

Mrs J Williams

# Two Cedars Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Two Cedars Residential Care Home is a residential care home that was providing personal care to 17 people aged 65 and over at the time of the inspection.

### Rating at last inspection:

Good (published 20 October 2016).

### Why we inspected:

This inspection was a scheduled inspection based on the previous rating.

### People's experience of using this service:

People and relatives told us they were happy, felt safe and that staff had a good understanding of their needs and preferences. Staff listened to what people wanted and acted quickly to support them to achieve their goals and aspirations. Staff were respectful and kind in their approach and looked to offer people solutions to aid their independence and develop their life skills.

People had good community networks which were personal to them. This included, religious services and supporting people to access the local amenities and maintaining regular contact with family and friends. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of falling or skin damage staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

People, professional's and relatives spoke highly about the management and staff had a clear understanding of their roles and responsibilities. Staff told us they felt the registered manager was visible and supportive. The registered manager was proud of their service and their staff team. Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

At our last inspection we rated the service good. At this inspection we found the evidence continued to

support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

A full description of our findings can be found in the sections below.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Two Cedars Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

This inspection was completed by a single inspector.

#### Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The inspection started and ended on 15 March 2019.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We met with four people who used the service, one friend, two relatives and one health care professional. We received feedback from one health and social care professionals via telephone.

We spoke with the registered manager and provider. We met with six staff at different levels including care assistants, the activity coordinator, chef and senior carers. We reviewed three people's care files, eight Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes; Staffing and recruitment

- There were effective arrangements in place for reviewing and investigating safeguarding incidents. All alerts were recorded, investigated and outcomes were logged and learning shared. We found that there were no safeguarding alerts open at the time of the inspection.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.
- People, professionals and relatives told us they felt Cedars Residential Care Home was safe. Comments included; "I feel safe because staff are always here", "It's a safe home, very much so. Every time I visit everything is good" and "My loved one is safe here. They wouldn't be here if it wasn't safe. I know they are safe when I leave. Regular checks and plenty of staff".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home. One staff member told us, "Everyone has the right to live a safe life".
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people.

Using medicines safely

- People told us they were happy with the support they received to take their medicines.
- We found that the service was in the process of reviewing their medicines and moving to a new system. The registered manager had reviewed the policy which reflected the new system and was in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines.
- Medicines were stored securely. This included a lockable trolley which was wheeled around the home during medicine rounds and a stock cupboard where other medicines were stored with the trolley when not in use.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Medicine Administration Records (MAR) were completed and audited appropriately.

Assessing risk, safety monitoring and management; Staffing levels; Learning lessons when things go wrong

- People were supported by staff who understood the risks they faced and valued their right to live full lives.
- Staff described confidently individual risks and the measures that were in place to mitigate them.
- Risk assessments were in place for each person. Where people had been assessed as being at high risk of falls, assessments showed measures taken to monitor the person and reduce the likelihood of injury.

- Staff were confident people were safe and told us that systems were in place to ensure safety. For example, policies were in place, risk assessments had been completed and care plans were clear and up to date.
- There were enough staff on duty to meet people's needs. A person told us, "There are lots of staff for us". A professional told us, "There are always staff around". A relative said, "On the whole I think there are enough staff to meet people's needs". Staff comments included; "There are enough of us to meet people's assessed needs and spend quality time with them too which is important" and "We are a good team and there are enough of us".
- The registered manager had implemented improvements and responded appropriately when accidents or incidents occurred and used any incidents as learning opportunities. A professional said, "If incidents occur for example a fall, they [staff] reflect, identify why it happened and what could be done differently to reduce the risk of it happening again".
- Equipment owned or used by the registered provider, such as adapted wheelchairs, hoists and stand aids were suitably maintained. A person said, "They have all sorts of equipment here to help you and staff know how to use it safely".
- Systems were in place to ensure equipment was regularly serviced and repaired as necessary. During the inspection we observed hoists and stand aids being serviced in the home.
- People had Personal Emergency Evacuation Plans (PEEPs) in place. These plans told staff how to support people in the event of an emergency such as a fire.

#### Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection control and keeping people safe. We observed the housekeeper ensuring areas were clean. A friend of a person told us, "They [staff] are very hot on cleanliness here". A person said, "Carpets and everything is cleaned everyday".
- All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves.
- The registered manager had put together an information file for staff which had the local policy and helpful guide to manage incidents such as spillages. The registered manager told us that all staff were expected to read and sign this folder.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at Two Cedars Residential Home. People's comments included; "You can't fault the food and there's plenty of it" and "I've spoken to the chef. I've thanked them for cooking so beautifully. I don't like garlic and they have never given me it". A relative told us, "The food always smells amazing".
- Staff understood people's dietary needs and ensured that these were met. Different dietary needs included, diabetics and vegetarians.
- There was a four-weekly menu which changed each season. People were actively involved in menu planning. Menus reflected a good choice of healthy home cooked meals. Alternative meals were available should people choose not to have the meal on the menu.
- The kitchen had been awarded a five-star food standard rating and all staff had received food hygiene training.
- We observed people eating and found that there was a relaxed atmosphere. Food looked appetising, was plentiful and overall it appeared to be a pleasurable experience.
- Tables were nicely laid and drinks were available to people. A person said, "It's set out so lovely. All the condiments and the food is piping hot".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a clear referral and admissions process in place which ensured that people received pre-admission assessments and effective person-centred support during transition between services including discharge from hospitals.
- People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes.
- People had profiles which gave an overview of important information which included; choices, needs and preferences.
- There were actions under each outcome of care which detailed how people wanted staff to support them to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff felt supported and received appropriate training and supervisions to enable them to fulfil their roles. The registered manager and provider told us that training was important and showed us the training matrix which listed which staff had achieved what training. Staff comments included; "There's enough training and it's on going. It helps me do my job, it also enforces new and current skills and knowledge" and "It's good training here. We can do our diplomas in health and social care too". Professionals and relatives told us staff always appeared competent and professional in their role.

