Methodist Homes

Cedar Lawn

Inspection report

Cedar Close
Welcombe Road
Stratford Upon Avon
Warwickshire
CV37 6UP

Tel: 01789205882
Website: www.mha.org.uk/ch36.aspx

Date of inspection visit:
01 August 2018

Date of publication:
24 August 2018

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

We inspected this service on 1 August 2018. The inspection was unannounced.

The service provides accommodation and personal care for up to 37 older people. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The accommodation is over two floors and 29 people were living at the home on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection in February 2016, we rated the service as Outstanding in the key areas of caring and well-led. At this inspection we found people continued to receive a high standard of care. However, significant changes in the staff team had caused challenges over the last 12 months which meant the overall rating of the service has now changed to Good.

There were enough staff to meet people's needs safely and respond to their requests for assistance. The provider's recruitment procedures ensured staff were of a suitable character to work with people who lived in the home. People's care plans included an assessment of their needs and identified the individual risks to their safety. Staff understood their responsibility to work in a safe way and report any concerns to the registered manager.

People were cared for by kind and compassionate staff, who knew people's individual preferences and how they wanted their care provided. Staff understood people's risks and abilities and received updated information at shift handovers to ensure the care they provided was responsive to any changes in people's needs. Staff received regular training and support to ensure the support people received was effective and safe.

People were supported to maintain a nutritionally balanced diet. People's medical conditions were explained in their care plans and staff worked in partnership with other healthcare professionals to ensure people's medical and health needs continued to be met and responded to. People's medicines were managed, stored and administered safely in line with GP and pharmacist prescription instructions.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005. They told us everyone who lived at the home had the capacity to express their wishes, which ensured they received effective support with no restrictions on their liberty.

People's equality, diversity and human rights were respected because one of the provider's values was, "We

treat every person as a unique individual." Staff promoted people's dignity and respected their privacy. People were offered opportunities to engage in activities and conversations that met their physical, social and spiritual needs.

The home was adapted, decorated and furnished to meet people's needs. Staff had training in infection prevention and control and understood the importance of maintaining a clean environment.

Staff enjoyed their job because they were part of a supportive staff team who communicated and worked well together. Staff respected the registered manager's leadership and described senior staff as visible and approachable. Systems were in place for the provider and registered manager to assess and monitor the quality of the service and respond to people's feedback. People were happy with the quality of care they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring and who interacted with them in a positive way. Staff promoted people's dignity and respected their privacy. People's equality, diversity and human rights were met because staff respected their individuality.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service was well-led.

The registered manager and staff understood the provider's values and put people at the heart of the service. Staff respected the registered manager's leadership and were part of a supportive team who communicated well with each other. Systems were in place to assess and monitor the quality of the service to identify where improvements were required.

Cedar Lawn

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 1 August 2018 and was unannounced. The inspection was undertaken by two inspectors, an assistant inspector and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

Prior to our inspection visit, we reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. The commissioners did not share any concerns about the service.

Before the inspection visit, the provider completed a Provider Information Collection (PIC). 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. The PIC was very detailed and we were able to review the information in the PIC during our inspection visit. We found the information in the PIC was an accurate assessment of how the service operated.

During our inspection we spoke with the registered manager about their management of the home. We spoke with two senior care staff, two care staff, the activity co-ordinators and seven non-care staff about what it was like to work at Cedar Lawn.

During the inspection we spoke with six people who lived at the home and two relatives/visitors. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at staff training records, records of complaints and reviewed the checks the registered manager and provider made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us they felt safe living at Cedar Lawn and said they received the care and support they required from staff. One person told us, "I feel very safe because I couldn't cope at home." Another said, "Oh yes, the caring we get, there's always someone available. The care staff are second to none."

The provider's safeguarding and whistleblowing policies ensured the risks of harm and abuse were minimised. Care staff received training in safeguarding people and were encouraged and supported to share any concerns about people's safety. A member of care staff told us they would report any concerns to the registered manager without fear of recriminations, because, "If it's wrong, it's wrong." Another member of staff told us they would be confident to report any poor practice by other staff, but had not needed to do so. They said, "I would report it and if nothing was done I would report it to the CQC." The registered manager understood their responsibility to share any information of concern with the local safeguarding authority.

There were enough staff on duty to support people safely. Staff told us they felt there were enough of them to provide effective care and meet people's needs without rushing. One staff member explained, "Four (care staff) is enough because we have good communication and work as a team."

