

N. Notaro Homes Limited

Cedar Lodge

Inspection report

Hope Corner Lane
Taunton
Somerset
TA2 7PB

Tel: 01823286158
Website: www.notarohomes.co.uk

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cedar Lodge is a residential care home providing personal and nursing care to people aged 65 and over. This registration also includes The Limes, a purpose-built recovery and rehabilitation centre adjoining Cedar Lodge. The Limes provides support for up to 15 people (mainly younger people) with a range of mental health conditions to support and enable them to move forward into the wider community. At the time of our inspection the service was supporting 39 people in Cedar Lodge and 13 people in The Limes.

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

There was a very homely and welcoming atmosphere where people were supported by staff who were very respectful, kind and caring. Feedback about the compassionate and caring approach of staff was positive. People were treated with dignity and respect in a way that truly valued them as individuals.

There was a person-centred culture that was driven by a motivated and committed staff team. They constantly looked for ways to improve the service and ensured people received the personalised care they deserved. The staff team told us they were truly valued and respected. They were skilled, motivated and knowledgeable. Staff told us they were encouraged to progress and develop.

People were placed at the centre of the service and were genuinely consulted in relation to all decisions about their care and the service. Families and visitors were welcomed into the service and were full of praise for the genuine warmth and kindness they experienced.

The service was very well-led. The registered manager demonstrated how their open and listening management style and robust quality assurance systems had sustained continual development and improvement at the service. They were clear about their expectations relating to how the service should be provided and led by example.

There were effective and robust quality assurance systems in place to monitor and improve the service and to ensure legal requirements were met. This meant people were at the heart of the service. The registered manager shared examples of the service being used to share best practice approaches to other homes.

People and relatives were complimentary about the food. Where people had specific dietary requirements, they received food and drink to ensure their needs were met.

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.

Rating at last inspection:

The last rating for this service was Good (published 12 January 2017).

Why we inspected

This was a planned inspection based on the rating at the last comprehensive inspection.

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

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

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Cedar Lodge

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 one inspector, one assistant inspector and an Expert by Experience on the first day. On the second day one inspector. 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 Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with 10 people who used the service about their experience of the care provided, and seven visitors. We spoke with six members of staff including the registered manager and two deputy managers. We spoke with four visiting health professionals

We reviewed a range of records. This included six people's care records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policy and procedures were reviewed.

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.

After the inspection –

Following the inspection, we received feedback from two health professionals and the registered manager sent us additional evidence and staff training information.

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 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 told us they felt safe at the service and relatives were confident people were protected from harm. One person told us, "I always feel safe here." A relative told us, call bells were answered quickly.
- Staff were aware of safeguarding procedures and knew who to inform if they had concerns about potential abuse. The registered manager was aware of their responsibility to report any safeguarding concerns and to liaise with the local authority.
- People were protected from discrimination in relation to the Equality Act and staff were able to discuss and demonstrate how they had worked with people to protect them from discrimination. For example, the service was particularly creative in involving people to understand their diverse needs, to take control of their personal safety with the involvement of staff who were well trained in safeguarding them and others.

Assessing risk, safety monitoring and management

- Risks associated with people's care needs had been assessed and informed plans of care to ensure their safety.
- Staff understood the support people required to reduce the risk of avoidable harm. Safe practice was observed as a result of staff knowing people well, along with what each person was capable of and how staff could support them to remain safe.
- Personalised risk assessments included measures to reduce risks as much as possible. For example, where a person was at risk of developing pressure sores, they had a specialised mattress in place to mitigate this risk.
- Accidents forms were reviewed by the registered manager and action taken to identify any trends and to analyse and reduce the risk. The environment and equipment were well maintained. Individual emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

- Recruitment systems continued to be effective and ensured suitable staff worked at the service. People told us there were enough staff. One health professional told us, "I see the same staff on duty, never had any concerns always staff around ready to talk to me". The registered manager informed us, "We have not used agency staff for over 11 years. We find we are better off having a well-equipped staff team".

