Cedars Rest Home Limited(The)

The Cedars Rest Home Limited

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 16 July 2018 and was unannounced. This meant the service did not know we would be visiting. We carried out a further announced visit to the service on 18 July 2018 to complete the inspection.

The Cedars Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Cedars is a large adapted Victorian property located in the Bowdon area of Trafford, Greater Manchester. Accommodation is provided over several different levels, accessed by either a passenger lift or stairs. Rooms are mainly single en-suite with some shared rooms being available.

The service is registered with CQC to accommodate up to 34 people and at the time of this inspection, 30 people were accommodated, the majority of whom were living dementia or memory problems.

We last inspected The Cedars in April 2016. At that time, we rated the service 'Good' overall. This inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury and subsequently died. This incident is subject to an ongoing investigation and as a result this inspection did not examine the specific circumstances of the incident. However, initial enquiries carried out by CQC regarding the incident indicated potential concerns about the risks associated with communal outside spaces, risk of falls and the management of accidents and incidents. This inspection examined those risks.

At this inspection we identified three breaches of regulations related to risk assessment, buildings and premises, and governance. We have also made a recommendation concerning equality, diversity and human rights.

This overall rating is now 'Requires Improvement.' You can see what action we have asked the provider to take at the back of the full report.

The service had a registered manager. 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.

We found the service had failed to pay due regard to guidance published by the Health and Safety Executive in 2014 concerning the management of health and safety in care homes. Environmental risk assessments did not appropriately assess and mitigate risks associated with people who used the service accessing the communal outside space whilst unsupervised.

The majority of people who used the service lived with dementia or memory problems but we found the environment within service was not dementia friendly. This contributed to people being disoriented and unable to navigate their way around the home independently.

The service continued to operative effective systems and procedures which sought to protect people from abuse. Staff could describe the signs and behaviours they would look out for that would alert them to the possible consequence of abuse.

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

Feedback from people who used the service and their visiting relatives remained positive about the quality of food and drink on offer. Food was freshly prepared and a variety of choices were offered.

Before a person moved into The Cedars, a pre-admission assessment was completed which sought to ensure the service could meet the needs of potential new users of the service, and to ensure that any potential new admission did not negatively impact on the needs of existing people who used the service.

The routine day-to-day physical health needs of people who used the service continued to be met. People had regular access to community based health services such as a GP, district nurses, an optician and a dentist.

People were cared for by staff who were skilled, competent and well trained to carry out their roles.

Without exception, people and their relatives told us they considered staff at The Cedars to be caring. During the inspection we observed staff interacting with people in a compassionate, caring and respectful way.

People were encouraged to maintain relationships with people that mattered to them and there were no prescriptive visiting times.

The service continued to provide personalised care, designed around each person's needs and wishes. Care files were comprehensive and of a good quality and contained information about people's backgrounds, likes, dislikes, personal preferences, medical and social needs.

Care plans had been written with the involvement of people and/or their relatives and provided staff with good explanations about how each person wanted to be supported.

We reviewed the homes approach to end of life care and found the service continued to be engaged in the 'Six Steps' End of Life Care Programme. This is the North West End of Life Programme for Care Homes and is co-ordinated by local NHS services.

Meetings were conducted regularly with people who used the service, their relatives and staff. Records showed the service reviewed feedback from people and their relatives and where required, appropriate action was taken to respond to concerns and improve the quality of care provided.

Newly introduced systems for audit, quality assurance and questioning of practice were not operated consistently to ensure compliance with regulations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Aspects of the service were not consistently safe.

Due regard had not been given to national guidance for health and safety in care homes.

Environmental risk assessments failed to assess and mitigate risks associated with the people accessing the outside space.

Systems and procedures for safeguarding people from abuse were operated effectively.

Medicines were managed safely and administered as prescribed.

Is the service effective?

Requires Improvement

Aspects of the service were not consistently effective.

The vast majority of people who used the service lived with dementia but the environment was not dementia friendly. This contributed to people being disorientated.

The quality of food and drink provided was varied and of a good quality.

People were cared for by staff who were skilled, competent and qualified to fulfil their roles.

Is the service caring?

Good

The service was caring.

Without exception, people told us they considered staff to be caring.

Care and support was provided in a dignified and respectful way.

Information was stored securely to protect people's rights to confidentiality.

Is the service responsive?

