

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Two Cedars Residential Care Home

81 Dunyeats Road, Broadstone, BH18 8AF

Tel: 01202694942

Date of Inspection: 28 February 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Mrs J Williams
Overview of the service	Two Cedars provides accommodation and support for up to 17 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with eight people who lived at the home. We also spoke with two members of staff, the manager and the provider.

People living at Two Cedars were positive about their experience of living there. No one we spoke to voiced any concerns about the home, or the way in which it was managed. People told us they liked living there and it felt homely. They said that all the staff were very supportive and friendly. Some of the comments we received included – "I love it here and I can do what I like and the staff will help me". Another comment included "I couldn't have chosen a better home, its lovely here and I like my room and the staff".

People told us that they were involved in decision making and the staff would ask them if they required support and respected their decisions. People told us they were always offered choice giving examples such as meals, drinks, what time they would like to wake up. People told us they could choose to live how they liked and the staff respected their wishes.

We found that people's needs were assessed and that care was delivered in line with their individual care plans and risk assessments.

We found safeguarding policies and procedures in place and spoke with staff who demonstrated a good understanding of safeguarding and what to do if they had concerns.

We found the provider had effective systems in place to monitor the quality of the service.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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During our inspection we asked people if they felt respected by staff and from the six people that were asked they said they did. We saw evidence of two staff talking to five people in a respectful manner. We observed and listened to how staff interacted with people during the day. We saw that people were involved in conversations; people were relaxed and at ease with staff. We saw that staff listened to what people were saying and responded appropriately and respectfully.

People's diversity, values and human rights were respected. From the two staff that we spoke to they gave us examples of how they showed respect to people. One staff member said they gave people time to respond for themselves, listened carefully and gave reassurance. We watched the same staff member offering a person support with their meal. We observed a gentle, yet encouraging approach which was respectful and dignified. .

People expressed their views and were involved in making decisions about their care and treatment. People's views were gathered both formally and informally. The home held meetings each Sunday which gave people an opportunity to raise issues about how the home was run, and what activities were going on locally. People's views were also expressed in their care plans; we viewed six care plans as well as a respite care plan, all of which had each been recently updated. We spoke with three people about their care and treatment and each person expressed that they felt involved in the development of their care plan, and that it reflected their needs and views accurately. In addition to talking with people about their plans we saw that each plan had signed a consent form advising that they had been involved in the development of their care plan. These were signed either by the person living in the home or their carer respectively.

People were supported in promoting their independence and community involvement. We spoke with six people who informed us about community activities they had been involved in. One person said that in the summer the home was "vibrant" and there were trips out into the local area. One person told us that they had been to Swanage and also to a pantomime. Two people told us that if they wished to go into the local town they would be

supported by staff to do so. We asked the staff about how people living in the home could find out about community activities and they showed us pin boards with various activities advertised. We also observed another pin board downstairs which had a monthly planner in place displaying activities which were on each day at the home. It also detailed days in which the local library, podiatrist, and Champlain services were visiting the home.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We saw that care plans were in place in the six files we checked. They each detailed what support was needed and how it should be given. We saw that information gathered from the pre admission assessments had been included in the care plans. This ensured that people's health needs were quickly identified as well as other safety and welfare needs. In addition to this people's likes, dislikes, needs and wishes were gathered to ensure they were reflected in the care plans.

In the care plans we saw that they were split into sections, one part was based around people's health needs, and the second part detailed their social needs and social history, as well as a social needs care plan. We saw detailed notes identifying people's health needs and the treatment they required, for example we saw care plans for people who required creaming, body maps were included to indicate to staff where to apply creams. We saw that any action taken by staff was recorded in the daily notes. We saw evidence of close links with other services including district nurses and GPs regarding treatment plans. For example one care plan detailed numerous involvements with the GP service to monitor a person's dietary intake. The staff had made detailed daily notes, and regularly recorded a Malnutrition Universal Screening Tool (MUST score). This is a tool that is used to identify people who are at risk of malnutrition. It also calculates the overall risk of malnutrition and offers management guidelines. We saw that the care plan had been regularly updated and medication reviews and changes were recorded appropriately.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that information was recorded about how to support people appropriately. We saw that where risks had been identified there was a risk assessment in place to manage those risks. For example one person was at high risk of falls and the risk assessment detailed interventions to reduce the risk of falls which included the use of bed rails. It was equally recorded in their care plan. We also saw that the use of bed rails was reassessed monthly to ensure that they remained appropriate to meet the person's need.