The provider's policies to minimise risks to people's safety included a call bell in their room and a pendant call alarm to wear. This promoted people's independence to move around the home, while still being able to call for assistance if needed. The call bell system was tested during the regular maintenance checks of the premises. People told us staff generally came quickly if they called for assistance. Comments included: "I have rung the bell twice and they came promptly" and, "I've never had cause to wait for anything from staff." However, one person told us that whilst staff responded to their calls at night, it was not always as quick as during the day. We discussed staffing levels with the registered manager. They told us they were confident staffing levels met people's needs because they frequently worked alongside staff and knew people well.

The provider's recruitment procedures minimised risks to people's safety. Staff confirmed their references had been requested and checked, and their DBS (Disclosure and Barring Service) clearance had been returned and assessed by the management team before they started work. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

People's care plans included an assessment of their needs and identified the individual risks to their safety. Where risks were identified, there was an individual care plan that guided staff about how to minimise the identified risks. For example, where one person was at risk of sore skin due to their immobility, their care plan said they should sit on a pressure relieving cushion, that staff should apply cream to the areas which were at risk of becoming sore, and make sure the person drank enough to maintain the integrity of their skin. Staff used body maps to describe any marks to people's skin and to explain exactly where staff should

apply any creams.

Where people were at risk of falls, due to their reduced mobility, their care plans reminded staff of the actions they should take to minimise the risks. For example, to ensure the person always had their walking frame nearby, to regularly check the rubber feet of the frame were in good condition and to check the person wore their pendant call alarm.

However, some risk assessments required updating to ensure staff provided people with a consistency of care. Senior staff recognised this was an area that needed improving. They said this had only recently become a problem since some staff had left, and they had to spend more time supporting people. For example, one person had a catheter and there was no care plan to inform staff how to manage the risks associated with its use. A senior member of care staff rectified this immediately. They put a catheter care plan in place to ensure staff had a consistent approach to minimise the risks.

Care staff signed people's care plans to demonstrate they had read them. Care staff we spoke with understood people's individual risks and the actions they needed to take to minimise them. Staff's training in supporting people to mobilise was effective and they supported people to move, using a hoist and wheelchair, safely.

Medicines were managed and administered safely by staff who had been trained and assessed as competent to do so. All medicines were stored securely and at the correct temperature to ensure their effectiveness. Medicines that required extra checks and special storage arrangements because of their potential for misuse, were stored correctly. The administration of these medicines was recorded accurately and showed they were given as prescribed.

Some medicines needed to be given in the morning 30 to 60 minutes before food and other medication to ensure their effectiveness. The senior member of care staff was aware of these medicines and ensured these specific administration instructions were followed. Other medicines only had to be given once or twice a week. Medicine administration records were clearly marked to ensure they were given as prescribed.

Some people received their pain relieving medicines via a trans-dermal patch applied directly to their skin. Staff completed body maps to record the site and date of application/removal of the patches to ensure they were rotated around the body to avoid people experiencing unnecessary side effects.

People were protected from the risks of infection by the provider's policies and by staff's practice. The rooms, fixtures, fittings and equipment at the home were clean. The provider had issued daily, weekly and monthly cleaning schedules for laundry, domestic and kitchen staff to ensure every part of the home was regularly cleaned. Laundry equipment included washing machines with a specific 'MRSA' wash to ensure people's clothes and bedlinen were cleaned effectively when needed.

Staff had training in infection prevention and control and understood the importance of following the Department of Health guidance to maintain a clean environment. Staff told us how they had followed the advice of an infection prevention and control nurse to support people who had acquired a contagious illness. The precautions they had taken included wiping door handles with antibacterial wipes after every use, wearing two pairs of gloves and a face mask when working in people's bedrooms and keeping people's laundry separate in their own bedrooms, not in a shared space. On the advice of the specialist nurse, the provider had implemented a temporary 'no visitors' policy, to protect people from additional infections.

The provider's premises safety checks included regular checks of the water supply, to ensure the hot water

was at a safe temperature for people to use and that the cold water supply was free from the risks of bacterial growth. There was a schedule for regularly running the taps in empty rooms, to ensure bacteria was not able to grow or cause harm to people's health. The provider had issued guidance to the chef and kitchen staff for checking that foods and meals were stored, prepared and served safely in line with environmental health guidance.