Good

The service was responsive.

The service continued to provide personalised care, designed around each person's needs and wishes.

Care plans were reviewed regularly and updated timely to reflect people's changing needs.

End of life care was delivered by staff trained via an accredited NHS programme which sought to ensure people who we are nearing the end of their life, could choose to remain at the home and be cared for by skilled and competent staff.

Is the service well-led?

Requires Improvement

Aspects of the service were not well-led.

Audit, quality assurance and question of practice was not consistently effective.

The registered manager promoted a positive ethos and culture within the home.

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.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury and subsequently died. This incident is subject to an ongoing investigation and as a result this inspection did not examine the specific circumstances of the incident. However, initial enquiries carried out by CQC regarding the incident indicated potential concerns about the risks associated with communal outside spaces, risk of falls and the management of accidents and incidents. This inspection examined those risks.

The inspection team comprised of one adult social care 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held in the form of notifications received from the service, including safeguarding incidents, deaths and injuries and we also liaised with Trafford Council and Greater Manchester Police.

During this inspection we spoke with eight people who used the service and seven visiting relatives. Due to the nature of the service provided at The Cedars, we also completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with nine members of staff including the registered manager, deputy manager, a company director, administrators, senior carers and care assistants.

We looked in detail at six care plans and associated documentation; four staff files including recruitment and selection records; training and development records; audit and quality assurance; policies and procedures and records relating to the safety of the building, premises and equipment.

Requires Improvement

Is the service safe?

Our findings

This inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury and subsequently died. This incident is subject to an ongoing investigation and as a result this inspection did not examine the specific circumstances of the incident. However, initial enquiries carried out by CQC regarding the incident indicated potential concerns about the risks associated with the communal outside space, risk of falls and the management of accidents and incidents. This inspection examined those risks.

In March 2018 the management team completed a self-assessment dementia design audit tool which included a question related to gardens, balcony and roof terrace areas. This section had been completed by a member of the management team and described how the patio door in the dining room, leading to the communal outside space, was left open on warm days so that people who used the service could 'wander' into the garden area freely.

However, at the time the audit tool was completed, environmental risk assessments did not appropriately assess and mitigate the risks associated with the patio area and communal outside space. This was of particular concern given the majority of people living at The Cedars lacked an ability to keep themselves safe and were unable to make an informed choice about the risks associated with accessing the outside areas

Furthermore, the service had not paid due regard to health and safety in care homes guidance published by the Health and Safety Executive in 2014 which contains a section related to outside areas.

Following the specific incident, the provider completed an environmental risk assessment and put in place a number of control measures to reduce the likelihood of such events occurring again in future. Restrictions had been placed on access to the outside communal patio, garden, and to an upper floor roof terrace, which now meant people who used the service could only access those areas whilst under the supervision of staff or if they were accompanied by a visitor. An amount of remedial work had also been completed to minimise the risks posed by the physical environment. We discussed this with the registered manager and a director of the company and we were told that in addition to the remedial works already completed and control measures that had been put in place, an external health and safety consultant had been approached with a view to a more comprehensive health and safety assessment being completed.

During day two of inspection, we observed a door leading directly into the kitchen had been left open for a period of one hour and 25 minutes. This was despite the kitchen door having a key-code mechanism in place to allow staff to enter and exit easily but would prevent people who used the service inadvertently walking into the kitchen. Our observations of this was of particular concern because there had recently been a safeguarding incident whereby a person who used the service had gained access to the kitchen area due to the door being left open.

We looked at a risk assessment for the kitchen area and found this clearly detailed the risks and clearly

detailed the kitchen door should remain closed. We raised our concerns with the registered manager about this and we were told information had previously been cascaded to all staff about the kitchen door remaining closed at all times; but as was evident from our own observations, not all staff were adhering to this instruction.

We found a failure to assess the risks to the health and safety of service users and a failure to do all that is reasonably practicable to mitigate any such risks.

This is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Safe care and treatment.

We looked more widely at how the service managed risks associated with accidents and incidents that had occurred within the home. For example, unwitnessed falls that had occurred in people's bedrooms or in communal areas. We looked at records from February 2018 to July 2018 and found after a accident or incident, body maps were completed and staff completed a 'post incident monitoring form' at regular intervals for a period of up to 48 hours. Care plans and associated individual risk assessments were also updated and/or reviewed and if not already insitu, an assessment would be completed to ascertain the appropriateness of assistive equipment such as bedside falls sensors or crash mats. We also noted that where appropriate, referrals had been made to the NHS community falls team and/or GP.

