

Nexzen Care Ltd

The Cedars

Inspection report

8-10 Clevedon Road
Weston-super-mare
BS23 1DG

Tel: 01934629773
Website: www.westernsupercare.co.uk/elderly-residential-care

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Cedars is a residential care home that provides accommodation and personal care for up to 28 older people. At the time of the inspection 17 people were living at the home.

The service is set over 2 levels, with communal areas such as a lounge and dining room on the ground floor.

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

Improvements had been made and were ongoing at the service. Actions in relation to fire safety had been completed. A plan was in place to continue upgrades to the environment. Changes to systems to monitor and assess the quality of the service had been made. However, further improvements were needed to ensure care planning information was person centred and accurate.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Improvements were required to ensure people's consent and capacity was obtained and assessed in accordance with the Mental Capacity Act 2005.

People told us they were happy at the service. The service was fully staffed, and improvements had been made to recruitment processes. Staff were supported through induction, training and supervision.

Activity provisions continued to be developed and people were supported to engage in activities of their choice and access the local community.

People were supported by staff who were kind and caring. People were treated with dignity and respect. People's independence was promoted.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 13 October 2022) and there were 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 9 (Person Centred Care), 10 (Dignity and Respect), 12 (Safe Care and Treatment), 14 (Meeting Nutritional and Hydration Needs), 17 (Good Governance), 18 (Staffing) and 19 (Fit and Proper Persons Employed). The provider had met their recommendation in relation to the environment and had a plan of action in place to make further improvements.

This service has been in Special Measures since 22 August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified a breach in relation to Regulation 11 (Need for consent).

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Cedars

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 2 inspectors 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 is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Cedars is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was an interim manager in post. They were not registered with the Care Quality Commission.

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.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

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.

We spoke with 13 people living at the service. We spoke with 9 staff members which included the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 7 people's care records and multiple medicines records. We reviewed 3 staff recruitment records. We looked at a variety of records relating to the management of the service, including policies, procedures and audits. After the inspection we spoke with 3 relatives and gained feedback from 4 health and social care professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection published in October 2022 the provider had failed to manage and assess potential risks to people. This placed people at risk of avoidable harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Some staff were living at the service on a temporary basis. Risk assessments in place were not comprehensive enough to minimise all potential risks to people. The provider said they would take action to fully assess and mitigate risks to reduce potential risk to people of staff living on the premises.
- Actions required by the fire service had been completed. Regular internal and external checks on fire safety systems and equipment were undertaken. Personal emergency evacuation plans were in place to support people to safely evacuate.
- Risks to people were identified. Guidance was in place on how to manage and reduce known risks to people. For example, in areas such as skin integrity, mobility and choking
- Pressure relieving equipment was in use, such as air mattresses for some people. Guidance informed staff how often people should be supported to change position. Air mattresses were set correctly, and position change records showed people had their position changed in line with their care plan guidance.
- The environment and equipment were regularly examined and serviced. This included checking the safety of systems such as electricity, gas and water. A continuity plan was in place to ensure unforeseen events were managed.
- A refurbishment plan was in place to progress upgrades on the environment, furniture and décor. This work was ongoing.

Staffing and recruitment

At our last inspection published in October 2022 the provider had failed to ensure that staff were recruited in line with legislation. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- The service operated safe recruitment processes to ensure staff employed were suitable for the role. This included confirmations on previous employment, gaps in employment, right to work and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Rotas reviewed demonstrated staffing levels were kept at the number deemed safe by the provider. The home had a full staff team and did not use any agency staff.
- People and staff told us staffing levels were good. A person said, "There are plenty of staff." A staff member said, "Staffing levels are OK now. A big improvement on how things were."

Using medicines safely

- The providers policy was not always followed in relation to the holding of the medicine keys and the management of homely remedies. Transdermal patch records were in place. However, records did not show patches were rotated in line with manufacturer guidance. The manager said these areas would be addressed and included in medicine audits going forward.
- People told us they were supported to receive their medicines as prescribed. Protocols for as required medicines gave guidance when they may be needed. Temperatures of medicines storage areas were checked regularly.
- People's preferences for how they liked to take their medicines were recorded. Medicines that required additional storage in line with legal requirements were stored appropriately and systems for stock checks were in place.
- Where appropriate people were assessed and supported to manage their own medicines, which promoted their independence.