The registered manager kept a record of accidents, incidents and near misses, which was shared electronically with the provider. The provider's electronic accident analysis was designed to identify patterns or trends in accidents and incidents, to ensure effective action was taken to minimise the risks of a re-occurrence. Any actions taken following incidents that occurred at Cedar Lawn, or any of the provider's other homes, was shared with staff during meetings so people's safety was maintained.

The provider had plans to minimise risks to people in the event of an emergency. People's care plans included a person emergency evacuation plan (PEEP), which explained the level of support they would need to mobilise in an emergency to move to a safe zone or to evacuate the premises.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection in May 2017. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People and their relatives had confidence in the staff who looked after them and were happy with the standard of care in the home. Comments included: "I'm very impressed with staff" and, "The staff are very good from the manager down."

People's needs were comprehensively assessed and documented before they started using the service. Records showed staff collected a range of information about people to ensure they could meet their needs from the start. This information was then used to plan the person's care. Care staff told us they read people's care plans before they supported them, to make sure they understood people's individual risks, needs and abilities and the actions they should take to support them effectively.

The needs of people who lived in the home were met by staff who had the right knowledge, skills, experience and attitudes. New staff completed an induction when they started working at Cedar Lawn which included training in areas the provider considered essential and a period of working alongside more experienced staff. This period of 'shadowing' enabled new staff to learn people's preferred routines for their care and support. A senior member of staff explained, "We have around a week shadowing and then we see if the staff feel confident. If not, then they can have more time." The provider's induction was also linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate, high quality care and support. A member of staff who had just completed their induction described it as, "Brilliant."

The provider had systems to identify and monitor the training needs of staff. The system demonstrated that all training was up to date and completed within the provider's specified timeframe. A senior care worker told us that extra training was provided if a need was identified. For example, one person used a nebuliser to help their breathing. Extra training had been arranged with the district nurse so staff had a better understanding of how to use this item of equipment safely and effectively.

Staff received regular support and advice from their managers and senior staff which gave them confidence in their role. One senior staff member told us, "We have supervisions (one to one meetings) every eight weeks. We discuss any issues and give praise and in the yearly appraisal we will discuss goals." Another member of care staff told us, "The senior carers are fantastic. They are attentive and they are there." Staff told us they were supported to work towards nationally recognised qualifications in health and social care relevant to their role.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty

Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood their responsibilities under the MCA. They understood in the first instance, they should assume people had the capacity to make their own decisions. A member of staff told us, "People can choose what they do." They told us everyone who lived at the home had the capacity to express their wishes, which ensured they received effective support. A member of staff said, "Here people can talk and tell you, they just need some assistance."

Records showed people signed their consent to care and to demonstrate they understood the purpose and need for the provider to take their photograph and to share information with other agencies who had a legal right to know their personal information. They signed their consent for the registered manager to obtain advice from healthcare professionals on their behalf if they needed healthcare support and were unable to arrange this for themselves. However, in two care plans we looked at, consent forms had not been signed by people. The registered manager explained that care plans had recently been changed to a new format and people had not yet signed the new consent forms. They assured us this would be done as quickly as possible to evidence people consented to their plans of care and support.

The registered manager told us there were no restrictions on people who lived at Cedar Lawn and they were able to come and go as they pleased. There were no DoLS authorisations as no one had been identified as having their liberty or freedom restricted. The registered manager told us some people were aware of the risks of going out alone and would be accompanied by staff. They told is if a person did not understand the risks, then they would apply to the authorising authority for a DoLS.

People were supported to eat and drink enough to meet their nutritional needs. Nutritionally balanced meals were planned at head office and changed each season. The chef and registered manager chose a three week rolling menu from the options offered by the provider, to suit the preferences of people who lived at the home. The chef had a record of people's dietary needs, allergies and nutritional risks, to make sure people were offered meals appropriate to their needs that did not put them at risk.

There was a choice of breakfasts, hot meals, deserts and tea time meals every day. The chef told us if anyone wanted anything that was not on the menu, they would prepare it especially for them. People were asked to make their choices in advance of each meal, to ensure enough meals were prepared to meet people's preferences. Staff who worked a 'long shift' were entitled to have a meal at lunch time and sat with people to eat their lunch, to make it a social occasion.

