

Cedar House Care Home Limited

# Cedar House Care Home

## Inspection report

249 Station Road  
Rothley  
Leicester  
Leicestershire  
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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

Cedar House Care Home is situated on the outskirts of the village of Rothley, Leicestershire. The home provides care and accommodation for up to 44 older people. On the day of our inspection there were 38 people living at the home.

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

People said the home provided good quality care. A person said, "Lovely, magic, a lovely, lovely place. [I am] well looked after. It's the nicest place I could stay." Another person told us, "I love it here, I don't want to go anywhere else. I came on respite and found I didn't want to leave."

The home was well-staffed, and staff were responsive to people's needs. A person said, "I'm just happy to be somewhere where I'm being looked after. You've only got to ask for something, like another pillow, and it's up there [in my room] when I go up. They [the staff] listen."

The home provided safe care. Staff knew how to protect people from harm. The home's premises and equipment were clean and well-maintained. People said they had their medicines safely and at the right time.

Staff were well-trained and knowledgeable about the people they supported. They were caring and kind and enjoyed working at the home. A staff member said, "The home is warm and welcoming, all the residents are lovely, and there's a great staff team."

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 praised the home's varied and extensive activity programme. A person said, "It's very good, there's always some kind of entertainment to keep you light hearted, Monday to Friday, morning and afternoon." Visitors were welcomed at the home at any time.

The registered manager ensured people were well-cared for and had a say in how the home was run. The provider made ongoing improvements to the home to enhance the surroundings for the people who lived and worked there.

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 Good (based on an inspection on 8 February 2017).

#### 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 ●

# Cedar House Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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

The inspection team consisted of an 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

Cedar House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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

The inspection was unannounced.

#### What we did before the inspection

We looked at the information we held about the service, which included the provider's statement or purpose any notifications that the provider is required to send us by law. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We also reviewed the information the provider had sent to us in the provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with seven people using the service and one relative. We also spoke with the registered manager, deputy manager, administrator, a senior care worker, two care workers, the activities coordinator, the handyperson, one of the housekeepers, and a student/volunteer.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at three people's care records.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the home. One person said they felt safe because the staff were 'trustworthy'. Another person said, "At home I always felt on edge [but] here I like the fact there are [staff] here 24/7."
- The provider had systems and processes in place to ensure people were safe. The safeguarding policy would benefit from being re-written to make it less complex and easier to read.
- All staff, including ancillary staff, were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people using the service.

Assessing risk, safety monitoring and management

- People had risk assessments, so staff knew how to keep them safe. For example, one person needed assistance when walking and their risk assessment gave staff clear instructions on how to provide this.
- Staff knew if people were at risk. A care worker told us how they ensured a person always used a pressure cushion when seated to protect them from skin damage.
- If people needed specialised equipment to reduce risk this was provided. For example, some people had walking aids to assist them in mobilising.
- The handyman carried out regular safety checks on the home's environment and equipment and kept detailed records of these. They took prompt action if repairs or improvements were needed.
- Plans were in place to ensure people were supported to evacuate the home in the event of a fire or other emergency.

Staffing and recruitment

- The home was well-staffed, and people said they didn't have to wait long for staff assistance if they rang their call bells. A care worker told us, "We have enough staff. Some days we're busy but we can always meet people's needs."
- Care plans and risk assessments identified the amount of staff people needed in different situations. For example, one person stated they needed one care worker to assist them with showering, and two to assist them when being hoisted.
- Staffing levels were determined by the registered manager in consultation with the staff and provider. Decisions were based on the needs of people living at the home. If people's dependency levels increased, extra staff were brought in.
- Staff were safely recruited in line with the provider's policy, and pre-employment checks were carried out to ensure they were suitable to work in a care home.

### Using medicines safely

- People had their medicines when they needed them. A person said, "I take quite a bit of medication. The staff bring it three times a day with a glass of water at the same time every day. I always get medication on time, it's good."
- The home's arrangements for the management of people's medicines were safe. Staff trained in medicines administration and assessed as competent gave out medicines. Medicines were stored safely and securely.
- Managers and staff were proactive if there were problems with people's medicines. For example, to reduce the risk of delays in people getting antibiotics, the home had an arrangement with GPs that ensured people had acute/urgent medicines on the day they were prescribed.

### Preventing and controlling infection

- All areas of the home were exceptionally clean and fresh. People made many positive comments about how clean the home was.
- Staff were trained in infection control and basic food hygiene. There were up to date infection control policies and procedure in place for them to follow.
- Staff used personal protective equipment, including gloves and aprons, to reduce the risk of infection.

### Learning lessons when things go wrong

- Managers and staff knew how to record accidents and incidents and report them internally and externally, as appropriate.
- Managers monitored and reviewed accidents and incidents to identify any learning which may help to prevent a reoccurrence. Learning was shared during staff meetings and supervisions.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they came to the home. The registered manager or deputy manager carried out assessments using the home's 'person centred assessment' form.
- The home's person-centred assessments covered people's health and social care needs, including their oral health needs, but did not always consider risk or the protected characteristics under the Equality Act 2010. The registered manager agreed to update the assessment form to ensure it was comprehensive and took account of risk and the protected characteristics including race, religion or belief, and sexual orientation.

