Links South West Ltd

Cedar Court

Inspection report

15-17 Polsham Park
Paignton
Devon
TQ3 2AD

Tel: 01803431300

Date of inspection visit:
24 July 2017

Date of publication:
10 August 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Cedar Court is registered to provide care and accommodation for up to thirteen people. At the time of the inspection there were eleven people living there. People living at Cedar Court were young adults who may have a learning disability or autistic spectrum disorder.

This inspection took place on 24 July 2017 and was unannounced.

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.

At the last inspection of the service in May 2016 the service was rated as 'requires improvement'. On this inspection we saw improvements had been made. For example on the last inspection the governance systems at the service were not robust, and quality assurance systems were not well developed. On this inspection we found improved systems had been put in place to assess, monitor and improve the quality and safety of the services provided. This included more robust auditing systems and regular assessments and reports being undertaken to highlight any concerns, trends or areas needing attention. Feedback was being obtained from people living at the service, relatives, staff and healthcare professionals in order to improve the service, and improvements had been made as a result.

On the last inspection we had identified concerns over the support planning systems in use. On this inspection we saw improvements had been made. People's care plans contained information about any health concerns and support needed, for example with managing long term health conditions. Positive support plans and communication strategies helped identify potential signs and causes of anxiety or distress and how to support the person to reduce this. Some plans to do this had been drawn up with the support of specialist professionals, and covered any risks from or to the person.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report any concerns. Staff spoke very positively of people, and were enthusiastic about supporting people at the service, including celebrating any advances people made towards greater independence. People's rights were respected, and staff had received training and had a clear understanding of the Mental Capacity Act 2005 in practice. Where people lacked capacity to make an informed decision, staff acted in their best interests, and with significant decisions had involved other parties such as relatives or medical teams to assist with decision making. Appropriate applications had been made to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS), and systems were in place to manage any concerns or complaints.

There were enough staff employed by the service to meet people's needs. Many people had defined staffing levels, such as one to one staffing, or more in specific circumstances. The service had access to a flexible

group of bank staff who were familiar with people, so they were always supported by someone who knew them well and understood their needs. This helped to reduce people's anxiety. Since the last inspection improvements had been made to the staff recruitment process, with improved risk assessment processes. This helped to ensure people were supported by suitable staff.

Staff had the skills and support they needed to carry out their role effectively. There was a programme of training in place, and staff told us they were well supported both by their team colleagues and the service's management. Staff training updates were booked and new staff were completing the care certificate, which is a set of standards that should be covered as a part of induction training for staff new to care.

People received their medicines safely as prescribed. Staff had received training in medicines management, systems were audited and actions taken to reduce any risk of errors.

People's health was promoted because they were supported to have enough to eat and drink. Some people were involved in shopping for and preparing their own meals, and the service aimed to offer advice on healthy eating and choices. Where one person needed additional support we saw this was given with gentleness and time to enjoy their food.

Accommodation had been adapted to meet individual people's needs and was subject to an ongoing programme of refurbishment and improvement. Cedar Court comprised two semi-detached properties, linked internally. One side of the property provided flatlets for people, while the other provided more traditional residential rooms with shared spaces, such as the kitchen. Accommodation had been adapted to meet individual's needs and wishes. For example one person was involved in making decisions about a refurbishment of their flat.

People were treated with dignity and respect. They were encouraged to participate in activities of their choice and on the day of the inspection we saw the service was busy and active, with people going out with relatives, shopping, visiting a local carnival, going out for coffee to a local beauty spot, playing computer games and undertaking service tasks such as laundry. People's independence was encouraged and people were supported to develop this at their own pace, with small steps, based on their own "Pathway to independence" documents.

There was a clear philosophy for the service which was well understood by staff. The registered manager and directors were well respected and demonstrated the values in practice. Staff understood their roles and were positive about the experience of working at the service. Systems were in place to ensure effective communication.

Records were well maintained and kept securely. The service had notified the CQC of incidents at the service as required by law.

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.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report any concerns.