At lunchtime the dining room enabled people to sit in small groups and the tables were laid with glasses, serviettes, condiments and flowers, which enhanced people's lunchtime experience and promoted their independence. People were offered a choice of drinks and staff knew which meal people had ordered in advance. For people who chose to eat in their own room, staff took their meal on a tray, with a cover to keep it hot.

Overall, people spoke positively about the meals. Comments included: "The food is good. All the meals are nice" and, "The food is excellent, quite enough for me." However, during lunch we saw plates were cleared away and people were not asked if they would like any more. Two people told us, "The food is very nice, but the portions are small" and, "I get small portions and they never ask if I want more."

Snacks were offered to people with a choice of drink through the day. The provider had recently introduced an 'All-day snacks' menu, to encourage and enable people to eat well if they were not hungry at the normal

lunch and tea times. The menu clearly identified which foods contained well-known and recognised allergens.

People's medical conditions and history were explained in their care plans, to enable staff to better understand their needs and dependencies. People's weight was monitored to ensure any unexplained weight loss or gain could be investigated.

The provider worked in partnership with other organisations to ensure people's medical and health needs continued to be met and responded to. Records showed people were supported to obtain advice and support from healthcare professionals, such as their GP, district nurses, chiropodists and dieticians when needed. People were happy their medical and health needs were met and relatives told us they were kept informed about any changes in their family member's health.

The home was adapted, decorated and furnished to meet people's needs. People told us the layout, adaptation and decoration of the home suited them. People particularly enjoyed the benefit of large well-maintained gardens where they could enjoy walking in the fresh air.

Good

Is the service caring?

Our findings

At our last inspection we rated caring as 'outstanding'. At this visit we found changes in the senior management team and support team meant there had not been the same amount of time available for staff to spend with people. At this inspection the service demonstrated the characteristics of a 'good' rating.

People were supported by staff who were kind and caring and who interacted with them in a positive way, for example ensuring they spoke to people at eye level. People in the communal areas appeared relaxed and comfortable in staff's company and we heard people talking familiarly with staff throughout our inspection visit.

Staff had training in the provider's values and signed a 'Living the Values' pledge, to put people at the heart of the service. A member of staff explained, "The provider's values are very much being worked on and I would say without question, the staff understand these values and apply them in their practice with the residents."

Staff were highly motivated about the care they provided to people living in the home. They felt they were making a difference to people's life by providing a caring and kind service where people could live their lives as they wished to. They felt proud of their work and understood their role was important to the people they supported. One staff member told us a caring member of staff needed to have, "The attitude and the time and patience to give people what they need and to brighten up their day." A group of domestic staff told us they voluntarily arranged 'vintage afternoons' with people, when they served cake and tea in china cups and saucers, to encourage people to socialise and reminisce. One member of domestic staff told us one of their tasks was to deliver people's newspapers to their rooms in the morning. They said this gave them an opportunity to pass the time of day with people and to get to know each person better.

People told us they liked the staff and spoke positively about staff attitudes and how they responded to them. One person told us, "I've never had a sharp word with staff. They all show the greatest courtesy and respect." Another person said, "They are all great, I'm really happy with staff."

The registered manager encouraged staff to take time to sit and speak with people. However, they acknowledged that recently staff had been very busy covering for colleagues who had left the service or were on long term sick leave. This was confirmed by one person who told us, "They need to listen more. They can rush off before I finish talking to them about something."

We saw staff sometimes missed opportunities to involve people in making choices. For example, at lunch time there was a table plan of which table each person was to sit at. The registered manager told us people had been consulted about where they wanted to sit and the plan was regularly reviewed. However, when we spoke to people they told us they were not given the choice, but nobody said they were unhappy about it. Comments included, "I was allocated the table six months ago, they didn't ask me first", "I sit at the same table, it's just continuity. We all get on so well. I don't remember choosing the table" and, "I sit in the same place every day. I get on with the ladies on my table. You can't sit anywhere else, the tables are all named."

People's dignity was considered by staff. People looked clean and tidy and wore clothes that reflected their own tastes and preferences. Women had been supported with items of jewellery such as earrings and brooches. On the day of our visit, many people enjoyed having their hair done by the visiting hairdresser. Staff spoke quietly and confidentially with people when offering to support them with personal care.

People were supported to make their bedrooms reflect their own taste as far as possible. People had brought small items of furniture from their own homes. People's bedrooms contained photographs, memorabilia and items that were important to them, to maximise their contentment and sense of belonging. The housekeeper told us people could bring and use their own bedlinen and towels, if that was their preference. Staff promoted people's privacy by knocking on bedroom doors before entering. People's bedroom doors were closed when they were not in them, to deter others from entering inadvertently.