Using medicines safely

- Medicines were managed in a safe and effective manner. Senior care staff were trained in the administration of medicines and were responsible for the administration of medicines to people. People

told us they received their medicines on time.

- Some people were receiving their medicines covertly. This is when medicines are administered without the person knowledge. Best interests' processes had been followed in regard this practice.
- A robust audit system was in place to review administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal.

Preventing and controlling infection

- The premises were clean and free from malodours. Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.
- Domestic staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned. They knew the action to take when a person had an infection to reduce the risk of it spreading to others.

Learning lessons when things go wrong

- The provider had a system in place to facilitate the analysis of incidents and accidents and the registered manager used this to identify themes and learning.

Where errors occurred, the registered manager learnt from these mistakes. Records showed following a medicine error, an internal investigation was held which resulted in additional supervision, and training for 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 the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- Staff fully understood people's rights to make decisions even if they were deemed unwise. Examples were shared of how people were supported wherever possible to make their own decisions. For example, some people had complex mental health issues. Staff were highly trained and skilled in respecting their rights to make their own decisions, this meant there was a flexible approach to any restrictions.
- People's care records included capacity assessments where needed and these were regularly reviewed. Where people were assessed as lacking capacity to make a decision, best interest processes were followed and recorded. One health professional told us, "The team are very good at supporting people to make decisions. [registered manager] is accommodating, and always listens."
- DoLS applications had been made when required.

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

- There was a holistic approach to assessing, planning and delivering care and support. People had a comprehensive assessment prior to and on admission and a person-centred care plan was developed.
- Staff at The Limes were clear about the mental health legislation specific to individuals and were open with people about any restrictions and goals. One health professional told us, "This is a good unit, this to me is how good care should be working for people with mental health issues. The team are providing effective, timely support".

Staff support: induction, training, skills and experience

- People received their support from staff who felt well supported and had the skills necessary to meet their needs. Comments from people included, "There was lots of training during induction. I went through the care certificate." "We have refresher training once a year or every two years or if we notice something where we need to improve skills. I can talk to someone and ask for training to be laid on, we have a lot of support."
- Staff had the skills to meet people's specialist needs. A number of people using the service were living with dementia or mental health issues. Records showed, and staff informed us they had the correct training to support individual needs.
- Staff worked with other professionals to make sure people received the care and support they required, for example following on from hospital discharges. Health professionals told us they felt staff were well trained to meet the diverse needs of the service.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences. People were shown two different meal options on plates at lunchtime, so that they could select. People told us they were happy with the quality of their food. We observed where people needed support to eat and drink they received this support in a timely sensitive manner. Staff were observed offering gentle encouragement that ensured people had an enjoyable mealtime experience.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They monitored people's weight and when they were at risk of losing weight or needs changed they sought the advice of specialist professionals.
- People and relatives were complimentary about the food. comments included, "Smashing. A couple of choices". "Interesting dinners, nice flavours"; fruit in the morning and I have my own fruit bowl" and "I'm thoroughly spoiled."
- Staff ensured people continued to enjoy their favourite foods and drinks. For example, a senior carer told us, "If we are concerned someone is not eating we involve family members to check if we are missing something they like. I had a meeting with a family who said dad liked fish and chips followed by an ice cream he ate it all. It's about finding about their preferences and choices to encourage them to eat and stay healthy."

Staff working with other agencies to provide consistent, effective, timely care

- External professionals were extremely complimentary about the working relationship they had with the registered manager and staff working in the service. One health professional told us, "It is a good team, very respectful, very compassionate a lovely feel to the service [name] is enjoying living here. We have great confidence in the team, they are not always on the phone. When they do ring they ask appropriate questions and listen to advise".

