

# Cedars Rest Home Limited(The) The Cedars Rest Home Limited

## 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:

The Cedars Rest Home Limited is a residential care home located in the Bowdon area of Trafford, Greater Manchester. The service is registered for adults aged over 65 years, adults aged under 65 years, for people living with mental health conditions and those with physical disabilities. The service can accommodate a maximum of 34 people. At the time of this inspection, 31 people used the service.

People's experience of using this service and what we found:

People and their relatives spoke positively about the care provided at The Cedars. Staff were described as kind and respectful, ensuring people received support in line with their needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe living at the home. Staff, people and the relatives we spoke with, felt enough staff were deployed to safely meet people's needs. Staff were knowledgeable about how to identify and report any safeguarding concerns, which had been referred to the local authority as per guidance.

Accidents, incidents and falls had been documented and reviewed to look for trends and help prevent a reoccurrence. We found the home to be clean, odour free with effective cleaning and infection control processes in place.

Medicines were being managed safely. People received their medicines as prescribed by staff who have been trained and assessed as competent to do so.

People were cared for by a staff team who were skilled and competent in their roles. Staff were up to date with any required training. Staff spoke positively about the training and support provided, including the completion of supervision and appraisals.

People and their relatives were complimentary about the food and drink available, telling us enough was provided and they were offered choice. People requiring a modified diet received these in line with guidance.

People's healthcare needs were being met. Timely referrals had been made to professionals when any issues had been noted or concerns raised. Equipment was in place to support people to stay well, such as pressure relieving mattresses and cushions, for people at risk of skin breakdown.

Care plans contained personalised information about the people who used the service and how they wished

to be supported and cared for. Observations demonstrated staff knew people well and provided care and support in line with people's wishes.

Peoples' social and recreational needs were met through an activities programme, facilitated by an activity co-ordinator and staff members. A mix of activities were organised throughout the week which catered for all interests and abilities.

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

Rating at last inspection:

The last rating for this service was requires improvement (published 10 November 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Cedars Rest Home Limited

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one lead inspector, an assistant 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.

#### Service and service type:

The Cedars Rest Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

#### Notice of inspection:

This inspection was unannounced.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We also liaised with Healthwatch Trafford. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection:

We spoke with eight people who used the service and four visiting relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, administrator, senior care assistants, care assistants, and the providers external social care consultant.

We used the 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.

After the inspection:

We requested additional documentary evidence from the registered manager related to medicines management, infection prevention and control, and audit and quality assurance.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; learning lessons when things go wrong:

At our last inspection we found the provider had failed to assess the risks to the health and safety of service users and failed to do all that was reasonably practicable to mitigate any such risks. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 12.

- Environmental risk assessments had been reviewed and updated to ensure risks associated with internal and external aspects of the home, had been identified and mitigate.
- We checked the external safety improvements the provider had previously made and found these to be robust and comprehensive in nature. This included improved safety measures to the upper terrace and external grounds.
- Physical improvements had been made to the kitchen doorway with a new high-level counter having been installed. This meant people who used the service were unable to gain access into the kitchen.
- We reviewed accident and incident records for the period from January 2019 to October 2019 and found recording and reporting systems continued to be operated effectively.
- After an accident or incident, 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 with action taken to reduce the likelihood of such events occurring again in future.
- Accidents and incidents were also recorded centrally and analysed on a regular basis to identify any themes or trends.
- 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.
- Since our last inspection a new fire alarm system had been installed. Associated fire safety records and procedures had been reviewed and updated to reflect this. Each person who used the service had a personal emergency evacuation plan (PEEP) in place.

Systems and processes to safeguard people from the risk of abuse:

- Systems and procedures which sought to protect people from abuse were operated effectively.
- Staff could describe the signs and behaviours they would look out for that would alert them to the possible consequence of abuse.
- The registered manager and wider staff team understood local safeguarding arrangements and records

confirmed that safeguarding concerns continued to be reported timely to the relevant authorities.

#### Staffing and recruitment:

- During this unannounced inspection visit, we learnt the deputy manager had been asked to come in from home whilst off-duty. We spoke with the registered manager about this and we were told this was to help facilitate the inspection visit. We took this into account when reviewing overall staffing levels
- We looked at historical and planned rotas and found staffing levels were consistent in order to meet people's needs. Improvements had been made to the way staff were deployed, for example, additional non-care staff were now utilised at breakfast time and teatime, which allowed care assistants to concentrate on delivering care and support related activities. Comments from people included, "It is nice and I feel safe", "Lots of staff help to do things", and, "They definitely look after me and they come when I buzz".
- Safe recruitment and selection practices were followed with all necessary pre-employment checks completed, including with the Disclosure and Barring Service (DBS). These checks helped to ensure staff were suitable to work with vulnerable people.

