake a Dementia Care distance learning course and was waiting for a start date for this. They told us that in their first supervision they had agreed actions with the supervisor, had discussed company policies and procedures and was expected to complete the Care Certificate by the end of June 2016. Staff we spoke with felt well supported in their roles. People who used the service could be confident they were supported by competent staff with relevant skills and knowledge.

People we spoke with expressed satisfaction with the food and drink provided in the home. People we spoke with told us, "The food is very good"; "the food is excellent, " and "I find it quite enjoyable." We asked one person if they had enjoyed lunch and they replied, "It was very pleasant." A relative of someone in the service submitted feedback on the quality of the food provided via the website carehome.co.uk . Their comment was, "I've stayed for a meal and the quality was top notch! Real food not frozen."

We saw that a weekly menu was displayed in the dining room of the home. Whilst there was only one main meal option on the menu we heard staff offer alternatives to people if this wasn't their preference. Alternatives on offer were soup, sandwiches or an omelette.

We spoke with the cook who told us about people's preferences and any special diets which were needed. They told us they attended residents meetings held on a monthly basis, at which menus were discussed and agreed. The cook told us, "I take into account residents' comments when planning menus."

We saw information was available for the cook in relation to the consistency of food for people requiring special diets should they need it. People's care records we viewed showed that people's nutritional needs were assessed and monitored to ensure their wellbeing. We observed people being supported to eat appropriately. People who required support to eat were offered privacy and people were able to choose where they wanted to have their meal. We found the mealtime experience was relaxed and friendly with appropriate music playing in the background that some people hummed or sang along to.

The Provider Information Return stated that the service provided specialist care for people living with dementia. We checked to see that the environment had been designed to promote people's well being and ensure their safety. Communal areas of the home were airy and light and furniture was arranged so that interaction and engagement between people was encouraged and stimulated.

We saw signage and pictures on toilet and bathroom doors to assist people with dementia to orientate around the home. The registered manager was aware that more could be done to make the environment more dementia friendly and planned to introduce memory boxes outside individual rooms. We saw that rooms were personalised with family photographs and ornaments. People were able to bring in pieces of their own furniture, for example we saw a writing desk, an easy chair and an occasional table in bedrooms. This meant that people had access to familiar things, felt more settled and established routines were maintained after moving into the home. For example, one person had expressed a wish to deal with their own affairs after moving into the home. This had been discussed with management prior to admission and we saw that their wishes were being facilitated.

People's care records showed that their day to day health needs were being met. People had access to a gp and district nurses visited the service on a regular basis to undertake routine treatments, such as administer insulin, change dressings and take bloods. One health professional we spoke with during the inspection was there in respect of on going wound management care for a person. They described the service as "really good" and said that the manager and staff were quick to respond and report any health issues or concerns to the GPor district nurse team.

We saw that the service was prepared to care for people at end of life. Relevant professionals were involved in a timely manner so that appropriate equipment such as syringe drivers could be set up to assist people at end of life with pain relief. Staff were informed during handover sessions and regular updates provided. Relatives were fully involved and informed with no restrictions on visiting times.

We received complimentary feedback from a health professional we contacted prior to undertaking the inspection. They reported that the service was "pro active" with regards to end of life care for people living at the home and ensured all appropriate professionals were aware once a person's health started to deteriorate. This meant that people were well supported by the service when at end of life.

Good

Is the service caring?

Our findings

People and their relatives were very complimentary about the service and the calibre of staff supporting people living at The Cedars. One person told us," "They [the staff] are very kind and have a laugh with you." A member of staff we spoke with told us, "If I had a relative [needing care] I would put them in this home." Feedback received from a relative's survey included the comment, "I could not look after my relative any better," and had awarded a score that reflected they were very satisfied.

We looked at the care files of six people who used the service. They contained personal profiles, a "This is Me" document about people's past lives and their personal preferences, for example what they liked to eat, what time they preferred to get up. Families had contributed to these, for example one included a hand drawn family tree.

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff but we observed that staff still maintained professional boundaries in their dealings with people living in the home.

Residents we spoke with were on first name terms with both care and anciliary staff. They talked positively about the roles that people played in the home and how everyone contributed to the "fantastic service." One person we spoke with was asked if staff got time to spend to talk to people. They told us, "Oh yes. They talk to me about things on my form." This was a reference to the "This is Me" document that had been completed on their admission. This demonstrated that staff had read people's profiles, had shown interest and chatted to people about their past lives and experiences.

There was a lovely, relaxed atmosphere in all areas of the home. We spent time observing people in the lounge and dining areas of the home. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately and heard staff speaking in a friendly manner.

Staff displayed respect and admiration for people using the service and we saw that trusting relationships had formed. A member of staff came in to the home to do some training that had been arranged. We saw a resident approach the care worker, smiling. There was a nice interaction between the two of them and the care worker held the person's hand and asked, "Are you okay?" We heard some good humoured exchanges between people, staff and relatives. One person we were told enjoyed singing. They exchanged friendly banter with another person and their relative, who passed by their room and said, "You're not allowed in here unless you sing." We saw that people were happy and content in the home.