Supporting people to live healthier lives, access healthcare services and support

- Prompt referrals to the GP and working in collaboration with the community mental health team had resulted in good outcomes for people.
- People told us their health needs were well managed and they were supported to attend hospital, dental and optician appointments. People had access to specialist nurses, physiatrists physiotherapists, consultants, occupational therapist and speech and language specialists.
- Psychologist clinics were held every six weeks at The Limes. A deputy manager told us, "We make cakes and make the meetings relaxing for all who attend".

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

- Cedar Lodge environment were designed and adapted to meet older people's needs. Corridors were wide enough for easy wheelchair access. There was clear signage for people, including pictorial signs, and

memorabilia of days gone by. The layout of the home was straightforward to facilitate people finding their way around. People's bedrooms were personalised with items they had brought with them and pictures they had chosen.

- The Limes environment was open and inclusive, doors were open, and people were able to come and go as they pleased. The communal areas were tastefully decorated to accommodate a more younger person's likes and dislikes.

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 safe and protected from avoidable harm.

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

- There was a visible person-centred caring culture that was promoted at every level. Staff were committed to ensuring people were at the heart of the service and did so with kindness and compassion. One relative told us, "There is so much laughter here. It's very homely. It's a very huggy place, it's so nice. It's just amazing, it just has this caring quality".
- The senior team and registered manager led by example to create a culture which was caring and supportive to people who used the service and staff. They had implemented a number of initiatives to combat isolation and to make sure people felt valued and special. For example, areas in the home had been targeted at different age groups. We observed one group of people using a smaller lounge in Cedar Lodge where a kitchenette was available and access to an outside smoking area. People were observed interacting as friends and making drinks, sitting chatting to staff and making plans about trips out and beauty treatments they would like. They told us it was their 'special area'. People in The Limes told us, they "Loved their home". They had a number of different pets which they all looked after.
- The service supported younger adults in The Limes. People described positive caring experiences living at the service. One person said, I love learning my karate. It gives me the confidence to do well and move on. It helps me socialise with people in a normal life, I'm not restricted I have the freedom to do well." Another person felt The Limes was their 'home', one that "Embraces me without a label". The registered manager told us, these examples, summarised their approach to help people with high support needs to be in control of important decisions in their lives.
- Feedback about the staff from people and their relatives was positive. Comments included, "They're [staff] lovely, all very pleasant and kind. I just enjoy being around them, they're such lovely people". "Always go the extra mile to support [relatives title] and us as a family".
- Equality and diversity were embedded in the principles of the service. Staff at all levels demonstrated an inclusive culture and respected everyone's individuality, valuing them for who they were without judgement. The registered manager told us, they supported both staff and people who live in the home from the LGBT community, they told us, "We are open and offer an inclusive service to all. We have an array of 'friends of Cedar Lodge'-past service users, relatives some who entertain some who volunteer, read, play games, bring in family, fund raise etc. all in the best interest of Cedar Lodge, there is definitely a connection with people throughout".
- Some people were living with dementia or mental health issues. Staff recognised, and anticipated people's needs and offered comfort at the earliest. For example, one person had begun to get upset about the loss of a loved one. Staff were quick to comfort and offer respectful support. One member of staff said, "It's awesome here. We work as a team and when we don't agree we are grown-up enough to sort it out

ourselves."

- Staff happily spent time with people. They developed genuine friendships with people. One health professional told us, "Since I have been coming here I have never heard a negative comment about the staff. The support is outstanding, they know people well. Everyone seems calm and relaxed. Some people have challenges which the staff support well. Staff give the residents time and each other time". A relative told us, "[relative title] just spent some time in hospital and we know when she came back, she was pleased to be here. There was a lovely smile and she was looking around her, you could see her physically relax. We knew she was back where she felt safe."
- People were supported to follow their faith and beliefs. The service had contacts with different faith leaders so if people wanted to worship they could do so. One person told us, "They cater for all religions here. I don't indulge in religion. The vicar comes around once a month, he comes in to see me, he's very pleasant".