#### Using medicines safely:

- Since our last inspection, the local clinical commissioning group (CCG) had visited the service to complete an audit of the way medicines were managed.
- We looked at the report from the CCG and noted this had resulted in a number of recommendations. We spoke with the registered manager about this and we were told all of the recommended actions had now been completed. We also noted the provider had commissioned the services of an independent pharmacist to review the CCG report and to provide additional assurance.
- On the basis of evidence we reviewed at this inspection, we were satisfied with arrangements for ordering, storage, administration and disposal of people's medicines.

#### Preventing and controlling infection:

- Since our last inspection, the NHS infection prevention control (IPC) team had visited the service to complete an IPC control.
- We reviewed the audit report dated May 2019 and noted the majority of areas looked at had been rated as 'green' which meant there was high compliance, however, other aspects of the audit had identified areas of improvement. We spoke with the registered manager about this and we were assured remedial action had been taken.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs:

At the last inspection we found the provider had failed to pay due regard to national best practice guidance and failed to make reasonable adjustments to support people living with dementia to find their way easily and independently around the service. This was a breach of Regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 15.

- New easy-to-read wayfinding signage had been installed throughout the home. Signage now clearly indicated the location of toilets, bathrooms, communal lounges and the dining room.
- We noted the provider had previously told us they would complete their own in-house research as to the effectiveness of the new signage, but this had not been completed. However, through our discussions with the registered manager, we reiterated the wealth of evidence-based best practice information that is publicly available regarding the benefits of creating a dementia friendly environment.
- Several people who used the service allowed us to visit them in their own private rooms. We found these to be well presented and personalised to people's individual tastes.

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

- Before a person moved into the service, a pre-admission assessment was completed. The purpose of the pre-admission assessment was to ensure the service could meet people's needs and choices and to check any potential new admission did not negatively impact on the needs of existing people who used the service.
- Once a person moved into the service, a short-term 'Care Plan on Admission' was completed which detailed people's immediate needs. We saw that within approximately four weeks, a more comprehensive care plan was produced.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We observed staff seeking consent and enabling people to make decisions about activities of daily living. For example, where people wanted to sit, what they wanted to eat or drink, and what activities they wanted to participate in. Staff were patient and encouraging in these interactions which enabled people to feel they had choice about decisions which affected them.
- 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 people of their liberty had been made in their best interest and by the least restrictive means possible.
- The registered manager continued to maintain a 'tracker' to record when DoLS applications had been submitted to the local authority, when DoLS assessments had been completed, the outcome and any expiry date.
- However, in some people's care records, where it had been recorded they lacked mental capacity to make specific decisions, it was not always clear who was acting as their lawful representative when decisions were made in a person's best interest. For example, a relative may hold Lasting Power of Attorney (LPA) for either health and welfare or, for financial matters.

We recommend the provider reviews the principles of the Mental Capacity Act 2005 to ensure consistent best practice.

Staff support: induction, training, skills and experience

- Staff continued to receive effective induction, training and supervision to ensure they were skilled and competent to carry out their roles.
- 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. Staff spoke favourably about opportunities available to them for continuous learning. Comments included, "The training is very good.", and, "We are definitely well trained to meet the needs of our residents."
- 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.

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

- We spoke with a relative of person who was on respite care and they were complimentary of the staff with regards to the timeliness of their response in identifying and acting upon a newly emerging medical issue.
- People had access to a range of medical and healthcare services, such as GP's, Speech and Language Therapists (SaLT) and dieticians. Guidance from professionals was recorded in people's care files, with any required changes to care plans made timely.
- Where concerns had been identified, such as issues with skin integrity, swallowing or unplanned weight loss, timely referrals had been made to the necessary professionals. This ensured people received the correct care and support and risks to their wellbeing minimised.

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

- People were complimentary of the food and drink offered within the service. Comments included, "I like the food it's very tasty", "More than enough food and a good variety", and, "[Relative] has gained weight since moving in and their appetite is now so much better than before."
- We observed lunch time service and found this was well organised, with the atmosphere calm and conducive to a pleasant mealtime experience. People who required help and support with eating and drinking were supported timely.
- One person who used the service broke out into spontaneous joyful singing with the care assistant who was supporting them at the time, enthusiastically joining in. This positive interaction was clearly well received.
- The needs of people who required special or adapted diets were met with information shared between care staff and the kitchen.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people continued to be 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; respecting and promoting people's privacy, dignity and independence:

- People continued to offer praise regarding the caring approach of staff. Comments included, "Staff are very kind. They speak to me like a human being. I am settled in after only a few months", "The staff are very caring. Absolutely no concerns", and, "The girls are fantastic. They look after me well."
- People were encouraged to maintain relationships with people that mattered to them and there were no prescriptive visiting times at the home. One relative told us, "We visit as a family on a regular basis and at different times. The care is consistently good."
- Staff recognised and responded to the needs of people from different backgrounds and how people's personal preferences were met.
- People and staff told us about several examples where staff had responded positively in not only meeting the needs of people from different backgrounds, but had gone the extra mile to ensure people were fully integrated and included into everyday life within the home. Care records supported this evidence.
- This demonstrated care and support was delivered in a non-discriminatory way with the rights and personal preferences of people with a protected characteristic being met. Protected characteristics are defined in law and based on a set of characteristics. For example, age; disability; gender reassignment; sex; race; religion or belief; and sexual orientation.

