

Cedar Gardens Care Ltd

# The Cedar Gardens Care Limited

## Inspection report

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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:

The Cedar Gardens Care Limited is a care home registered to provide nursing and personal care for up to 45 people. At the time of the inspection, there were 41 people living at the home.

People's experience of using this service:

The home continues to provide a good level of care and support to people. People were treated with dignity and respect.

People told us they felt safe living at the home. Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern.

Risk assessments were in place to manage potential risks to people, whilst also promoting their independence.

People were supported with their medicines in a safe way.

People were supported to have enough to eat and drink. Dietary preferences and support needs were accommodated.

People had access to health care professionals for routine appointments, or if they felt unwell.

People were involved in making decisions about their care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Adequate staffing levels were in place. We observed that staff were responsive to the needs of people living in the home.

Appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff received regular refresher training to ensure they had the skills and knowledge to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

A complaints procedure was in place and people knew what to do if they had a concern.

The management team was open and transparent throughout the inspection process and demonstrated a commitment to the ongoing development of the service.

There were systems in place to monitor the quality and safety of the service being provided.

The home was clean, and the risk of spreading of infections was well managed.

Rating at last inspection:

Good (Report published 28 October 2016.)

Why we inspected:

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

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our 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](http://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 remains safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remains effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remains caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remains responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remains well-led.

Details are in our Well-Led findings below.

**Good** ●

# The Cedar Gardens Care Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was unannounced and was carried out by one adult social care inspector, a specialist nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

The Cedar Gardens Care Limited is a care home. It provides care and treatment to older people who live with physical needs and who required nursing care. Some people also live with dementia.

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. The registered manager was on leave at the time of our inspection. We were supported by the deputy manager and operation manager.

#### What we did:

Prior to the inspection we reviewed information we had received about the service since the last inspection. The provider completed a Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications we received from the service and any safeguarding or whistleblowing incidents,

which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

During the inspection visit, we spoke with eight people living at the home, nine relatives and two volunteers. We also spent time in the communal areas observing the care and support people received to understand the experiences of those who were not able to talk with us.

In addition, we spoke with the deputy manager, the operation manager, an administrator, two nurses, three carers, a chef, a domestic team leader and a maintenance person. We received feedback from one health and social care professional.

We reviewed eight people's care and medication records. We looked at five staff records, including recruitment, training and supervision. We also reviewed records relating to complaints and the management of the home.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to receive safe support from the service. One person told us, "I am very happy here. I feel safe, this is my home." A relative said, "The carers are brilliant and I feel mum is 100% safe and well looked after by all the carers and nurses." Other people and relatives we spoke with made similar comments.
- The registered manager had systems and processes in place to ensure people using the service were safeguarded.
- Staff had received training in safeguarding people; they demonstrated they knew their responsibilities for keeping people safe. One staff member said, "If I have any concerns, I would report it to the manager straight away. I can also contact CQC or the local authority."
- The service had a confidential whistle blowing hotline and email address which staff and people could use to raise matters of concerns safely and confidentially.

Assessing risk, safety monitoring and management

- Records and staff described a culture which promoted 'positive risk taking' where people were supported to take reasonable risks to enhance their independence and well-being.
- Records clearly identified what steps staff should take to minimise any risks to people's safety.
- Regular safety checks had been carried out on the environment and on the equipment used when supporting people.
- Emergency plans were in place to ensure people were supported in the event of a fire or untoward events.

Staffing and recruitment

- The manager continually assessed staffing levels in the home, against people's individual needs, risks, and other areas. One staff member told us, "There is sufficient staff every day, including the weekends."
- Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs. One person said, "There is always staff around, always people to talk to, to ask for help, no matter what the problem."
- Recruitment records showed that staff were recruited safely in order to protect people from those who may not be suitable to care for them.

Using medicines safely

- Medicines were managed safely. All medicines were securely stored and returned to the supplying pharmacy if not used.
- We observed people receiving appropriate support to take their medicines safely.
- Medicine stock was regularly checked and medicines audited which helped to manage them safely.
- Medicine administration records showed that people had received their medicines as prescribed.

- Staff who administered medicines had received training and their competency to do so was checked.

#### Preventing and controlling infection

- Staff received training in infection control and were provided with personal protective equipment (PPE) to help prevent the spread of infections.
- Cleaning schedules were followed by the housekeeping staff who kept the home clean. Laundry was managed in a safe way to reduce the potential spread of germs.
- Good practice around prevention of infections was shared as part of team meetings or supervisions.

#### Learning lessons when things go wrong

- A record of incidents and accidents was kept which showed these were appropriately responded to. The action taken was reviewed to ensure this remained effective in preventing future injuries and harm to people.



# 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

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

- People's individual needs had been assessed prior to them moving into the home.
- Treatment and care was planned and delivered in line with professional standards and guidance.
- Staff respected people's choices and their diverse preferences when planning their care.
- The home worked in collaboration with a range of external health and social care professionals and services. This included Speech and Language Therapists for people with swallowing problems or who were at risk of choking.
- Staff worked effectively together and with other agencies to support people to move to the home from a variety of settings. One relative told us how staff liaised with other professionals to make sure they were delivering effective care. Another relative told us how staff had effectively planned and worked with them to support the transition to the home.
- Information on best practice guidelines were sought from specialist practitioners when they visited the home. A health and social care professional commented, "The staff in the home are not afraid in asking for help. They will often call to ask for support, during these sessions we discuss all options available to them and how best we can meet the needs of the individuals or the home as a whole, they take safety of their residents, staff and relatives seriously and I have never seen them compromise."
- The home has also been involved in eyes and ears project with NHS England, this project aims to train staff to better support the needs of people with hearing and vision loss.