People's equality, diversity and human rights were respected because one of the provider's values was, "We treat every person as a unique individual." During our inspection we found that value was embedded in staff practice. Care was provided in a holistic manner to people who were treated as individuals.

Relatives told us they could visit when they liked and felt welcomed into the home. Comments included: "Visitors can come any time" and, "We always feel extremely welcome here."

Staff understood the importance of keeping people's personal information private through training in the General Data Protection Regulation (GDPR). People's care records were kept in an office in the staff room, separate from people's bedrooms and the communal areas.

Good

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection in February 2016. The rating continues to be Good.

Most people we spoke could express their views and opinions so we asked them if they were involved in their care decisions. Some of the people we spoke with could not remember being involved in developing their care plans, but did not appear to be concerned and were pleased with the care they received. Other people said their family members were involved in making decisions about their care. Relatives told us staff were knowledgeable about their family member's needs and abilities and were always available to keep them up to date with any changes.

We looked at four care plans and found they were sufficiently detailed to instruct staff as to the care and support a person required. However, we found some examples that required further improvement to ensure they remained responsive to people's needs. For example, one person's care plan had not been updated following the removal of their catheter. We spoke with a senior staff member who reviewed care plans. They said that recently they had not had as much time to review the plans because they spent their time on shift, supporting people.

Even though care plans had not always been updated, information about changes in people were communicated to staff during the handover between shifts. The handover was given verbally and recorded in writing so staff could refer to the records if people's needs had changed since they had last worked in the home. This ensured staff had up to date knowledge and information to respond to people's needs.

People's communication needs were assessed and guidance for staff explained how they should support people to communicate and understand information. Where necessary, staff made sure people were wearing their spectacles and hearing aids and they were in good working order. The provider promoted good communication and had produced a leaflet to guide relatives and friends about maintaining communication with people living with dementia.

People's care plans included a personal profile, but these were not always completed in full. Where they were completed, staff had recorded the person's family connections and history, any known interests, their preferred foods and times to get up and go to bed, their preferred style of dress and any specific risks to their independence. The registered manager told us the provider had recently moved to a new care planning system and was aware further work was required to ensure the plans fully reflected people's social care needs.

An activities coordinator had been appointed in April 2018. They told us they were still getting to know people's individual interests and life stories. They had implemented a schedule of activities that they understood people were interested in. The schedule was displayed in the dining room and people were given a paper copy in their rooms. There was a daily keep-fit session, which was well attended, as well as quizzes, film afternoons, reminiscence and craft sessions. People's craft work was displayed in the

communal areas of the home. The activities coordinator told us one person enjoyed painting, another enjoyed playing dominoes and another liked to play the piano on quiet mornings in the lounge.

Through monitoring which people attended the group activities, the activities coordinator had identified those people who did not enjoy group activities or who preferred to spend time in their own bedroom. They told us they set time aside to go to people's rooms and learn about their interests. Through their conversations with people, they had identified some new activities that people might like to engage in, in small groups, such as listening to classical music or developing an interest in railways. They told us they would suggest these activities to others to find out their level of interest.

People's spiritual and religious needs were met. A chaplain visited the home regularly and could arrange visits by ministers from other faiths. The chaplain explained their role was to support people's spirituality and give people time to have conversations that were important to them.

People's care plans included the option to express their wishes for how they would like to be cared for at the end of their life. This was also explored by the chaplain in their conversations with people. Where people had discussed future treatment options with their GP or healthcare consultant, the registered manager had included their expressed wishes for future treatments in their end of life care plan.

The registered manager and one of the senior care staff had qualifications in end of life care and staff worked with other healthcare professionals to ensure people had a dignified and pain free death. One recently bereaved relative had written, "During the last few weeks of her life she was ill and the devoted compassion, love and wonderful end of life care was such a comfort to us all."

The provider's complaints policy was effective and easy for people to use. People told us they had no complaints, but were confident any complaints would be taken seriously and resolved promptly. One person told us "I have only complained about the laundry, only minor things. They sort it straight away."

We looked at the complaints register and found there had been one formal complaint in the last six months. This had been investigated and responded to by the provider in line with their policies and procedures. Where people had raised minor issues, these had been addressed, but they had not been recorded. The registered manager agreed that it would be beneficial to evidence the improvements made in response to minor concerns.