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

- People received care in line with their wishes from staff who knew people well and what they wanted. We observed staff taking time to chat with people, check they were okay or if they needed anything.
- The registered manager was highly visible and had an open-door policy and encouraged people and relatives to approach them whenever to discuss any issues or concerns.
- Feedback was also sought through surveys and questionnaires. These asked people their views on the care and support provided.
- Information was displayed on a notice board, detailing responses received from a quality assurance questionnaire sent out in November 2018. This included both positive and negative feedback, and corrective actions taken.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- Since our last inspection, the registered manager had completed a piece of work to remove and archive historical documentation from people's care plans. This meant finding the most up-to-date information was easier.
- 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.
- The service continued to provide personalised care, designed around each person's needs and wishes. Care plans were comprehensive, of a good quality, and contained information about people's backgrounds, likes, dislikes, preferences, medical and social needs.
- People's care and support needs were reviewed regularly with care plans updated timely to reflect people's changing needs.

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was able to meet the requirements of the AIS, for example, providing an alternative format such as braille, audio tape or easy-to-read, this would be identified through existing arrangements for assessment and care planning.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- The service continued to maintain excellent links with local schools and there was a regular programme of inter-generational work taking place. During the inspection, sixth form students visited The Cedars and we saw the immediate positive impact this had with students spending quality time chatting and positively engaging with people who used the service.
- The dedicated activities coordinator ensured a wide range of activities were made available throughout the week. This included an exercise and fitness group, bingo, movies and creative table top activities. Staff were also provided with dedicated additional time to take people out into the community.
- We observed a regular art therapy class taking place in one of the quieter lounges. There was good interaction between the staff and the six people who were participating in group, and this was clearly an activity people enjoyed. People's art work was on display around the service.

End of life care and support:

- Staff in the service had completed the 'Six Steps to Success'. 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 well and could trust.

Improving care quality in response to complaints or concerns:

- The service had a policy and associated procedure for dealing with complaints. Information about to make a complaint or raise a concern was displayed throughout the service. People told us they felt confident to raise any concerns and that they would be taken seriously.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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:

At the last inspection we found the provider had failed to ensure systems for quality assurance and questioning of practice were sufficiently robust to ensure the regulated activity was delivered safely and effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 17.

- The positive action taken by the provider to address the regulatory breaches identified at the last inspection, demonstrated continuous learning and the need to consistently meet regulatory requirements.
- People, relatives and staff told us they considered the service to be well-led. Comments included, "The manager is very good and approachable", "On the whole a good place", and "The deputy manager leads by example and is a role model to others."
- The registered manager understood their regulatory responsibilities. The previous inspection report was displayed and available within the home and online. The registered manager had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.
- Systems were in place for audit and quality assurance. An 'analytical tool' was used for accidents and incidents, which enabled the registered manager to complete overarching analysis to identify themes or trends, and to take appropriate remedial action. However, the analytical tool was only utilised for accidents and incidents. We were told from January 2020 the plan was to include medicines management, infection prevention and control, safeguarding, and complaints.
- With this in mind, we reviewed the hard-copy audit files for all of the other areas mentioned above. Whilst it was evident audit and quality assurance checks were clearly being completed and recorded, it was not always clear if regular overarching analysis had taken place.

To ensure consistent good practice for good governance, we recommend additional measures are taken to ensure overarching analysis and quality assurance is regularly completed for those areas of service delivery not currently included in the analytical tool.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- We found the service to be an inclusive environment. People's views and opinions were sought and acted upon and they were also involved in making decisions about how the service was run.
- Relatives spoke positively about the communication within the service, in ensuring they were updated on any issues or concerns. They told us they felt involved in their relatives' care and comfortable in approaching the registered manager at any time.
- Staff meetings had been held on a regular basis, with staff telling us they were able to contribute to the agenda and discuss areas of interest and importance to them. Minutes had been taken and circulated for those unable to attend, to ensure they knew what had been discussed and any actions generated.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- The registered manager and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

Working in partnership with others:

- The service had been working with the local authority and NHS in providing beds for Discharge to Assess (D2A).
- The purpose of D2A was to enable people to be discharged from hospital in a more timely way, whilst longer-term decisions about future care and support were made. D2A also enabled people experiencing a social care crisis in the community, to access temporary residential care, again, whilst longer term plans were made.
- This had resulted in a number of positive outcomes for people.