Staff support: induction, training, skills and experience

- People said the staff were well-trained. A person said, "I am certain they are, they know what they are doing."
- We observed staff using their skills to meet people's needs. For example, a care worker supported a person to mobilise using a walking aid. They enabled the person to make their way to the lounge at their own speed and walked with them to ensure they were safe.
- The home provided staff with a wide range of training. This included standard health and social care courses, and more specialised training as required, for example insulin administration and diabetes care.

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

- People said they liked the food service. A person said, "It's good. We have a great variety and we never have the same things twice." Another person said the food was 'first class' and staff always checked they had had enough to eat.
- People had a choice of dishes at every meal. A person said, "The staff come around every day with a list [of options]. I am a curry fan and there's a choice of sweets. I like my food."
- People's nutritional needs were assessed. If they needed extra support with their nutrition, staff referred them to dieticians and/or the SALT (speech and language therapy) team via their GPs. Advice and instructions from dieticians and/or the SALT team were in people's care plans for staff to follow.
- One person said they didn't like their lunch. We discussed this with the registered manager who said she would review this person's menu choices with them to see if any changes were necessary.

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

- The home was purpose-built with level access throughout. There were a range of accessible communal areas for people to use including lounges, dining areas, and secluded courtyard gardens.
- People's bedrooms were personalised to suit their individual tastes. People were welcome to bring their

own furniture and decorative items to make their bedrooms homely and familiar.

- A new café was in the process of being built at the home. This will give people the opportunity to enjoy an authentic café experience with a range of subsidised hot drinks available. The registered manager said people will be able to visit the café on their own or with relatives, friends, and staff.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People said staff always asked for their consent before providing them with any care and support. A person said, "They [staff] never do anything without asking you first."
- Managers and staff understood their responsibilities under the MCA including the use of 'best interest' decisions and how to apply for DoLS restrictions where necessary.

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

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

- People said the staff were caring. A person said, "I've worked with doctors all my life and you can tell within a minute whether staff are kind, good and know what they are doing. These are."
- We observed many caring interactions between staff and the people they supported. Staff asked people what activities they were doing that day and complimented one person on the way they'd had their hair done. A care worker gave some people hand massages and talked with them while they were doing this, which people enjoyed.
- To help staff get to know them each person had a document called 'Who am I – a quick introduction' in their bedrooms. This included information about their life history, daily routine, food and drink preferences, and what they liked to wear. Staff used this information to engage with people and ensure they received personalised care and support.
- Staff were knowledgeable about the people they supported and interested in their lives and histories. For example, a care worker said one person was from a village close to where they lived. They said, "[Person] like to talk to me about the local villages, they really enjoy that."
- Staff enjoyed working at the home. A care worker said, "Coming here doesn't feel like work. It feels like seeing your family and helping to look after them." Another care worker said, "The whole staff team are great. They are caring people."

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

- People were encouraged to determine their own lifestyles and routines. They had a bath or a shower when they wanted one and decided their own getting up and going to bed times. A person said, "I go to bed about nine and have my music on. Nobody says, 'Are you going to bed?' I go when I want."
- A care worker said one person choose to have breakfast and tea in their room and lunch in the dining room. The care worker said, "This is what [person] prefers. If they need help [when they're in their room] they will call for staff." □
- Care plans were written in conjunction with people and, where appropriate, their relatives. People were consulted if any changes were made to their care plans and invited to regular care plan reviews.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with dignity and respect, for example, by using their preferred form of address and knocking on their bedroom doors and announcing themselves before entering.
- The home employed both male and female care workers, so people could usually choose which they preferred for personal care.

- Visitors were welcome at the home at any time. People saw them in their bedrooms, in communal areas, or in the home's gardens and courtyards.

# 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 preference

- People said the staff were responsive to their needs. A person said, "Oh yes, if they see you walking they come to you. The staff don't leave you for a minute, it's lovely."
- At the time of our inspection visit staff were transferring people's care plans and other documentation onto a person-centred software system. The registered manager said this would make it easier for staff to record how and when people's needs were met.
- One person's care plan for distressed behaviour needed updating so it gave staff clear instructions of how to comfort and distract the person. The registered manager said this would be done.

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.

- People's communication needs were assessed when they came to the home. Staff knew how to communicate with people in the way most suited to them following guidance in people's care plans.
- Information was provided to people in a way they found accessible. For example, staff used large print and pictures to make documents more user-friendly and staff assisted people to read and understand these.