- There was an induction programme for new staff this included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed that the induction process was effective. A new staff member told us, "My induction was very good. We covered all sorts. I was introduced to people straight away and completed shadow shifts".
- The registered manager told us staff received annual appraisals and regular 1:1 meetings. Staff and records confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health care services as and when needed. Health professional visits were recorded in people's medical books which detailed the reason for the visit and outcome. Recent health visits included; district nurse, GP and occupational therapist.
- On the day of the inspection we observed a health professional attending the home following a person's discharge from hospital.
- Staff told us they supported people to visit health professionals.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There was only one person living at the service who had a DoLS in place. This was in date and had no conditions attached to it.
- People's capacity had been assessed, consent to care sought and all care plans had been signed.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Staff told us how they supported people to make decisions about their care and support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke very highly of the staff and said they were kind and caring. Comments included; "They [staff] are lovely – I couldn't expect better", "The best thing is having carers in and out all day and all of them speaking to me" and "They [staff] are very attentive – they are all very kind and make sure [person's name] is comfortable".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their wishes and cultural norms, including time spent in privacy. We read that one person was supported to their place of worship every Sunday. The registered manager told us that one person's friends from their place of worship come to the home for coffee mornings.
- Training records showed that all staff had received training in equality and diversity. A staff member said, "Equality and Diversity is so important. Everyone is individual and we would meet any needs".
- The registered manager said that Two Cedars Residential Care Home welcomed everyone including people from other cultures and the Lesbian Gay Bisexual Transgender (LGBT) community. The registered manager went on to say, "Everyone is individual and we respect that. We would always meet needs, never judge or treat people any differently in any situation".

Supporting people to express their views and be involved in making decisions about their care

- Staff understood people's preferred methods of communication. For the majority of these it was verbal. Communication had been assessed on admission and reflected in care plans which were regularly updated. For example, where people wore glasses and hearing aids this was recorded.
- People told us they were pleased with their care and that they felt involved in decisions. A person told us, "I am very satisfied with my care". A relative mentioned, "The level of caring is veering towards outstanding, they [staff] go that little bit further like match jewellery to clothes, my loved one always looks presentable and well cared for".
- People were supported to make informed decisions by staff who knew people well. Staff told us that involving people and enabling them to express their views was important to them. A staff member said, "We give people choices and information to help them make decisions".
- The registered manager told us that people were invited to resident meetings each week. These were described as an informal event where people had drinks and were informed about events and any improvement work taking place at the home. For example, a new boiler was being fitted and it had been planned to inform people at the next meeting. The provider told us that people used these meetings to discuss activities and menu options.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. A staff member said, "Privacy and dignity is important. We cover private areas when delivering personal care, take calls in private, respect private time, let people have family time and be polite".
- Promoting independence was important to staff and supported people to live fulfilled lives. A person said, "They [staff] encourage me to do what I can for myself". A staff member told us, "Maintaining independence is important. We try to do this as much as possible. The other day I was making a person's bed with them. They did their own pillow cases".
- People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. Comments' included; "We just turn up when we want to. We are always welcomed and offered drinks" and "We are always made to feel welcome and can bring the grand kids. There are two separate areas in the lounge. We can use this instead of [person's] room".

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People, relatives and professionals were positive about the support and outcomes achieved by people with staff support. A relative told us, "My sister is very involved in my relatives care and support planning and reviews".

- Two Cedars Residential Care Home was responsive to people's changing needs. A relative said, "[Relatives name] health needs changed a few weeks ago. The home responded positively to this and we have seen good improvement". We read that one person had fallen earlier in the week and been admitted to hospital and then discharged back to the home. The person's care plan was up to date and included discharge notes from the hospital. Staff were aware of the new needs and support required. A professional said, "The home is very responsive to people's current and changing needs"

- People's information and communication needs were identified and assessed by the service. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for people. For example, people had individual communication plans and grab sheets which were taken with them when visiting professionals or hospitals.

- The registered manager told us that there were annual care reviews with all representatives.