In our analysis of the records described above, we noted no trends or themes relating to the time of day, location within the care home or numbers of staff on duty. We were therefore concluded there were no wider systemic issues related to the management of accidents and incidents.

The service continued to operate effective systems and procedures which sought to protect people from abuse. Staff could describe the signs and behaviours they would look out for that would alert them to the possible consequence of abuse. Staff described local safeguarding arrangements and records confirmed that safeguarding concerns continued to be reported timely to the relevant authorities.

The management of medicines within the service continued to be done so safely and no issues were identified concerning ordering, storage, administration and disposal of people's medicines.

We reviewed staffing levels and found the service continued to benefit from a stable workforce who knew people well. We looked at historical and planned rotas and found staffing levels were consistent in order to meet people's needs.

We looked at four employee personnel files and found continued safe recruitment practices. This included fully completed application forms with gaps accounted for, proof of identity checks, references and checks with the Disclosure and Baring Service (DBS). These checks ensured staff were suitable to work with vulnerable people.

Regular maintenance checks were undertaken to ensure the service was safe. This included electrical and gas safety, water safety checks, the call bell system, passenger lift and hoists.

Checks were also completed in respect of emergency lighting, fire doors and fire extinguishers to ensure they were in working order. The fire risk assessment was up to date and each person who used the service had a Personal Emergency Evacuation Plan (PEEP).

The provider continued to employ an external cleaning contractor and we found the home to be visibly

clean and free from offensive odours. Personal protective equipment (PPE) such as disposable gloves and aprons was available to staff at the point of care to minimise the spread of infection.

Requires Improvement

Is the service effective?

Our findings

At our last inspection of The Cedars in April 2016 we talked with the registered manager about creating an environment that would support people living with dementia and memory problems. This is commonly known as a 'dementia friendly environment' and is evidence based in that dementia friendly environments can help people living with dementia and memory problems to navigate their surroundings better which can help to maintain independence. However, despite The Cedars continuing to promote the service as 'specialist care for people living with dementia' we found little to no progress had been made in this area.

As previously mentioned in this report, in March 2018 the service completed a self-assessment dementia design audit tool. However, we found aspects of the self-assessment were not reflective of current practice. For example, the self-assessment indicated there was clear signage of the appropriate size, design and shape to help wayfinding. However, throughout the service we found signage was either absent or not adequate to be considered 'dementia friendly.' At our last inspection the registered manager had told us about their plans to make improvements so that people who used the service could recognise their own bedroom more easily. For example, we were told 'memory boxes' would be introduced outside people's bedrooms but we found this work had not been completed.

During this inspection we saw at first-hand how this impacted on people who used the service. On one occasion we observed a person who used the service exit the passenger lift on an upper floor unaccompanied. This person did not know where they were going or where their bedroom was located and they appeared confused. On the second occasion, on the lower floor, we observed another person who used the service getting into the passenger lift unaccompanied. We joined this person in the lift and they stated to us they were going to their room and they pressed the button for floor one. However, on reaching floor one, this person appeared disoriented and a member of staff intervened and told this person that they were on the wrong floor and redirected them back into the lift and up to floor two. We remained with this person throughout and once at floor two, this person remained disoriented and was unable to locate their bedroom. At this point we intervened and sought assistance from a member of staff to ensure this person was able to find their bedroom without causing themselves any additional distress.

We found that whilst The Cedars is a well-presented care home, the service had failed to pay due regard to national best practice and failed to make reasonable adjustments to support people living with dementia to find their way easily and independently around the service.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment.

Before a person moved into The Cedars a pre-admission assessment was completed. The registered manager told us the pre-admission assessment sought to ensure the service could meet the needs of potential new users of the service and to ensure that any potential new admission did not negatively impact on the needs of existing people who used the service. Once a person moved into The Cedars, we saw that a 'Care Plan on Admission' document was completed which detailed the immediate and short-term care

needs of a person, until a more comprehensive care plan was produced, which was usually within a three-week timeframe.