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

- People made many positive comments about the home's varied and extensive activity programme. A person said, "Last week we had a lovely trip out to the manor. A few weeks back we had a lovely trip to the theatre." Another person said, "They put things on every day and you can join in, some do and some don't. You are not forced to do anything, which is what I like."
- People and staff planned activities together and they were advertised in the home's newsletter, so people knew what was available to them each week. During our inspection some people were knitting and others having manicures. One person told us they helped in the home's gardens. Group and individual activities included arts and crafts, exercise classes, pet therapy, and visiting entertainers.

Improving care quality in response to complaints or concerns

- People said they would speak out if they had any concerns about their care. A person said, "Oh definitely yes. [I would tell one of the senior care assistants], they're very nice, mind you they are all very nice, but [senior carer] is the one I have most dealings with."

- The home's complaint procedure needed updating to make it clear what the local authority's and CQC's roles were when complaints are made. The registered manager kept a log of any complaints received and the action taken to resolve them.

#### End of life care and support

- People were asked about their wishes and preferences at the end of their lives and this was recorded in their care records and updated if their needs and/or preferences changed.
- If people wanted to stay at the home at the end of their lives staff facilitated this. For example, the registered manager advocated for one person to get them home from hospital because the person wanted this.
- If people were being cared for at the home at the end of their lives staff worked closely with health care professionals to ensure they had everything they needed including palliative medications, used to manage people's symptoms and pain.
- Relatives were welcome to spend as much time as they wanted with their family members at the end of their lives and stay at the home if they wished.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People said the home provided high-quality care and they would recommend it to others. A person said, "It's lovely, you're well looked after, it's great, all the staff are great, breakfast in your room in the morning, cup of tea when you want one, the staff are good."
- Staff also said they would recommend the home to their own family and friends. A staff member said, "I recommend this home. The staff are friendly, and the home is clean. It doesn't seem like a care home, it's more like a lovely hotel."
- The home's culture was open and friendly and the registered manager approachable. A person said, "[Registered manager] is a very nice person. We wouldn't get better care than in here." Another person said the registered manager was 'very kind' and 'definitely approachable'.
- The registered manager or deputy spoke to every person every day to check on their well-being and ensure they were happy with their care. If staff needed extra support with care tasks the registered manager provided this. She said, "I will roll my sleeves up and go in and help with double-ups [when two staff provide care] and hoisting if I'm needed. It keeps me in touch with what's happening on the floor."

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 understood their legal obligations including the conditions of their registration. Systems were in place for notifying the Care Quality Commission of serious incidents involving people using the service.
- If people or relatives wanted to speak to the registered manager or provider they were able to do this. For example, the registered manager stayed on after their shift and came in at weekends to meet with relatives, and the provider once called a relative while on holiday because they wanted to speak with him.
- The registered manager was quick to respond if staff needed support. A staff member said, "If I ring [registered manager] she comes in at the drop of a hat."
- Information on safeguarding, complaints, and residents' meetings were displayed on noticeboards so people knew what to do if they wanted to raise any issues or concerns.

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

- The registered manager and staff understood their roles at the home. A person said, "Oh yes, everybody [on the staff team] knows what they are doing."

- Teamwork was central to how the home was run. A person said, "I like the idea they [staff] all seem to get on well together." A staff member said, "The team here works well. All the staff are supportive, work hard, and are caring toward the residents."
- The provider and registered manager had quality assurance systems in place to monitor the quality of the service and make improvements where necessary. This was used to identify what was going well and what could be improved.
- The provider employed an independent lay person to carry out biannual inspections of the home to ensure it continued to provide a safe and caring service.

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

- People had the opportunity to share their views on the home at regular residents' meetings. Records showed these were well-attended, although it was not clear from the minutes whether those attending were people, relatives, or staff. The registered manager said she would make this clear in future and add an 'actions' section at the end to ensure any issues raised were followed up.
- People, relatives, staff and visiting professionals were asked for their views via annual questionnaires. Ten people, five relatives, eight staff and four visiting professionals responded to the last questionnaire sent out in January 2019. All the respondents scored the home as 'good' or 'outstanding' in every area.
- The managers supported staff through regular meetings, supervisions and appraisals. A staff member said, "If I had a problem I would go straight to the [registered] manager or deputy. They are both approachable and always helpful." Staff meetings minutes would benefit from an 'actions' section at the end to show how matters raised have been taken forward.

Continuous learning and improving care

- The provider, registered manager and staff made ongoing improvements to the home.
- Since we last inspected the provider had refurbished parts of the home, provided another dining area, and were in the process of building a café where people, relatives and staff would be able to enjoy freshly brewed coffee and other hot and cold drinks on site.
- Following contract monitoring visits from the local authority in 2019, improvements were made to fire safety measures, record keeping, medicines management, and storage facilities.

Working in partnership with others

- The home had links with organisations in the community to support them in meeting people's needs including health and social care professionals.
- Local nursery and pre-school children visited the home regularly to spend time with the people living there. Church services were held in the home. Staff and people organised fetes, coffee mornings, and raffles which the public were invited to.