People received their medicines safely as prescribed. Systems were audited and actions taken to reduce any risk of errors.

Risks to people were identified and plans were put in place to reduce them, including giving guidance to staff on how to support people to reduce their anxiety.

People were supported by sufficient numbers of staff to meet their needs. Improvements had been made to the staff recruitment systems.

Is the service effective?

Good

The service was effective.

Staff had the skills and support they needed to carry out their role effectively.

People's rights were respected. Staff had received training and had a clear understanding of the Mental Capacity Act 2005 in practice. Where people lacked capacity to make an informed decision, staff acted in their best interests.

Appropriate applications had been made to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS).

People were supported to have enough to eat and drink. Some people were involved in shopping for and preparing their own meals.

Accommodation had been adapted to meet individual people's needs and was subject to an ongoing programme of refurbishment and improvement.

Is the service caring?

Good

The service was caring.

We saw staff were supportive, enthusiastic and caring in their support of people.

People were treated with dignity and respect. They were encouraged to take part in the daily life of the service, develop new skills and maximise their independence.

Is the service responsive?

Good

The service was responsive.

Staff understood people's needs, and ensured their care plans including personal aspirations were met.

People benefitted from personalised activities that met their choices and interests.

Systems were in place to ensure complaints were responded to and managed.

Is the service well-led?

Good

The service was well-led.

There was a clear philosophy for the service which was well understood by staff. The registered manager and directors were well respected and demonstrated the values in practice.

Since the last inspection the provider and registered manager had put in place improved systems to assess, monitor and improve the quality of care.

The registered manager sought feedback from people, relatives, staff and healthcare professionals in order to improve the service. Improvements were made as a result.

Records were well maintained and kept securely. The service had notified the CQC of incidents at the service as required by law.

Cedar Court

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 checked whether the provider was 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 24 July 2017 and was unannounced.

The inspection was carried out by one adult social care inspector. People at the service were living with complex needs, including autistic spectrum disorders and Aspergers. For this reason we were not always directly able to ask people about their experiences, but spent time with them observing relationships and contact they had, as well as some basic discussions. Some people did not want to engage with us. We used elements of the short observational framework for inspection tool (SOFI) to help us make judgements about people's experiences and how well they were being supported. Sofi is a specific way of observing care to help us understand the experiences people had of the care at the service.

Prior to the inspection the provider and registered manager completed a PIR or provider information return. This form asked the registered provider to give some key information about the service, what the service did well and improvements they planned to make. We contacted three key professionals supporting the service for their views about how the service was operating, including local quality teams supporting the service.

On the inspection we looked at the support plans for four people, spoke with three people living at the service, a visitor, six members of support staff, the registered manager and two directors of the provider organisation. We looked at other records in relation to the operation of the service, such as support plans, minutes of meetings, medicine records, policies and procedures. We looked at two staffing files to see how staff were recruited and supported, and looked around the building and grounds.

Good

Is the service safe?

Our findings

People were kept safe because the provider had ensured systems were in place to help protect people from abuse. We saw people were comfortable with staff, speaking openly with them and requesting support. The registered manager told us they felt confident that people would share any concerns with staff if they were unhappy about anything, or that staff would be able to identify through people's behaviour that they were distressed. Staff had had received training in safeguarding people and supporting their rights, and updating or refresher training was planned. The service had information on display and accessible in the office to support staff to raise concerns about people's well-being. This included a whistleblowing policy and contact details of local agencies to report concerns to. Information was also on display about the local Healthwatch service. People had also been given information in an easy read format about 'keeping safe' and their rights. Policies and guidance such as those for maintaining professional boundaries and use of mobile phones were in use for staff. As the service could potentially accept young people moving between school and adult services, staff were to receive training in child as well as adult protection procedures. A copy of the local authority child protection procedures was available in the service.