Preventing and controlling infection

- Since the last inspection the provider had updated their infection prevention and control policy. However, we found some information in care plans relating to COVID-19 which required updating in line with current guidance.
- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. In line with current guidance the wearing of face masks was optional. Some staff chose to wear face masks. However, staff were observed not wearing these correctly. After the inspection the provider clarified with staff about correct wearing of face masks if they chose to wear one. Staff were observed to wear PPE correctly at other times, for example in supporting people with their food and personal care.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The refurbishment plan for the service was progressing changes in furniture and areas that were difficult to clean and could pose an infection control risks.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- The provider was facilitating visits from people's family and friends.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "I feel safe. There are plenty of staff around, they respond quickly to the buzzer." Another person said, "It's nice here. Everybody treats you well."
- Staff had received training and knew how to identify safeguarding concerns. Staff told us, "Everyone has the right to be protected from neglect" and, "I would inform the team leader, check what happened and let the manager know. They then report it." Staff we spoke with were aware of the provider's whistleblowing procedure and knew how to report poor practice.
- Safeguarding concerns had been reported as required to the local authority. However, some concerns had not been notified to CQC. We have referred to this further in the well-led section of the report.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. The manager was working with the team to ensure information required was accurate and detailed.
- Systems were in place, but needed refining, to share and reflect when things had gone wrong in order to fully learn from them. It was not always documented when information had been shared with staff.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the inspection in published in August 2022 the provider had failed to ensure that peoples' rights were upheld in line with Mental Capacity Act. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvements had been made at the provider was still in breach of Regulation 11.

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 MCA 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 checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent to care was not always sought in line with guidance. People's ability to consent to aspects of their care had not always been assessed and mental capacity assessments had not always been completed fully.
- There was conflicting information in care plans in relation to people's capacity. For example, a care plan documented the person had a diagnosis of a form of dementia and, "[Name] is unable to sign for consent, however, has given consent verbally."
- The service had put in place overarching consent forms to cover key aspects of support that staff provided. However, care plan information indicated some people may not have the capacity to consent to specific areas of care and the MCA process had not been fully followed.
- One person had a sensor mat in place which would alert staff if the person stood or fell onto it. The sensor mat was not part of the provider's consent form. There was nothing documented to show if the person had

consented to the use of the mat, or if they had the mental capacity to do so.

- When best interest decisions had been made, there was nothing documented to show how the decision had been reached, who had been involved and whether less restrictive options had been considered.

This was a continued breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had made DoLS applications as required. The manager monitored the progress of people's applications.
- Two people had conditions attached to their DoLS authorisations. The details of these conditions had not been included within care plans so it was unclear how staff would know about them. The conditions for 1 person were being met. However, the conditions for another person were not. It had not been documented how the service had attempted to meet these conditions.

Staff support: induction, training, skills and experience

At the inspection in June 2022 the provider failed to ensure staff had received training and supervision required for their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Improvements had been made to ensure all staff had completed training relevant to their role. This included training specific to people's needs such as dementia, diabetes and epilepsy awareness.
- Staff received regular supervisions with a senior staff member. Supervision is a dedicated time to review staff's performance, development and well-being. A staff member said, "I feel supported and can raise any issues."
- Staff received a 3 day induction when they started at the service, which included shadow shifts. A staff member said, "Yes I had an induction. It covered everything I needed."

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

At the inspection published in August 2022 the provider had failed to ensure people had access to suitable nutrition and hydration that met their needs and preferences. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) 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 14. However, further work in this area was required.

- Some people were having their food and fluid intake monitored who were not at risk of malnutrition or dehydration and therefore did not necessarily need this monitored. Where people had a specific textured diet, this had sometimes been recorded as, "Blended food." This meant it would be difficult to assess if people had received a nutritionally balanced meal in line with their guidance.
- Whilst target fluid intakes were documented. It was unclear who was responsible for monitoring fluid intake and escalating concerns where required.
- Feedback about food was overall positive. A person said, "The food is excellent, there is a vegan choice."

Another person said, "The meals are nice." A relative said, "[Name of person] is happy with the food." However, we did receive some mixed feedback. For example, a person said, "The food sometimes is very good, and at times not very appetising."