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

- The service was good at supporting people to express their views. The staff ratio enables staff to have the time to sit with people and listen. They were skilled at working as a team to encourage people to take control of their day to day lives. One person felt they had been given 'more control' to make everyday choices which they had never had before. The registered manager told us, 'We empower service users to seek solutions and take control, understanding and ownership of their emotions rather than being controlled by them'.
- People were involved in all aspects of their care and felt in control of their lives. Where appropriate relatives and representatives were involved in decision making. One relative told us, "We cannot speak highly of it; we cannot say more. It's wonderful, were all so involved like a home from home." One health professional told us, they were visiting to support people and family in regards decisions. They told us, "Because people are so used to being treated kindly and softly one person let me help them out although they didn't know me they trusted that I would support them. This is a nurturing environment. Holistic care is key here."
- People were supported to explore how they wished their care and support options to be tailored to their own needs. For example, choosing where to hold their clinical meetings, employment and future living arrangements with planned and agreed goals to move to independent living.
- Staff encouraged people to explore how their care needs were met and were skilled at supporting people to find additional resources such as advocates or volunteers within the community. For example, one person was introduced to members of the local school. This had resulted in a long-term friendship being made. The person felt that the friendship had 'reassured their faith in humanity' and stated that they no longer felt lonely.
- People were supported to maintain relationships with those who were important to them, and friendships inside the home were encouraged. One person was supported to have overnight stay with their partner. The registered manager told us, "We put a plan of care and support in place for both people focusing on reaction, communication and the activity. We have a response team on call if any situations arise which either party can call at any time day or night. This service is over and beyond what most would supply as standard."

Respecting and promoting people's privacy, dignity and independence

- Staff were proactive in encouraging people to maintain and improve their independence. We observed many positive interactions were staff distracted people to calm them when they were upset. One relative told us, "The staff know (relative) very well now. Her illness is taking her down in stages. Staff are doing exercises with her and getting her to weight bear. They know when she's going to get a little bit cross, they calm her and tease her then gone is the aggravation".

- People living in The Limes told us how staff encouraged them to be as independent as possible. One person told us, they had previously had bad experiences living in the community. They told us, "Staff are working with me and encouraging me to know how to keep safe. I have had some bad experiences". Another person told us they were moving out next year to live independently in the community, thanks to the support received from The Limes. The deputy manager told us, "We have had a number of success stories where people have returned to live within their local community. We retain the bed for a period of four weeks to ensure that the move is successful if it breaks down we look at why and what additional support is required."
- Staff told us they felt proud to work for the service. A staff member told us working in The Limes made them proud. They said "I'm proud of the unit. The service users work with us to get their independence back we are all passionate about it. For example, we are giving people chances that other homes who support people with mental health issues don't give. One person wrote in our communication book, "Thank you for getting me out of hospital."

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 outstanding. At this inspection this key question has remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received person-centred care that truly valued them as individuals. For example, although the format of the care plans were structured throughout the service, we were shown examples where people had made changes to the layout and format of their care plan to meet their specific needs.
- People were supported to make decisions about the care they received. A member of staff told us, we were advised by [person name] how they wanted their support needs met. They told us when they wanted staff to react to their behaviours to keep them safe. At the time of the inspection this approach was working well, and behaviours had reduced, which had a significant impact on their wellbeing.
- The deputy manager of The Limes informed us, "Service users wrote to head office to say that they did not want staff to wear uniforms. Staff working in The Limes therefore don't wear uniforms, although we encourage them to promote a professional image".
- Staff had detailed knowledge of people's histories, their likes and dislikes and how they wished to be supported. Staff told us they had known some people prior to them moving to the service, so knew them and their family members. A relative told us, "My husband has dementia. Staff remind him I have come or been. They occupy him as he gets low in mood. They make sure he is interested and take him for walks if he is getting low. They know what he likes, and they tailor their support around him. They know what staff work well with him and can keep him motivated."
- People's, choices and preferences were fully explored at the initial assessment to make sure any package of care was tailored to their wishes and needs. A deputy manager told us, "Key to our success is managing the assessment". The registered manager told us, "We have successfully supported and continue to support people with more complex needs".