Risks to people were reduced because staff understood people's health and welfare needs and what actions they needed to take to keep people safe. For example, a person living at Cedar Court had a health condition that could result in them having seizures. There were clear protocols for staff to follow in case of a seizure, including when staff would need to summon emergency medical assistance. This included use of equipment and emergency medicines needed to support them. One staff member told us they had recently completed their training in supporting people with this condition so could now work with the person unsupervised. This told us staff were not asked to support this person without appropriate training. We discussed this person's care with their relative. They told us they had confidence in the service's staff, who communicated well with them about their relation's needs.

People were kept safe because the service identified potential risks and put in place support to reduce or mitigate risks to the person. For example assessments were undertaken of risks presented by travelling in vehicles or from choking. Actions were then taken, for example by ensuring there were sufficient staff to support people travelling in a vehicle safely or to follow advice from professionals to support the person to eat safely. Incidents were collated and analysed to identify any trends or areas where preventative actions were needed. Where significant risks were identified the service sought guidance from specialist community support teams such as the Intensive Assessment and Treatment Team for learning disability (IATT). We were told one person had recently been discharged from this service, which was a really positive event for them.

We looked at a behavioural support plan for one person. This included triggers for distressed or anxious behaviours, signs the person was becoming agitated and strategies for positive interventions from staff. Risk assessments were completed for destructive behaviours, smoking, and any risks presented to others. A risk enablement meeting had been held with the IATT, which helped to ensure strategies to support the person were in line with best practice and not unduly restrictive. Supportive feedback from IATT had been received regarding anxieties and frustrations experienced by the support team for this person at Cedar Court. The person's file contained information from the commissioning authority on their assessments of risk for the

person. Staff told us many of the people at the service had previously been subject to many placement breakdowns, and for some people their stay at Cedar Court was the longest they had managed to be supported consistently in any care setting.

Risks to people from the premises were identified and action plans put into place to mitigate these. Regular fire precaution checks were undertaken, including a recent update of evacuation procedures. Records showed that regular fire tests were made of equipment and the fire system was regularly serviced and updated. Systems for hot water testing and temperature management were in place to prevent people from injury. Staff had access to senior staff 24 hours a day and directors from the organisation were on a rota in case of emergencies. Risk assessments and product information was available for cleaning materials, and first aid equipment was available. There were no identified infection control risks at the service. However staff had access to clear information on how to manage any potential risks and had equipment to support them to do so. Since the last inspection work had been undertaken to provide a new laundry room where people's laundry could be undertaken in a clean environment. One person had their own washing machine as they did not want their washing undertaken with anyone else's laundry, and we saw this was respected.

People were supported to take risks and as a result lead fuller and more active lives. Known triggers to increase anxiety were identified in people's positive support plans, such as noisy environments, and efforts were made to minimise this. For example the service hired a local hydrotherapy pool twice a week where people could swim and exercise in relative peace and a more controlled environment. Another person had taken part in the Ten Tors expedition which had involved camping out overnight. Some risks were reduced through one to one staffing levels, good advanced planning and clear and consistent guidance and support from staff. The registered manager told us they felt their risk assessment procedures were robust, and that any new concerns would be assessed as they were identified.

At our last inspection we had identified a risk in relation to the staff recruitment system in place. On this inspection we found improvements had been made and systems were in place to ensure staff were recruited safely, and were suitable to be supporting people living at Cedar Court. We looked at two staff files which showed us a full recruitment process had been followed, including disclosure and barring service (police) checks and references had been obtained. Where potential risks had been identified during the recruitment process, any risks had been assessed to ensure people were protected. People living at the service were encouraged to take part in the staff recruitment process if they wished.

There were enough staff to support people and enable them to safely follow activities of their choosing. People living at Cedar Court had an individual staffing assessment, including for some people the need for one to one staffing during the day. We saw the service was resourced to support this, with staff clearly understanding who they were supporting that day. On the day of our visit people were being taken to visit relatives, attend college placements or work placements, go out for coffee, shopping for food supplies or attending a local carnival. The registered manager told us the service had a full staffing complement and there was no need for them to use agency staff. At times of increased demand the service could call on bank staff to provide additional hours and support. In their Provider Information Return (PIR) the provider told us "We have developed a consistent bank of employees, who work for us on a temporary basis. These individuals are often people who are seeking a flexible working arrangement. Each of these staff add great value to our service and are supported and trained for their role and encouraged to develop their skills inline with our permanent team." The service had also recently moved towards having two staff awake at night due to changes in people's needs. Lone working policies were in place and staff could call for support at any time. We saw this happened during the inspection, and the registered manager responded immediately to provide additional support to a person on an activity outside the service.