People's nutritional needs continued to be met. Since our last inspection the service had introduced a nutritional champion. Whilst this role was still in the early stages of implementation, through our discussions with the nutritional champion, and through our own observations, we found a number of improvements had been made. For example, the service was now trialing a new three monthly seasonal menu which sought to provide a greater range of fresh fruit and vegetables. Additionally, in order to ensure people who used the service received a balanced diet, the evening meal now mostly comprised of a choice of finger food. For those people who required a special diet, for example a soft or pureed meal, the nutritional champion had also worked with the kitchen to ensure the food being served resembled portions that were provided to people on non-special diets. We also saw how the nutritional champion had input into the care planning process to ensure people's nutritional needs were assessed and monitored to ensure their wellbeing.

Feedback from people who used the service and their visiting relatives remained positive about the quality of food and drink on offer. Comments from people included, "The food is very good. I've got todays menu here, leek and potato soup, chicken casserole and mandarin crumble for lunch and tuna for tea."; "I do get plenty to eat and drink although I don't have a big appetite."; "[Person] appears to like the food and has plenty to drink. [Person] has never complained about the food and since [person] has been here they have got stronger and healthier and is able to walk about a bit which I am very pleased about."

Due to the nature of the service provided at The Cedars, some people were unable to share their experiences with us, therefore during lunch time we completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care and support to help us understand the experience of people who could not talk with us. We saw the menu was clearly displayed in the dining area and people were offered a variety of choices. For those people who needed help to eat and drink, support was offered on a one-to-one basis and was unhurried. The atmosphere was relaxed and people clearly enjoyed listening to the ambient background music.

At the time of this inspection the service was reliant on an agency Chef. We checked what systems and processes were in place to ensure that special dietary requirements were met. We found information was readily available in the kitchen in relation to special diets, food allergies and personal preferences and we saw how the nutritional champion was providing a high level of oversight to ensure nutritional standards were maintained whilst the service was reliant on an agency chef.

We looked at what consideration the service gave to the Mental Capacity Act 2005 (MCA). The 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 so that they can 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.

Before an application to deprive a person of their liberty was submitted to the local authority, the registered manager continued to complete an appropriate assessment in relation to capacity. Decisions to restrict someone's liberty had been made in the person's best interest and as least restrictive as possible. The registered manager also continued to maintain a tracker to document when applications had been submitted to a local authority to authorise restrictions in place to ensure individuals received the care they needed.

We saw staff had been given laminated cards that described the five principles of the MCA and prompts for assessing capacity. During the inspection we observed numerous occasions when staff gave people the opportunity to make decisions about their daily life, including where they wanted to sit, what they wanted to eat and what activities they wished to do. Staff were patient and encouraging in these interactions which enabled people to feel they had choice about decisions which affected them.

Care records showed the routine day-to-day physical health needs of people who used the service continued to be met. People had regular access to community based health services such as a GP, district nurse, optician and dentist. One relative told us, "They are very good here they organised an optician for [relative] and arranged to have [relative] ears syringed whilst always keeping me informed of what was going on."

We reviewed induction, training and supervision staff received to ensure they were skilled and competent to deliver care safely and effectively. Newly recruited staff were enrolled on the Care Certificate; the Care Certificate is an identified set of best practice standards that health and social care workers adhere to in their daily working life. New staff also completed a period of shadowing as part of their induction training.

The training and development needs of staff were assessed on an individual basis, according to their previous experience and the registered manager maintained appropriate records. We were told training was thorough and that staff had been provided with specific training to meet people's care needs, such as dementia awareness, first aid and awareness sessions related to people's specific health conditions. Comments from staff included, "The training we receive is good. I've recently just completed a level three qualification is care."; "I enjoy the face-to-face training as this gives us an opportunity to ask questions and learn together."; and, "No issues with the training, I think its fine."

Records we reviewed showed staff received regular supervision. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. We noted that in supervision sessions topics discussed included well-being, barriers to achieving job role and CQC's fundamental standards of quality and safety.

Good

Is the service caring?

Our findings

Without exception, people and their relatives told us they considered staff at The Cedars to be caring. During the inspection we observed staff interacting with people in a compassionate and respectful manner. Observations showed staff had a caring attitude towards people. We noted frequent, appropriate physical contact between staff and people which was natural and symbolised the familiarity and relationships that had developed between people and staff.