During the inspection we looked at medication administration charts and we found that the medications were accurately recorded with no gaps. Any medication refusals were recorded in daily care records, and changes to medications were recorded in the medication review section of each persons file. PRN (as required) medication was also

recorded in the care plan, and copies were also kept with Medicine Administration Record charts. The PRN plans detailed the name of the medication, dose, intervals, maximum dosage, whether it was ordered from the GP, route (whether oral administration or not), whether it was a special order and the reasons for administering the medication as PRN.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke to the manager first who informed us that there had been no recent incidents of abuse, however the manager explained that staff undergo safeguarding training as part of their induction. The manager added that this was then updated with in house training each year. We saw a staff training matrix which confirmed this. We saw that the local authority safeguarding policies and procedures were also available in the downstairs office should staff wish to refer to them.

During the inspection we spoke with two members of staff about their knowledge of safeguarding. Both were able to tell us what safeguarding was, as well as being able to name different forms of abuse with examples. Both staff members told us what they would do if they suspected abuse was happening, explaining that they would contact a manager or if that was not appropriate they would contact the local authority or the Care Quality Commission. The staff also understood the whistle blowing policy and it was available to read in their staff handbook as well as in the policies and procedures manual.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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There were enough qualified, skilled and experienced staff to meet peoples needs. During the inspection we observed four staff on duty. In addition to this the manager was also available to assist if required. We also observed a domestic assistant cleaning the home, two kitchen staff and a grounds man assisting with work in the home and in the garden.

The manager informed us that during the night there was one waking night staff on duty throughout the night as well as one sleeping staff member to assist if required. The manager also remained on call during the night time. We spoke to eight people about the staffing levels and the feedback received indicated that there were enough staff to meet their needs. We observed two parts of the day, firstly morning coffee time which was relaxed and unhurried. We later observed the lunch period which again had a relaxed atmosphere. The staff attended to everyone individually and ensured everyone's needs were met so they could eat their meal independently. Staff gave people choices and we heard different desserts on offer as well as different drinks.

We spoke with two staff members about staffing levels and they each felt that there were enough qualified care staff to assist people. We also spoke with six people living in the home all of whom felt there were always enough staff available to assist them.

We spoke with a staff member about their qualifications and skills. They told us that they had received their National Vocational Qualifications in care since they started working at the home. These are worked based training programs for people working in care settings. They are designed to give people the knowledge and skills to deliver good care. They told us they had also received their mandatory training which included manual handling, food hygiene and medicines management. We saw evidence of this training in their staff file.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive

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### Reasons for our judgement

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Information we looked at showed the service has a range of quality assurance systems in place to determine the quality of service the home offered. These include monthly visits by a senior manager to carry out monitoring checks on the safety, maintenance of the service and to speak to staff and people who used the service to obtain their views.

Audit checks were also carried out on the environment and services provided, and this was to identify, monitor and manage risks to people who use, work in or visit the service. These audits included, equipment, kitchen, medication, health and safety, infection control, and the monitoring of adverse accidents/ incidents/ complaints, infection and prevention control. We were told that the company send out quality assurance surveys each year and they were in the process of collating information from the previous year. We looked at the most recent audit. We could see that people were mostly very happy about the home and the service received. The manager informed us that if any concerns arose from the quality assurance questionnaires they would be used to change the service. We found that in the past quality assurance survey there was an issue with lost laundry identified, and service was subsequently changed to try and prevent this problem occurring again.

We observed that a 5 Star food hygiene award which is a national award had been given to the home by the local council. The home had also been awarded an Investors In People award.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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