People received their medicines safely and as prescribed. We discussed the management of medicines with a staff member and the registered manager and viewed the medicines administration records (MAR). Records showed people had received their medicines as prescribed to promote their health. Medicines were being stored safely in a locked trolley in the office and had been blister packed by the supplying pharmacist. Where people had been assessed as being able and safe to manage their own medicines they had lockable cupboards in their rooms or flats. Clear protocols were available for 'as required' medicines, for example to help people manage anxiety or variable long term health conditions. Emergency medicines were kept on the staff member supporting the person whenever they left the service. Staff had received training in medicines administration, and the systems in use were audited. We saw staff preparing medicines for a family member to take away with the person for a short stay. Two staff checked the medicines and then the family member checked them again with staff to minimise any risks of incorrect medicines being given. The service had recently been inspected by the supplying pharmacist. They had completed a report which contained some minor areas for improvement, for example changes to a policy to update guidance. We went through this with staff who told us this had been partially completed with other areas in progress.

Good

Is the service effective?

Our findings

Staff were skilled at supporting people living at Cedar Court. The service recognised personal qualities and experiences staff had as well as individual skills sets and training they had received. For example, the service had identified that some people were happiest when being supported by particular staff for particular tasks and endeavoured to see this happened. Many staff had worked with people with autism previously. A staff member told us "We all have our own skills to offer. We learn from each other" and another said it was lovely to be working in a role that "meant all of your personal skills and qualities are called on every day."

We saw and staff told us they received the training they needed to help them be effective in their job role. New staff were completing the Care Certificate, which is a set of standards that should be covered as a part of induction training for staff new to care. An experienced staff member who had recently joined the service was also completing this. Recent training offered to staff in July 2017 had included first aid, autism, epilepsy, food hygiene, infection control and Mental Capacity Act 2005. A new training matrix had been provided which helped identify at a glance when updates were needed.

Staff received the support they needed to carry out their role. Staff told us they worked well as a team and we saw this in practice, with staff supporting each other when one was facing challenges supporting a person outside the service. The manager was available to work alongside people if the person was experiencing difficulties. Supervision and appraisal systems were in place and people were offered support after any incidents. The registered manager told us they aimed to provide supervision for each staff member every six weeks, but that at times this slipped slightly. However staff could request this at any time if they needed additional support. They told us "Having that one to one time is so important". Regular staff meetings were held and we were told the staff group was good at picking up concerns where staff were not working effectively or were under particular stress and needed additional support. Staff told us the organisation was very supportive, and that they could discuss anything with senior staff.

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. Staff had received training in the principles and practice of the Act.

We found people were involved in making decisions about their day to day lives. People's support plans identified the support people needed to make decisions, including for some people time to process information to enable them to make choices. The registered manager told us about how they had supported one person to make the decision to move rooms within the service to offer them more space and a quieter environment. This had involved discussions and viewing the new accommodation when the person had decided the new accommodation would be better for them. It had then taken several weeks of staff encouragement and the involvement of the Intensive Assessment and Treatment Team before the person was finally ready to decide to make the move on a certain date.

Where it had been assessed the person lacked the capacity to make a decision, a 'best interests' meeting had been called. For example when one person had needed a medical intervention to promote their health. The person's family, professionals and the service's staff had met and identified the procedure was in the person's best interests. This was recorded in their support plan and having had the procedure had led to an improvement in the person's health. Prior to the procedure the person had been supported through a programme to help them get used to a hospital environment and equipment that would be involved. This had helped reduce their anxiety.

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. Appropriate applications had been made to local authorities to deprive people of their liberty. These had not yet been granted due to delays in the system but the registered manager remained in contact with the authorising authority to remind them of the need to progress the applications.