Comments from people who used the service included, "The staff are lovely with me I have no problems with them at all."; "I get on very well with the staff, one of them is helping me to learn French."; "I have no complaints about the staff they are very good to me."; Comments from relatives included, "I was a previously a health care professional and I feel the care [relative] is getting is excellent."; "They are very kind and caring with [relative] and patient because at times, due to [relatives] condition their behaviour can be challenging."; and, "They are lovely with [relative] I cannot fault them."

People were encouraged to maintain relationships with people that mattered to them and there were no prescriptive visiting times at the home. During our inspection a visiting relative told us how they were a shift worker which meant they often visited the home at irregular times but this had never been an issue. This relative was also very complimentary about the care provided by staff, they told us, "The staff have become like members of the extended family." and, "The quality of care is fantastic." We were also told by this person how shortly after their loved one had moved into the home, they were approached by the hairdresser who asked for a photograph of their relative so they could see how they had previously liked their hair to be styled.

Throughout the inspection we saw examples of staff anticipating people's needs. For example, when one person who was mainly non-verbal was seen to be rubbing their stomach, a member of staff recognised this and knew this person needed the toilet. We later looked in this person's care plan and found signs of non-verbal communication was clearly documented in their care plan.

We looked at how staff recognised and responded to people's personal preferences and how additional needs were taken into account. For example, how the needs of older lesbian, gay, bisexual or transgender (LGBT) people would be met, how people of non-white heritage were supported, and how the pastoral needs of those who practiced faith were met. By looking at care records and how information was captured, and through talking to staff, we were satisfied the home sought to deliver care and support in a way that was non-discriminatory and promoted personal preferences. For people of faith, we saw the home had good links with the local religious community and people's pastoral needs were being met.

However, to fully embed the principles of equality, diversity and human rights we recommend the service consults the CQC's public website and seeks further guidance from the online toolkit entitled 'Equally outstanding: Equality and human rights - good practice resource.'

People's privacy and dignity was respected, particularly when personal care was being provided. During the inspection we observed a person being hoisted in the lounge area from an arm chair into their wheelchair. The staff explained to this person the task they were about to complete and a blanket was provided to ensure this person's dignity was maintained.

Comments from people who used the service included, "They always knock on my door but I like it open most of the time."; and, "If they do help me bathe I feel very comfortable with everything."; We viewed a number of shared rooms and saw that privacy screens were provided which ensured privacy and dignity was maintained when both occupants were present.

Since our last inspection the service had introduced a dignity champion role. Whilst this role was still in the early stages of implementation, through talking with them and by having sight of newly developed documentation, we saw improvements had been made. For example, a new 'needs check list' had been introduced which staff would complete to ensure people continued to have sufficient quantities of toiletries and appropriate clothing at all times. Work was also ongoing to ensure dignity and respect was built into the care planning process through more detailed life stories and an enhanced level of engagement with relatives and people who are important.

We noted people's personal information was stored securely to protect their right to confidentiality.

Good

Is the service responsive?

Our findings

We asked people who used the service and their visiting relatives if they considered the service to be responsive. Comments included, "They know what I like and that I like to stay in my room. I am very happy with the way things are."; "This place is flexible and very personal and I feel ideally placed and very happy here."; "They know a lot about [relative] because we went through everything in the three-week assessment."; and, "They are aware of what [relative] needs and they give us plenty of feedback on how [relative] is."

We found the service continued to provide personalised care, designed around each person's needs and wishes. Care files were comprehensive and of a good quality and contained information about people's backgrounds, likes, dislikes, preferences, medical and social needs. Care plans had been written with the involvement of people and/or their relatives and provided staff with good explanations about how each person wanted to be supported.

However, many files were overly bulky in nature with historical documentation. We discussed this with the registered manager and they acknowledged there was a piece of work still to complete to archive historical information. Once completed, this would make eliciting current information easier.

Care plans were reviewed regularly and updated timely to reflect people's changing needs. People and their relatives confirmed care and support was discussed with them to ensure their needs and preferences were documented and met.

The Accessible Information Standard (AIS) was introduced by the Government to make sure that people with a disability or sensory loss are given information in a way they can understand. This includes information such contracts, agreements, care plans and other associated documentation. It is now the law for the NHS and adult social care services to comply with the AIS. We were satisfied the service was meeting the requirements of the AIS in that should a person require information in an alternative format, for example braille, audio tape or easy-to-read, this would be identified through existing arrangements for assessment and care planning.