- We observed people being offered a choice of what they would like to eat. A range of drinks hot and cold drinks were provided. Different diets and preferences were catered for. People's weights were regularly monitored.
- Staff who were involved in food preparation had completed food handling training.

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

- At the last inspection a recommendation was made in relation to the environment to ensure that necessary adaptations were in place. The provider was working through an improvement plan to upgrade the environment, décor and furnishings. A relative said, "When [Name of person] first went in there, I thought it was a bit scruffy and I did not go much on it but now it is beautiful, and they are really doing it nicely."
- People now chose if they wished to eat their meal in the dining room. We observed people using this space.
- People had photographs, pictures and ornaments to make their bedrooms personalised.

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

- People were supported to access further healthcare when needed. A person said, "When I need a doctor's appointment, they take me to the surgery."
- The service had a good relationship with the local GP and nurse practitioner. A relative said, "Whenever he is not well, they call the Doctor."
- The service used a visiting optician to support people with their eye health. People who had been assessed at risk of choking had referrals made to the speech and language therapist (SALT).

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

- People's choices were upheld and respected. We observed staff asking people what they would like to do or where they would like to be in the service. One person said, "I'm free to go out whenever I want to go out." A staff member said, "Any care, I always ask to get consent first, that's very important."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At the inspection published August 2022, the provider had failed to respect and dignity of people by supporting their autonomy, independence and involvement in the service. This was a breach of Regulation 10 (Dignity and respect) 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 10.

- The culture of the service had changed to ensure care was not institutionalised and people were offered choice, autonomy and independence. A health and social care professional said, "The manager has service user's best interests at heart."
- Whilst signage around allocated bathing days for people had been removed there was mixed feedback regarding if people could bathe when they wished. A person said, "I have a shower or a bath, when it fits in with other people." Another person said, "I have a shower once a week, there is no choice." A staff member said, "Everyone knows their shower day." However, other staff told us people could shower when they asked. The manager said this would be addressed.
- People were supported to retain their independence. We observed people going out when they wished and choosing how they spent their day. A health and social care professional had complimented the service in the support given to a person stating, "Significant improvements to [Name of person's] mobility and is now able to mobilise independently."
- We observed people being supported with dignity and respect. Staff were polite and attentive.
- Staff understood the principles of maintaining people's privacy and dignity. A staff member said, "It [dignity] is closing curtains and doors. I ask the resident, 'Are you ok if I do this?' I always keep people covered up during personal care."
- We observed staff complimenting people. For example, we heard comments such as, "That jumper really suits you" and, "You look lovely. Have you refreshed your lipstick?"
- There was a relaxed and friendly atmosphere at the service. People were smiling and laughing with staff. A person said, "Staff will have a banter, we have a laugh."
- People and relatives spoke positively about the staff. A person said, "The staff are friendly." Another person said, "The staff are all very good. They do their best. They do a wonderful job." A relative said, "Yes, the staff are all lovely and they are nice to me. They ring me up. they make sure I speak to [Name of person] 2

or 3 times a week and they are all lovely."

- People family and friends were welcomed to visit. A person said, "Visitors can come whenever." Another person said, "Friends can visit when they want."
- People and relatives were being engaged in reviews of their care and support. A relative said, "They do keep me updated."
- Staff told us they enjoyed their roles and working at the service. Comments included, "I'm very happy working here. We have a lot of time to talk with people," and "I like working here. It is a happy place."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

At the inspection published in August 2022, the provider had failed to ensure that care was planned and delivered in ways that met peoples' person-centred needs and to ensure people were supported to engage in activities. This was a breach of Regulation 9 (Person centred care) 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 9. However, further work was required in this area.