People were supported to have sufficient to eat, drink and to maintain a balanced diet. Where one person had recently been identified as being at risk of poor nutrition due to a health condition the service had sought appropriate medical support. This had led to an improvement in their health. Guidance had been provided on how to support the person with a swallowing risk. Some people at the service were known to make poor food choices that were not healthy options. The registered manager told us and support plans showed staff encouraged people to make healthier choices although sometimes this was not always taken up. Some people cooked their own food with staff support, or ate meals prepared by the service's cook. On the day of the inspection people had a choice of jacket potatoes and fillings for lunch, and vegetable curry and rice or sausage and chips for the evening meal. Snacks were available at all times, and we saw one person being supported to eat snacks at their request. Drinks were available for people to prepare their own or at any time on request.

People received support to maintain and promote their health. Each person's file had an annual assessment of their health and we saw evidence of people being supported to receive dental, optical care and medical management of long term health conditions. Preventative healthcare was available if people wished, for example one person had been offered stopping smoking advice at the local GP surgery. The registered manager told us that most people's care had been supported at one time by the IATT from the local authority. Some people using the service made regular contact with emergency or local GP services at times of heightened anxiety. Agreements were in place with services to ensure the person received appropriate support, but that concerns were managed in ways that were more appropriate. For example while we were at the service one person requested to see their GP immediately. It was agreed with the surgery that a GP familiar with the person would arrange to call and speak with them once surgery had finished. This re-assured the person their fears were being listened to and reduced their anxiety. Arrangements were made with the learning disability liaison team at the local hospital to reduce people's anxiety when they needed to attend hospital, such as ensuring they could be seen first without having a lengthy wait in a noisy and potentially crowded environment.

Cedar Court comprised two internally linked semi-detached properties in a central and level area of Paignton, close to the sea front and local amenities. There is a courtyard garden and laundry to the rear. The property is not distinguishable as a care service. One side of the property had been adapted to provide individual flats for people, with their own bathing and some cooking facilities, as well as lounge and sleeping areas. The other side of the building was more traditional residential accommodation with bedsitting rooms

and shared areas such as a lounge and dining room. Work on the premises had been on-going, and was being undertaken in consultation with people living there. For example one person had removed some wallpaper and decoration from the dining room. Staff were working with people to find a paper they liked and would like put up. The laundry room had been refurbished since the last inspection, and work was planned in the garden area. A staff member showed us the start of a sensory and herb garden, and people living at the service had participated in the redecoration of a summer house which was planned to be for activities use in future. A new kitchen had also been provided since the last inspection. Flats and people's personal accommodation had been personalised and fitted out to meet their individual needs, wishes and risks.

Good

Is the service caring?

Our findings

People at Cedar Court were supported by staff who understood about people's rights and had developed some positive and supportive relationships. One person we spoke with told us the service was "Good, yes, all fine". A relative we spoke with told us the staff were "Lovely people" and were confident they had their relations welfare at heart.

People were comfortable with staff; we saw they looked happy to see them, exchanged humorous conversation throughout the inspection, and sought them out for advice or support. Staff were positive about finding new opportunities for people and supporting them to have new experiences. They celebrated where there had been a 'breakthrough' in support and understanding. For example a staff member had recently been invited into a person's flat to share a meal with them. They told us how they were hoping to build on this at the person's pace.

Staff we met were positive and passionate about supporting people, and showed genuine caring. We saw examples of people being supported with patience and kindness. We saw staff supporting one person to eat a snack, which was done gently and with great humour, mirroring the person's response. Staff told us how positive it had been for them when this person had recovered their appetite and ability to swallow after a recent health problem. Another person was involved in laughing with staff, who had earlier demonstrated understanding when the person had become distressed. Staff spoke and wrote positively about people in their records. Where there had been incidents we saw staff tried hard to identify what had been triggers in order to prevent the person becoming distressed again.