We saw that people's privacy and dignity were respected at all times. People were asked discreetly if they required a clothes protector during lunch time. Those that did were supplied with a material clothes protector in a muted pattern, much more dignified than a plastic apron.

We spoke with a member of staff on the first day of the inspection. They were aware of their role and

responsibilities and were able to describe the needs of each individual who used the service. They demonstrated knowledge of dignity and privacy issues and gave examples of how they respected people's rights and wishes. People who used the service could access private space if they wished to, in their bedrooms or within other areas of the home.

Some people who had complex needs were not able to communicate verbally with us and therefore were unable to tell us about their experiences of the service. Staff asked people whether they required assistance and offered help in a sensitive way. We spent time observing the interactions between the staff and the people they cared for. Staff explained to people what they intended doing and obtained permission from individuals before carrying out any tasks. Particular examples of this were when administering medicines. We heard staff asking people, "May I give you your calcium?" and, "May I do your other eye now?" when applying eye drops.

Visitors we spoke with told us they visited at all times of the day and were always welcomed by staff. They told us that staff were always friendly, kind and compassionate.

Good

Is the service responsive?

Our findings

Care plans we looked at confirmed that a detailed assessment of needs had been undertaken by either the registered manager or a senior member of staff before people were admitted to the service. We reviewed whether the care plans were written in a person-centred way. Person-centred care indicates care is specific to the individual concerned. The provider used person-centred plans to support and involve people to make decisions about their care and their lives overall.

We found that the care planning process was very much person centred and focused on the person as an individual, detailing views, choices and preferences. Each person who lived at the service had a care plan in place which was personal to them.

We looked at five care plans during our inspection. We saw that people's preferences and views were reflected, such as what activities they preferred to do, the name they preferred to be called and the levels of support they required. We saw that where people could consent to care the resident had signed the care plan accordingly. Where this was not possible care plans contained best interest decisions made in line with the Mental Capacity Act2005.

One care plan we viewed noted an individual's preference for breakfast and how they wanted a particular food : "[Person] likes a sandwich for breakfast. Do not cut sausages." Another noted a person's favourite drink and how they preferred it; "Tea is my favourite drink. I like it hot, quite weak, with milk and half a sugar."

Care plans also contained communication diaries. These detailed a person's likes, dislikes and preferences and documented activites they had enjoyed doing in the past. The registered manager told us that two copies were kept, one of which accompanied the person on admission to hospital. This meant that hospital staff would be provided with information about the individual, their likes and dislikes and how best to support the person.

All care plan documents contained a footer statement: "If you remove the name of the service user from this document would anyone know who this person is? If not then you have not recorded enough detail.If it could be applied to a number of different people / anybody then it is not person centred." This statement showed us how the service treated people as individuals and we saw this reflected in the specific care plans we viewed.

Entries in care plans confirmed that care and support was being reviewed on a regular basis, with the individual and their relatives where appropriate. Two people we spoke with were able to confirm they had a care plan, were aware of the contents and told us that both themselves and other family members were involved in care planning meetings. One person told us, "I discuss my care with [manager's name], [relative's name] and my doctor. They are trying to get me stronger so I can get about more." This meant that people were informed about their care and actively empowered in making decisions about any changes to that care if they had the capacity to do so.

On the first day of inspection we spoke with one person using the service who spent time in their bedroom, choosing to eat all meals there as well. In conversation with the person they told us," I'm dying to get downstairs and be with people my own age." It appeared that this person was being isolated and their views were not being taken into account by staff.

We reviewed the person's care plan and saw a mobility care plan on file which stated; "When [person] feels ready to be accompanied by staff to leave their room we will support with this." We also saw several entries within past progress notes documenting the person's choice to remain in their room; "[Person] has remained bedroom based by [their] own request," was one entry we saw. All care plans in place had been agreed and were signed by the individual. We discussed this with the registered manager and were confident that the home was reviewing the situation on a regular basis, encouraging the individual to become more independent and join the communal areas of the home, whilst respecting their choices and working at the person's own pace. We saw records of two hourly checks being undertaken and the person did not feel these were restrictive. We saw that the individual was having additional support from a private healthcare professional to help improve their physical health.

We spoke to staff who were able to confirm people's preferences. Staff knew the people they were supporting very well. We heard throughout the inspection examples of people being given, and making, choices about their daily lives and the support they received. The cook was discussing the daily menu with a person. "I've got a chicken dish. What would you like?" They were offered other hot snack choices or sandwiches. One person told us, "" I like to get up early. It's never a problem and I can have an early breakfast brought to me." We heard a person planning future support with their care worker. They said, "Next week I'll have the bath in the afternoon if that's okay?" The carer responded with, "[That's] not a problem. It's your choice."

The home employed an activities co-ordinator who was on duty at the time of our inspection. They were passionate about the role they played in the home and told us, "I think about the residents. I try and make life exciting for them." Activities were going on throughout the day with group sessions and one to one visits to people in their rooms. The activity co-ordinator had recently held a meeting with residents and had asked what they wanted to do that wasn't currently on offer. People had suggested an afternoon film club and increased use of the garden area when the weather improved. These options were being explored.