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

- There was a whole team approach to providing and contributing to keeping people occupied. People living in Cedar Lodge informed us there was always "Something going on." An activity programme was available that showed a range of activities. A member of staff told, "We have loads of time to spend with the residents. No pressure at all everything is great. Lots of outings and we have an activities lady. We do bingo and flower making and we have children visit us and families come in all the time and we did a wine and cheese party for the families."
- Relatives to Cedar Lodge told us people were always active. A relative said, (relative title) has been on lots

of trips and has lunch out. They encourage everyone to get involved. One staff member said, "One person likes to go to the local pub on their own. We take them and make sure they have a 'walkie talkie' to ring us when they want to come home". They informed us different interests were supported such as art sessions and magazine subscriptions, including magazines for people who were sight impaired. A health professional told us, "Good activities going on all day with lots of resident involvement".

- There was a programme of activities seven days a week that was very much based in people's interests and preferences people living in The Limes told us they were able to continue to follow their own interest. Staff were able to discuss different ways of responding to people, interests
- A new initiative since the last inspection was individualised activities for people who struggled to sleep at night the home had introduced the 'Night Owl Club' whereby people were supported with activities such as listening to music or watching films, shows of their choice. This individualised support promoted people's wellbeing and mental health.
- Staff supported people to pursue their interests and develop new skills. For example, one person showed an interest in horse care. The registered manager secured funding to enrol the person on a college course in equine care. They told us "This has allowed (title) to explore areas of keen interests, it has enhanced their physical, mental wellbeing". They informed us this had led to the person learning new skills which had led to improvements of their balance and physical abilities.
- Staff had creative ways to support people to live as full a life as possible. The arrangements for social activities were flexible and often innovative. Cedar Lodge was laid out well with many different areas depending on what people wanted and to provide topics of conversation and stimulation for people living with dementia. For example, the hall had a mock vintage shop, post box and telephone booth. Bedrooms doors were painted different colours. These all supported people with dementia to navigate around the home. Throughout the inspection people were looking at the items, spending time being stimulated to reminisce. Vintage pictures and musical instruments were accessible as well. People living in The Limes, were encouraged to be as independent as possible. Staff were observed helping people to express their views, whilst also responding to their individual needs. The staff were skilled at knowing the individual support needs of all living there, and supporting their diverse complex needs. The deputy manager told us The Limes was a home that encouraged people to leave and live independently in their community.
- The service was very much part of the community. The registered manager told us, "We work closely with the local schools, they invite us back for example to their assembly. The mini police (police cadets.) come along to the home we have many community links we are all enjoying the interactions. Bringing children of different ages into the home and us being out in the local community, breaks down barriers with people with dementia. Only last week we took our residents to the local school fete."

Meeting people's communication needs

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

- The whole staff team were passionate about how they could improve people's lives especially when it came to support them with their communication. One staff member was trained in sign language and told us they had been teaching sign to other staff. The registered manager told us "Staff are able to communicate in sign language. We also have access to braille, visual prompts and audio information. Staff have outstanding communication skills and understanding of people's social and cultural diversity, values and beliefs." Photographic communication aids had been provided for one person to help them communicate their needs.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. Complaints and concerns were fully investigated and monitored by the provider and registered manager.
- People and relatives told us they did not have any concerns but that they would not hesitate to raise anything with the registered manager and staff. They were all very confident any concerns or complaints would be fully addressed.