Staff told us how they felt it was a privilege to support people to achieve greater independence or other goals they had been involved in setting. They felt it was a boost to help people identify and achieve their potential. One staff member told us "It's the best thing I have ever done – I feel so at service here. I can't praise it enough." Staff had been involved in the "Proud to care" initiative, helping recruit new staff into the care industry. The staff member concerned told us how they loved their job and wanted more people to experience the rewards and positive experiences that a career in care could bring.

People were treated with respect. Staff involved people in discussions and ensured that communication was delivered in ways they could understand and process, including additional time if needed. People's views and requests were listened to. Staff were skilled at observing people's behaviours and intervening to avoid the person becoming anxious or overstimulated, for example through the acknowledgement and redirection of repeated negative thoughts. Some changes had been made to the environment to protect people's privacy and dignity, for example with low level window screening in some areas.

For some people too much information or too many choices caused them to become anxious. As a result some information was only shared with individuals on a "now and next" basis. This meant the person received simple information on what was happening now and what was going to happen next, not including information about the week ahead. This helped to minimise any anxiety about future events. A relative showed us a communication book they had which they used to share information about the person and

what they had been doing recently with the service and vice versa. They also told us they had regular telephone contact with the service.

People were able to maintain their privacy with locks on their bedroom or flat doors, although staff had a master key in case of emergencies. Their privacy was respected. Staff told us they understood how it was important for people to develop skills to be as independent as possible. For example one person who needed individual support had asked that as part of their developing greater independence they could spend short periods of time alone. They were supported to do this, within guidance from external services. Other people were being supported with budgeting, including realistic saving towards larger purchases, or developing life skills such as shopping and laundry. People had been involved in setting their own goals for independence with staff.

Good

Is the service responsive?

Our findings

People received individualised support, based on an assessment and knowledge of their needs, and included in a plan of their care. People had been involved where they wished to be in drawing up their support plans and in "Pathway to Independence" plans where they were encouraged to share their aspirations for their future. The provider told us in their PIR that this had proved "a good additional resource to influence and guide good practice and to show all involved what goals have been achieved, what needs to still be done and how best to support the service user to attain personal goals, aspirations and independence." Staff told us they worked with people to look at how these aspirations could be broken down into smaller steps that were more manageable for the person to achieve.

We looked at the support plans and review documents for four people living at the service. Plans were based on assessments of people's needs, and had been regularly updated to reflect changes. Plans had been re-written since the last inspection and the new format was easier to understand and contained more information, although some of this was spread across several documents or systems. Plans contained guidance on what a "Good day" looked like for the person and sections on "This is how you can help me" and "How you know I am feeling anxious or less happy". The plan had been completed with the person themselves. We saw from one person's support plan that changes to the person's lifestyle were being led at the person's own pace, but advances were being made. Staff told us "(person's name) is clearly a very complex person and I think we are just touching the edges of them at the moment."

Positive support plans indicated signs of people's well-being and physical signs that the person may be becoming anxious or distressed if they were not able to say this themselves. For example one person's plan indicated they might start speaking louder or rub their right eye if they were starting to become anxious. Another person might begin using simple sentences and their "hands might become rigid and stiff". Positive support plans then gave guidance to staff on how to support the person to lower any anxiety. Plans were well understood by staff.

During the inspection we saw people being supported by staff who understood their communication needs and could use effective strategies to reduce their anxiety. We saw staff using strategies identified in people's support plans to re-assure people and divert conversation from areas known to increase their anxiety. This told us staff understood and were effective at meeting people's needs.

People's files contained a health action plan, and information on any needs or risks associated with their healthcare. One person had a long term condition which meant they had a number of seizures on a regular basis. This was managed through medication and the use of a nerve stimulation device. Staff had received guidance and instruction on the management of this equipment from a specialist nurse which was aimed at reducing the severity of the seizure activity. This was under regular review by hospital neurology services. Instructions were also included in the person's support plan.

People were supported to follow activities of their choice. Each person had an activities plan in their file as a baseline but people were able to make changes to this each day to allow them to have more experiences.