We saw 14 people joining in with a chair exercise class in one of the lounge areas of the home. We saw residents baking bread to enjoy with soup later that day and making rice crispie cakes. Another person was enjoying flower arranging. A spelling quiz that the activity co-ordinator instigated encouraged communication between people and we heard them discussing travel destinations, history, films and music. One person who was joining in with the conversation commented, "These word games are very enjoyable." The large lounge was well supplied with books, games, dvd's and a large screen tv.

The activity co-ordinator told us that they had started to arrange local trips out for people. They explained how one person had recently been accompanied on a shopping trip and to a coffee shop. The Cinnamon Club was a local dementia café which was popular with residents. This meant that people were able to continue to access the local community, maintain social networks and make new friends.

Those who weren't able to get out had their wellbeing promoted with one to one activities and visits from the activity co-ordinator and other staff. We saw one person receiving a hand massage. People were encouraged to socialise together in the home. One person chose to stay in their room so the activity co-ordinator organised for a friend in the home to visit for a coffee and a chat on a regular basis.

Relatives told us that the events the home held were great. One relative told us that all the family had enjoyed the fireworks party with hotpot and the carol concert at Christmas. Themed evening were held and on Burns night people that wanted to had tried haggis and shortbread.

Relatives we spoke with felt the service was confidential. They were assured that staff were discreet and people's information was stored securely. We saw that one complaint had been made in 2016 and the registered manager had dealt with it accordingly and was writing to the complainant to outline the solution. People and their relatives we spoke with were aware of the home's complaints policy but told us they had never needed to complain. One person we spoke with said, ""I've never had to complain but if I did I'm sure [manager's name] would resolve it very quickly. If not I have the telephone number of the director." This showed us that people using the service felt comfortable with all levels of management in the company. If they ever felt it necessary to make a complaint they were confident this would be addressed to their satisfaction.

Good

Is the service well-led?

Our findings

We received positive feedback about the leadership within the home from staff, people who used the service and their relatives. People we spoke with mentioned the registered manager by name in conversations we had with them. It was clear that residents had confidence in the manager and that they were a regular presence in the home.

Visiting relatives told us, "I couldn't be more impressed [with the service]," and described the registered manager as being, "amazing" and "really hands on."

All staff felt valued and supported by the registered manager and senior staff. When asked their opinion about the management of the service staff members told us, "I love my job. The staff here are like a little family"; "The management are very supportive and have been understanding of personal issues I have," and "I have absolute confidence in the management to provide the means for me to [do my job]." It was apparent that staff had confidence in the registered manager and acknowledged their ability to manage the service.

There was a clear management structure in place and the registered manager had a hands on approach and an 'open door' policy, leading example.

Through speaking with the staff team, people who used the service, and the registered manager it was clear there was a strong cohesive team. Each person understood their role and how it could support the delivery of care. A member of staff we spoke with told us they felt very much part of the care team even though they were not in a care worker role. It was apparent that staff enjoyed their work and one member of staff we spoke with confirmed this and said, "I'm dead proud to work here." We saw evidence through team meetings of staff analysing their practice to see what had gone well and what could be improved. This meant people who used the service could be confident the service they received was a good one.

We saw evidence in records that the registered manager monitored the quality of personal care and support through staff supervision, team meetings and regular monitoring. Staff described the registered manager as supportive and approachable. In appraisal records from October 2015 we saw that a member of staff had suggested improved signage on toilet doors to assist people with dementia. At the time of our inspection the suggestion had been implemented and signs were on the doors. This told us that staff were listened to and their suggestions for improvements to the service were taken on board.

In conversation with the registered manager it was evident that they fully understood their responsibilities. They described their plans for the continual development of the service to ensure that the changing needs of people would continue to be met through quality care and support.

There was systems in place to monitor accidents, incidents or safeguarding concerns within the home. The registered manager maintained a monthly record about the incidents which had occurred and what had been done in response. Audits were in place, for example in relation to health and safety and medicines

administration and any identified errors or actions had been addressed. This meant there were well-managed systems in place to monitor the quality of the care provided and quality audits were completed in line with company policy.

The registered manager told us they received good support and approval for additional resources from the director of the company. The company used various ways to obtain feedback from people using the service and their relatives so that the service could continuously improve. Resident and relative meetings were held and minutes reflected the input from people using the service. We saw that questionnaires had been sent to a cross section of people and their relatives in February 2016. At the time of our inspection the service had received seven replies. We saw that the feedback about the quality of the service was extremely positive with six out of seven awarding the home 10 out of 10. Comments from relatives included reference to events going on in the home; "[The] involvement of families at key events is good. Events are excellent." When the service asked the question "What do we do well?" one relative responded with, Just about everything."

The service encouraged people and their relatives to review the service on carehome.co.uk and feedback forms were on display in the foyer. The last review on the website was dated November 2015 and described the management of the service as "proper, professional and caring." The review stated that they were also extremely likely to recommend The Cedars to other customers.