The service continued to employ a dedicated activities coordinator and we noted a wide range of communal activities were available throughout the week. During our inspection we observed people participating in armchair exercises in the morning and a quiz took place after lunch. People who used the service were also supported to attend the Cinnamon Club. This local community club supported people and their relatives who are living with a diagnosis of dementia and we heard accounts of how people were able to chat, have a drink, relax and socialise in a mutually supportive environment. The registered manager at The Cedars also allocated extra hours every week to enable staff to accompany people to go out into the community to visit local parks, a garden centre or go shopping.

During the inspection we asked people who used the service whether they thought the availability of communal activities on offer met their needs and personal preferences. In particular, we spoke to people who chose to remain in their bedrooms for the majority of time and we received a mixed response. Comments included, "I don't get involved in the activities I just like to stay in my room I am happy with that."; There are activities but I am happy keeping myself occupied I have plenty to do."; "The sort of activities they do in a home like this don't appeal so I don't go down because there are not many people who I could talk to."; and, "I don't get involved in the activities but every so often one of the staff will take me in my wheelchair into Altrincham for a look around and a cup of tea or coffee."

The dignity champion had also taken responsibility for developing new documentation to capture more detailed and personalised information about what social and recreational activities people may want to participate in, in particular those provided on a one-to-one basis or in smaller groups. This work was still in the early of stages of development but we were assured this work would continue as dedicated time had been allocated each work for the project to be implemented and the thoughts and ideas of people and their relatives to be captured.

The Cedars had very good links with schools in the local area and we saw how this had evolved and developed over the years with students now attending on a regular basis. On the second day of our inspection a choir from one of the local schools attended to provide a performance and to engage positively with people living at The Cedars This type of inter-generational work was clearly well received by all.

We reviewed the homes approach to end of life care and found the service continued to be engaged in the 'Six Steps' End of Life Care Programme. This is the North West End of Life Programme for Care Homes and is co-ordinated by local NHS services. This meant for people who were nearing the end of their life, they could choose to remain at the home to be cared for in familiar surroundings by people they knew and could trust.

The service had a policy and associated procedure for dealing with complaints and information about to raise a concern was available throughout the home. People told us they felt confident to raise any concerns and that they would be taken seriously.

Requires Improvement

Is the service well-led?

Our findings

At the time of this inspection there was a registered manager in post. 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.

We reviewed systems for audit, quality assurance and questioning of practice and noted that in May 2018 the provider had introduced a new electronic system to improve governance arrangements. We spoke with one of the administrators about this and we learnt that whilst the system was still relatively new, and that there was still some data to be inputted into the system, they were confident the system provided for improved overarching analysis and management reports for key areas of service delivery such as safeguarding, complaints, falls, untoward incidents and medication errors.

However, as outlined in this report, we found two breaches of regulations which meant systems for quality assurance and questioning of practice were not consistently robust to ensure the regulated activity was delivered safely and effectively. In particular, governance arrangements which sought to assess, monitor and mitigate risks to the health, safety and welfare of people who used the service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

We asked people if they considered the service to be well-led. Comments from people who used the service included, "Yes, I know who the manager is, they are good and very approachable."; "I think it's fine I am very happy here."; and, "On the whole its not a bad place." Comments from visiting relatives included, "The manager is easy to talk to and listens to what I have to say and I am confident my [relative] is being well looked after."; "The manager is always visible about the place and very approachable."; and, "The Manager and all the staff are very nice."

We reviewed how the service sought the views and opinions of people who used the service and/or their representatives and we found face-to-face meetings were held on a regular basis and surveys were also sent out. We saw in the main lounge area a notice board had been established which detailed feedback provided from people. We found the service acted promptly to address any concerns and valued all forms of feedback.

Due to circumstances beyond their control the registered manager could not be present on the first day of the inspection. However, the deputy manager ably facilitated the inspection and along with the administrators, provided all the required documentation in a timely manner. Throughout the inspection, we found the management team and every member of staff we spoke with to be open, honest, transparent and engaging.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required, both at the home and on their website.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found a failure to assess the risks to the health and safety of service users and a failure to do all that is reasonably practicable to mitigate any such risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment We found the service had failed to pay due regard to national best practice and failed to make reasonable adjustments to support people living with dementia to find their way easily and independently around the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for good governance were not operated consistently to ensure compliance with regulations.