On the day of our unannounced inspection people were following a number of activities of their choice. For example one person had requested to visit their family, which had been organised and arranged for them. Other people were going shopping, taken out for coffee at a local beauty spot, attending work experiences and college. People had recently taken part in kayaking, hydro-therapy, use of a sensory room, trips out, completed a charity sleep walk with staff, competed in the Ten Tors Dartmoor event, cycling, and theatre trips. One person had expressed a wish to take part in archery which was being looked into. Another person had attended the local carnival on the day of the inspection and other people were due to take part in this two days after the inspection. Staff had been working on making costumes for people with a pirate theme, in accordance with people's requests, so they could participate in the carnival. People were encouraged to develop life skills such as doing their own laundry and cookery.

Systems were in place to manage any concerns or issues raised, including easy read information to assist people's understanding. The registered manager told us they were confident any issues would be addressed. The service had received no formal complaints or concerns since the last inspection.

Good

Is the service well-led?

Our findings

At the last inspection of Cedar Court we had found improvements were needed to the governance of the service which had amounted to a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found improvements had been made. For example the provider and registered manager had set up a training matrix which showed at a glance what training or updates were needed.

We found the service was being well led. At the last inspection the manager had not been registered, however by this inspection they had been, which meant they had a legal accountability for the day to day operation of the service. The registered manager had over 17 years experience of working in and managing services for people with Autism.

In their PIR the provider told us "The development of an open and visible culture is of paramount importance to the management & staff team at Cedar Court." We saw there was a clear sense of this culture and philosophy shared amongst the staff and management group. The registered manager and directors were a visible presence at the service. Staff told us one of the best things about the service was "it's transparency at all levels." They told us they felt the service "practised what it preached" and lived up to the values in the "Social Care Commitment" to which the organisation had been signed up. The Social Care commitment was an agreement between employers and employees to sign up to seven commitments, focussing on how to achieve effective communication, uphold dignity and people's privacy, deliver high quality care, positive values, attitudes, behaviours, skills and competence. A member of staff told us "We talk about the social care commitment all the time" and the principles of this were on display in the service's office. Any other changes were communicated through staff meetings, team leader meetings and in a newsletter sent out with staff wage slips.

There was a clear management structure which staff understood. The registered manager told us they "led by example" and staff told us although they had found the training they had received to be useful, they found they learned as much observing senior staff modelling positive support. The registered manager received information about best practice through attending local managers and provider's forums, through membership of national organisations such as Association for Real Change (ARC) and British Institute for learning disabilities (BILD) They attended seminars organised by organisations such as Skills for Care. One of the directors supported the registered manager through supervision which also offered some challenge to promote their development. Administration support had been found for the registered manager which had freed up additional time for them to be working alongside staff supporting people. A staff member told us "This is a good company to work for."

Since the last inspection the service had implemented new systems to demonstrate effective governance, and ensure people benefitted from receiving high quality care. The service had regular audits and spot checks carried out by the management team, for example for the environment. They were developing an audit calendar so that these could be better spread across the year. Where concerns were identified action plans were put into place. The provider had assessed themselves across the key areas the CQC uses to

monitor quality and safety in services and had an action plan to address developments where they felt were needed. Information was available for people in an easy read format on these areas. There were weekly manager audits and monthly director audits, which included speaking to people using the services about the support they received. This ensured any concerns were bought to their attention quickly.

People were encouraged to give their views about how well the service was working and what could be improved. Families, supporters and others such as visiting professionals were able to give their views about the operation of the service, through a series of questionnaires. We saw actions were taken as a result. For example a relative had stated that the service was not always secure as someone could enter through a side gate and the back door. The provider had taken action to secure this area.

Records were well maintained. Records were maintained in hard copy and on computer, which were restricted in some cases to a need to know basis. Hard copy records were maintained securely in the service's office and were destroyed when no longer needed. The service could demonstrate they were registered with the information commissioners and so were subject to safe systems for information management. Safe and confidential destruction of records was available.

Notifications had appropriately been sent to the Care Quality Commission as required by law. These are records of incidents at the service, which the service is required to tell us about.