End of life care and support

- When people were nearing the end of their lives, people and their relatives were treated with kindness, compassion, dignity and respect. We saw a range of thank you cards and letters from relatives expressing their appreciation and thanks for everything the staff had done to support and help them through this difficult time. One person told us, "I feel totally safe in their hands and will do until the end of my life. I know they'll look after me".
- The service had platinum status accreditation to the Gold Standards Framework, a nationally recognised set of standards designed to support staff in providing people with systematic, proactive, person-centred, co-ordinated, end of life care. The registered manager told us they were proud of their end of life care. Full funeral services had been conducted at Cedar Lodge. The registered manager told us, "We complete the full journey of care, which is part of the end of life care and care planning we offer. This helps us to connect with people on an emotional level more personal than just person-centred care, I believe we actually know the person like a family member in some instances".
- People were involved in making advanced decisions and developing any end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected. The registered manager was working closely with the local hospice and health providers to support people to have the best possible quality of life to the end. One visiting health professional told us, "We are working with Cedar Lodge to signpost people to the best support in the event of them becoming unwell and needing medical attention".

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

- The service was led by a registered manager and staff team who were motivated and committed to ensuring people received high quality care. The registered manager had a track record of being a very good role model. They had led the service over the past 11 years and told us this had enabled them to ensure people were involved at all levels promoting inclusion and resolving issues quickly, in line with the providers policies.
- The registered manager planned and promoted person-centred, high-quality care and good outcomes for people. They had introduced additional monitoring to drive improvements in care for people. This oversight had supported people to find work and build links in their local communities. The impact of this had reduced social isolation, promoted independence and supported people to continue with existing relationships and development of new ones. People told us they were building skills to live independently again.
- There was an open and empowering culture based on treating people as individuals had been embedded within the home. Their commitment to providing a service that was person-centred and put people firmly at the centre of all they did was achieved. One relative told us, "I would describe it as high quality because of the caring approach of the staff. Not just one or two, they all approach it with a lovely demeanour
Improvement: nothing I could put my finger on".
- Staff were committed to the values promoted by the registered manager and were enthusiastic in their praise of the management team. The registered manager told us their values were to provide quality individualised care to everyone who lived and worked at the service. Staff told us they were extremely proud to work for the service and the care they provided to people. One staff member said, "I have no idea what I would suggest improving things here -I think it's brilliant. There's nothing they seem to cater for everything. There's always someone around and someone on the floor. I really look forward to coming to work."
- People were empowered to achieve individual goals, for example gaining employment, living in the community independently. The registered manager told us, 'We are a people led service helping people to express their views and opinions and making changes within their lifestyles i.e. going to the local hairdressers for highlights, going back to college, advising menu changes and making environment changes on their recommendations. We listen and act upon information understanding the persons views and enabling change'
- Without exception people were at the heart of the service. People and their relatives were very positive

about the atmosphere at the home and their lives at Cedar Lodge and The Limes. They also told us how well-led the service was and how well the staff got on with each other. Comments included; "They are magnificent and that isn't even high enough, that's all of them". "It fun all the time, you can't help but smile when you come here. I'm very lucky to be here". "There are different nationalities, but there are no clashes". "I always know who is on duty, they poke their heads in and say Hello." "They chase thing up such as health appointments." A relative said "Always got time for you (registered manager) keeps in touch and is on the ball. It's marvellous it really is."

- Staff told us they were proud to work at the service and felt very supported by the registered manager. Comments included, "It is a pleasure to come to work because the minute I walk through the door I know I have a duty of care to the residents and I do it to my best ability."