- People's care plans were being improved to make them fully person centred. The manager acknowledged this work was ongoing to ensure they were all individualised, detailed and accurate.
- Some care plans gave personalised information about people's family, interests and preferences.
- The care planning system used generic statements, and these had not always been personalised. This meant some people had the same information in place. For example, we looked at 2 care plans for people with dementia and both people's plans had the exact same wording.
- Care plans contained information in relation to people's preferences for food and drinks. However, some plans contained conflicting information. For example, in 1 person's plan it was documented that the person disliked tea, and later in the plan it was written, "Likes a range of drinks including tea."
- The dining room was now used for people who chose to eat in there. We observed people using this area. People could help themselves to drinks.
- People's protected characteristics under the Equality Act 2010 were identified in their care plan and respected. This included people's religion, culture and sexuality. Care plans detailed people's preferences for male or female staff to support them.
- Improvements had been made in the provision of activities for people and this area was being further developed. People were involved in activities such as chair exercises and games. A person said, "We do have a quiz sometimes." A relative said, "[Name of person] gets her hair done every week, there is a fitness lady and sometimes they have a singer come in. She is definitely not bored."
- We observed staff dancing with a person, reading books with someone else and doing a quiz with 2 other people. A person said, "The staff are very nice. They come in and have a chat in my room." Another person said, "I have made friends here. People to talk to if I want."
- People were observed to attend health appointments with support and go out independently when they wished. A person said, "Staff take me out sometimes to the park or shops."

End of life care and support

- At the time of the inspection, 1 person was receiving end of life care. There was limited information detailing how the person would like to be cared for.
- Some people's advanced wishes care plans were personalised. However, other care plans contained the same generic statements. The provider and manager said this area of care planning would be developed.
- Staff had received training in end of life care.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable raising any concerns or complaints. A person said, "If I had concerns or issues, I would go to a care assistant or the manager."
- The service had not received any formal complaints since the last inspection. Informal complaints and concerns raised were now recognised as complaints.
- The complaint procedure was displayed. A relative said, "[Name of person] has never complained and seems happy there."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed. When a person needed staff support, this information was included in their care plan. This included ensuring people wore their glasses or hearing aids to support communication.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant further improvements were needed to ensure the consistent delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection published in October 2022 the provider had failed to ensure the quality of service provision through effective governance. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvement had been made at this inspection and the provider was no longer in breach of Regulation 17. However, further work was required in this area.

- Systems to assess and monitor the safety and quality of the service had improved. However, further improvements and documented oversight by the provider were needed to ensure audits were fully effective. This was acknowledged by the provider and managers.
- Audits were in place for areas such as health and safety, medicines, complaints and accidents and incidents. Further improvements were needed to ensure audits identified and progressed the quality and requirements in areas such as care planning, food and fluids and the Mental Capacity Act 2005.
- Whilst the service had reported and managed safeguarding concerns, these had not always been reported to the Care Quality Commission (CQC) as required.
- Action plans were in place to improve the environment, both internally and externally.
- The provider had displayed their CQC assessment rating at the service. The provider was in the process of updating their website.
- Staff had clear job roles and were aware of their responsibilities.

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

- We received positive feedback about how the service was managed and led. A health and social care professional said, "There has been significant improvements in leadership." A staff member said, "The manager is very helpful. Their door is always open."
- Communication was effective. A relative said, "They always let me know straightaway if [Name of person] is unwell or anything happens." A health and social care professional said, "The manager is very responsive."
- Information was shared within the staff team. This included meetings, handovers and written documentation.
- There was a positive atmosphere and staff culture at the service. A staff member said, "Things have

improved."

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 provider and manager understood the duty of candour legislation. A relative said, "Yes, they are very good at keeping me updated when necessary."
- The service was open and reflective. A health and social care professional said, "I appreciated their transparency and honesty."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was developing meetings and feedback systems to engage with people and relatives regularly. A person told us, "There have been no meetings." A residents meeting was planned for the following month.
- Regular staff meetings took place. Staff told us they were involved and able to raise any matters. A staff member said, "The [provider] and managers always ask what we think we can do to change things."
- People and staff had been asked for their opinions through questionnaires. Comments from people included, "Food could be better," "Staff have always shown me great respect" and "Everything runs well." Actions were taken in relation to the feedback received. For example, a trip out with a person's family member was arranged following their request for this.

Continuous learning and improving care

- The service acted on feedback from other professionals to implement positive changes for people. A health and social care professional said, "The Cedars have implemented requirements and recommendations for [Name of person] to enhance their quality of life considerably."

Working in partnership with others

- The provider and managers had developed positive working relationships with other professionals to make improvements to the service and enhance care delivery.
- Networks had been developed to support the service in relation to small businesses, human resources, care home providers and access to training through local colleges.
- The service had good working relationships with health services and the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure the requirements of the Mental Capacity Act 2005 were fulfilled. Regulation 11