Good

Is the service well-led?

Our findings

At our last inspection we rated the leadership of the service as outstanding. At this inspection we found that changes in key members of staff at the same time as the implementation of new care planning and quality assurance systems had impacted on the completion of administrative tasks within the home. The rating is now 'Good'.

People were pleased with the quality of care they received. Comments included: "I couldn't have anything done better. I know if I had a query it would be dealt with immediately", "Nothing needs improving" and, "I am really thankful the way they do things."

The provider had values and behaviours that all staff members were expected to sign up to. These included respect, openness and fairness because, "We nurture each person's body, mind and spirit to promote a fulfilled life." Awareness of these values was covered during staff induction and at regular 'one to one' meetings. The registered manager and staff demonstrated these values during our inspection visit and put people at the heart of the service.

All the care staff we spoke with told us they enjoyed their job because they liked working with people and because the registered manager was supportive of them personally. Staff respected the registered manager's leadership and the fact they willingly provided practical support when they were busy. Staff told us, "I love Cedar Lawn and [registered manager] is just brilliant. I've learnt so much" and, "The manager is lovely and very approachable. If I've got a problem, she sorts it out." Staff told us they felt comfortable to approach senior staff for guidance and to make suggestions for improvements in the home.

Staff also spoke about a supportive staff team who communicated and worked well together and felt the same level of responsibility for protecting people's health, safety and wellbeing. For example, during the recent outbreak of a contagious illness, some staff were also ill, but agency staff were not permitted to work, due to the risks of infection. Staff told us, "Everyone helped each other." They told us staff took on extra shifts and extra duties, to ensure people suffered as little inconvenience as possible. Everyone was served their meals and drinks in their bedrooms and night staff started their shifts early, to give staff the support and breaks they needed. Staff told us they took 'staggered' rest-breaks, to make sure there were always staff available to support people.

Since our last inspection the deputy manager had retired. A new deputy manager had been recruited, but had only remained in post for six months. Around the same time, other staff had left the service, including the activities co-ordinator, administrator and a chef. The registered manager and their staff had worked as a team to cover these roles to ensure it did not impact on people who continued to receive the same standards of care. At the same time the provider had introduced a new care planning and quality assurance system. The registered manager told us that whilst the emphasis had remained on staff being with people, some administrative tasks, such as care plan reviews, had not been completed with the timeliness they would normally expect. They also acknowledged that the new quality assurance system needed to be embedded in every day practice to become fully effective. The registered manager was confident that now

they had successfully recruited to most of the vacant roles, they and the senior staff would have more time to focus on the administrative and managerial aspects of their roles and the governance of the home. They explained, "I feel so passionate about the wellbeing of the residents that I will put them first. We have come through the other end and I can see a light at the end of the tunnel."

The provider and registered manager responded to feedback they received from people who used the service, relatives and visitors. Feedback was gathered in a number of ways which included resident and relatives' meetings and surveys. We looked at the results of the latest survey and saw that the service had scored 100% in most areas. People had confirmed they felt safe and secure living in the home, had a say in how staff provided care and support and that staff understood them as individuals.

Systems were in place for the registered manager to assess and monitor the quality of the service. This included audits of medicine management, the environment and infection control. For example, the housekeeper regularly checked that cleaning staff followed the provider's guidance and that the cleaning schedule was effectively maintained. They checked that the carpets, furniture, windows and curtains were clean and in good repair. The housekeeper told us they reported maintenance issues to the registered manager, to ensure furnishings were repaired or replaced when needed. Each day staff carried out a quality checklist at one meal. This was to ensure people were happy with the quality of the food and the mealtime experience. The registered manager walked around the home every day to talk with people and staff so any issues raised could be immediately addressed. The registered manager said the need to raise a formal complaint was reduced as potential issues were resolved at an early stage and to people's satisfaction.

The provider also visited the home regularly to assure themselves that the service was managed safely and effectively. For example, every three months they visited to assess and check on the safety of the premises and that the registered manager had completed their checks and audits as required. Every year the provider completed a 'quality assessment' of the service. Where issues were identified, an action plan was put in place which clearly indicated who was responsible for completing the action, how it was to be achieved and how progress against the action was to be monitored.

The registered manager had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people. The provider had ensured the rating from our previous inspection was displayed on the premises, and on the provider's website.