- There was a full-time activities coordinator employed by the home. The coordinator told us, "Activities involve anything and everything. We adjust activities to meet people's abilities. I enjoy the challenge of matching and adapting activities to people". We observed the activities coordinator enter a person's room and ask to look at their memory book. They saw a piece about knitting and asked the person if they had ever knitted. The coordinator quickly brought the person some needles and yarn. The person said, "It's great and keeps my fingers nimble".

- The home had recently invested in a 'Jolly Trolley'. This was a piece of assistive technology with music, sensory lights and pictures to match; enabling numerous different themes for triggering happy memories. We were told that it had been recently used for a Victorian tea party which took place at the home. Staff told us they dressed up and people enjoyed tea and cakes. During lunch we observed the jolly trolley's screen displaying a fish tank.

- People were supported to access the community and participate in activities which matched their hobbies and interests. A person said, "I suggested I would like to go to [local garden centre name]. They [staff] took me out which I loved. I had a lovely time out". Another person commented, "There's a list on the wall of what is going on". We observed an external singer arrive and entertain the people who were all very excited to see the singer. People were encouraged and observed to be engaged and entertained.

Improving care quality in response to complaints or concerns

- Complaints were seen as a positive way of improving current practice and driving the service forward. The registered manager said, "I actively encourage feedback and complaints".

- The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of the inspection there were no live complaints.
- People and relatives told us they knew how to raise concerns and make complaints. A relative told us, "I would speak to the registered manager or provider if I had a complaint. I am confident it would be taken seriously" a professional said, "I have no concerns at all. If I did I would raise them with [registered managers name]".

#### End of life care and support

- One person was receiving end of life care at the service. We found that their care plan had clear information and guidance for staff. The service was working closely with the palliative and district nurse teams as well as the family.
- Other people's end of life wishes and preferences were being explored by the service.
- Staff told us that they had recently attended end of life training. A staff member told us, "The training was really interesting. It helped us to respect preferences and understand how grief may affect people differently. This has helped me understand how to cope myself, support my colleagues and families alike".
- We were told that one person lost their family member and how staff adapted their approach in supporting them through their grieving process. This included; staff speaking softly with the person, respected time left on their own, discussing happy memories and offering time to listen. We were told that the person was more settled now.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, infection control, kitchen, medicines and equipment.
- Regular checks were completed by the deputy manager and registered manager to make sure people were safe and that they were happy with the service they received. The deputy manager said, "Quality monitoring is a big part of my role".
- Managers and staff were clear about their roles and responsibilities and monthly staff meetings took place.
- People, relatives, staff and professionals spoke highly of the management team at Two Cedars Residential Care Home. One person said, "The manager is very good, we see them a lot. They always come around", the person went onto say, "The manager is a good organiser, the staff know exactly what they are doing". A relative told us, "All the management have a very gentle approach which is very much suited to [relative]. That's really appreciated by the family". Staff comments included; "The registered manager is lovely. Very supportive and understanding. A great manager", "The deputy manager and senior carers are great in their role and really lead by example" and "The registered manager is fine. Very approachable, I feel I can go to them with any concerns. They are a strong leader who's fair and leads by example".
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Throughout the inspection we observed the management demonstrating positive, strong leadership. The registered manager and deputy manager told us that they felt they were good leaders. The deputy manager said, "I lead by example and do what needs doing. I mentor and support staff. I adapt my support to meet the staffs learning needs and abilities. I work a mix of care shifts and administration shifts. I have a good rapport with people and don't want to lose that. Working care shifts gives me an opportunity to observe staff practice too". The registered manager told us, "Our agreed ways of working is all about what the people want. We identify this and provide it. I have loads of experience, lead by example, know people well, love my job and know the care industry".
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The registered

manager showed us a letter of apology they had sent to a person following an incident with a staff member. This incident had been fully investigated and lessons had been learnt.

Working in partnership with others; Engaging and involving people using the service, the public and staff;

- Two Cedars Residential Care Home worked in partnership with other agencies to provide good care and treatment to people.

- Professionals fed back positively about partnership working with the home. One health care professional said, "We work very well in partnership which leads to good care to people and positive outcomes. The home is very open, seeks advice and shares information".

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. The registered manager said, "I feel I work well in partnership with others". The home was currently working very closely with the local district nursing team following a person's discharge from hospital. The activities coordinator told us that they were part of a local forum and met with other activity coordinators across the county. They said, "This is a good opportunity to partnership work. We share ideas, what is working and not working and also share contacts of other useful services".

- People and relatives were actively engaged and involved in the service improvements and delivery. A relative said, "People are always included and listened to. They [people] are empowered to make suggestions and decisions". The deputy manager told us they asked people questions regularly about their care and any changes they would like to make to the service. We were told that the service was in the process of giving quality questionnaires to relatives.

- Staff told us they felt valued and acknowledged for their hard work and commitment. Staff were encouraged to raise views, opinions and ideas through meetings, handovers and supervisions.

- Two Cedars Residential Care Home had achieved a gold award for the investors in people award. The provider told us that they had purchased spa sessions for staff to recognise their input and hard work into this.