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

- There was a clear staff structure and staff understood their roles and responsibilities. The provider and registered manager had introduced senior positions, keyworker roles and champion roles' which included dementia, mental health and equality and diversity. This provided staff with dedicated time to spend with people getting to know them and to help them on a one to one basis. The registered manager told us, there was an open-door policy and they felt their office was ' the hub of the home'. They told us, " We only employ kind and compassionate staff and any indifference is soon dealt with appropriately through the right channels i.e. safeguarding, employment law, supervision or training".
- If people needed support from more experienced staff this was available. A deputy manager gave examples of responding to people individual needs. They told us. "The team in The Limes is diverse, different age scales, different approaches which works well with younger people who live here. We support daily living skills using the washing line, cooking, getting people here to be as self-sufficient as possible. They have regular days with their keyworker. When we look at the referral we will match up the staff with the person. If there are complex issues we ensure an experienced member of staff with the correct skills is the lead with a carer co working.
- Daily handovers were held, and senior staff were responsible for monitoring and supporting staff in relation to monitoring key areas such, first aid, infection control, catheter care, staff engagement, and deployment. This meant these subject matters were always considered in the day to day running of the home and this positively impacted in the quality of service people received.
- Staff were motivated and valued for their commitment and willingness to support people. The registered manager supported and encouraged staff to develop and progress their careers both within the service and the wider provider organisation. Staff were very positive about their development prospects and received regular support and supervision.
- There was a commitment to ensuring the service had effective and robust quality assurance systems in place. This enabled the registered manager and senior staff to monitor and improve the service and to ensure legal requirements were met.
- The registered manager shared examples of the service being used to share best practice approaches to other homes. They told us, "We feel valued when asked to share our approach to care. We are forward thinking and build positive experience for people. For example, we have introduced oral hygiene audits. We have dedicated staff who have taken a keen interest in this area. They record, and check people are being supported with oral care, and dentist appointments. They ensure appointments don't get missed. Senior staff audit the progress to ensure the process is working well."

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

- Without exception people, relatives and staff were involved in decisions about the service. This included

planned improvements to the service. There were effective forms of communications which enabled the service to seek feedback about the service. This included residents' meetings, surveys, individual care reviews, staff meetings, staff surveys, email contact and engagement forums. Communication needs were met through a variety of ways such as, loop systems, British sign language information (BSL) and white boards signposting people to events.

- There were very well attended resident and relatives' meetings. One person told us the registered manager listened to them and they felt that the forums such as the residents' meetings were both valuable and effective. Another said, "There is a meeting once a month and family can attend. They let us know the outcome of it. We've never suggested anything, there's never been any need to". People told us they choose what to do with their time and felt involved at the service. We observed people freely going to chat with the registered manager throughout both days of the inspection.

Continuous learning and improving care

- The registered manager had an ongoing improvement plan and had involved people, relatives and staff in working towards making sure people were empowered to voice their options and the service was inclusive to all. They told us, "I think your team would have seen what Cedar Lodge and The Limes is like if I have done my job right. You will have heard from staff and people and relatives of what they feel is good about the service." We observed throughout the inspection, the management team were visible daily and on call at all times, supporting their staff to deliver a high-quality service for the people who lived at Cedar Lodge and The Limes.

- The service's and individual staff's achievements had been recognised in national care home competitions. The registered manager told us, "We are proud of the team. We have been nominated for Somerset outstanding care awards, were not sure who nominated us, but we are proud to be nominated". Individual staff had also been nominated for awards such as commitment to learning, development and deputy of the year.

- There was a strong emphasis on continuous learning and improvements. The registered manager held 'values' workshops where staff people, their relatives and volunteers to the service were able to discuss their values. The feedback gathered helped to develop the service and individual knowledge.

Working in partnership with others

- The service had built up good working relationships with local GP surgeries and other health professionals. A deputy manager said, "We have good links with other health professionals, and share information as required". Comments from health professionals included, "I believe the service is good at keeping us informed of any changes in care." "One of the best registered managers around. He is very good, he listens. Fundamentally we don't have any concerns about this service because the registered manager works with us and is very open and transparent."

- The registered manager and senior team worked in partnership with others to build seamless experiences for people using the service and within the wider community. The registered manager told us following their last inspection they had been involved in many projects which has led to better outcomes for people using the service. For example, the links with local hospice teams had meant they had increased their potential to access palliative care input when they needed it most. The Red bag Scheme had helped to provide a better care experience for people going into hospital. They told us it has improved communication between the service and hospitals, which has led to a positive transfer pathway for people having to go into hospital or leave hospital.

- Cedar Lodge and The Limes supported different religious needs. The registered manager told us, the service had supported people of different faith, and employed people from different cultures and backgrounds.

- The service was transparent and open to all relevant stakeholders and agencies.