Staff support: induction, training, skills and experience

- People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people.
- Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice.
- New staff members completed a structured introduction to their role. This included completion of induction training and working alongside experienced staff members until they felt confident to support people safely and effectively.
- Staff told us they felt well supported by the management team. Staff had regular supervisions to discuss training needs, and give them the opportunity to discuss their role with their manager.
- Staff were supported to undertake accredited courses in health and social care. The nursing team have been involved in a leadership programme, which enabled nurses within the care home sector to grow and become future managers.

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

- Staff effectively supported people to maintain a balanced diet and healthy weights. People's weights were monitored and staff took action to address any issues.
- We saw there were visual guides about healthy eating. Pictures of the meal options were on display in the home's communal dining area.
- We observed the lunch time meal. Staff encouraged people to try different foods and the atmosphere was pleasant, sociable, and relaxed. Staff offered people drinks and snacks throughout the day.
- People and relatives were complimentary of the food provided by the home. A relative told us, "The food is really good. [Staff member] in the kitchen is really super. Very good at trying out new foods, different types of foods, he gets the people here to give suggestions and he does his best to make what they want. For my [relative], he worked with us to get the textures right for him toward the end, so he didn't miss the flavours he liked and could still eat his favourites even if they had to be mashed up."
- One relative told us the food was not so good and could improve. We discussed this with the deputy manager and operation manager, who welcomed the feedback and said they will work with the relative to address their concern regarding the meals provided.

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

- The premises were adapted to meet people's needs; people could access all areas of the home with staff support.
- We observed some areas of the home looked tired, for example, the front entrance. We discussed this with the operations manager who told us there were plans for the refurbishment of specific areas of the home.
- People could choose to spend time in communal areas or quieter areas where people could be alone. People's bedrooms were personalised.

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.

- Staff received training and had a good understanding of the MCA and how to support people in accordance with this.
- Staff worked closely with other professionals where issues with capacity had been identified. This included ensuring appropriate and timely reviews of any restrictions to people were carried out.
- Staff involved people in decisions about their care; and ensured decisions were taken in people's best interests. When it was appropriate, people had access to independent advocates.

# 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

Good: 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 experienced positive caring relationships with the staff team. One person said, "The home is a very welcoming place for new residents." A relative told us, "We received a lot of support, particularly from [staff member]. This greatly reduced the stress of the transition from giving full time care to care being given by the home."
- Other comments included, "During the years at Cedars, [person] has been more than well taken care of and we as a family will never be able to thank the manager and all her amazing staff enough for all they have done for [person] and our family over the years" and "This is a happy home. When [person] moved here he was very happy, when he went into hospital he would ask when he could go home and he meant here."
- Staff treated people kindly. All the relatives we spoke with mentioned how hard staff worked to ensure people living in the home had a good quality of life.
- The positive comments we received reflected what we observed in staff interactions with people and in how staff talked about people living in the home. People enjoyed the company of the staff who supported them. Staff acted in a professional way, but also showed compassion to people, such as placing a hand on their shoulder or comforting them if they became upset.
- Systems were in place to identify and support people's protected characteristics from potential discrimination. The care plans we saw recorded people's protected characteristics and how staff members assisted them to retain their individual identities.

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences.
- When people had difficulty expressing their needs, we saw staff members spending time with them chatting and identifying how they could best support them. This was done in a positive and supportive way.
- People were supported to express their individual likes and dislikes. These were known to staff members who supported them. This included, but was not limited to, food, drink and activities.
- From reviewing records and talking to staff, it was clear people were involved in decisions about their care. Relatives told us there were regular meetings to discuss people's care which people were supported to attend and contribute to.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect.
- Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them. One staff member said, "I make sure I knock on doors, wait for an answer before going in. I close doors and curtains when supporting people with their personal care."

- People were encouraged and supported to maintain their independence whenever possible. For example, we observed staff encouraging people to eat by themselves where they could and to mobilise around the home independently.
- People were supported to maintain relationships with people who were important to them. Relatives and friends could visit the home at any time and told us they were made welcome by the staff team.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support provided to people was individual and met their specific needs and preferences. Staff had a good understanding of people's individual needs and how this care should be delivered.
- People, and where appropriate their relatives, had been involved in the development of care plans. These covered a wide range of areas specific to people, their preferences, and were up to date and regularly reviewed.
- A health and social care representative said, "The staff are constantly thinking outside the box and how they can make the service users life better."
- People's plans provided staff with the information they required to meet people's cultural and leisure needs. A relative told us, "What is very good - they keep him up in the day, they give him things to do, to look at, people to see, so he sleeps at night. He is looking very good now."
- The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. The service had links with the organisation 'Ladder to the Moon'. Staff members accessed the organisation for creative ideas and received additional support in developing activities. The staff team and people using the service had recently planned and performed a musical event 'Sound of Music'.
- Staff were matched with people using the service using their common interests and hobbies. This helped encourage conversations between people and staff members.
- People had information presented in a way that they found accessible and in a format they could easily understand. For example, easy to read or large fonts. Staff members knew how to effectively communicate with people.
- The management team were aware of the Accessible Information Standards [AIS]. The AIS sets out a specific, consistent approach to identifying, recording, sharing and meeting the information and communication support needs of patients, service users and carers with a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- People and relatives felt able to raise concerns and complaints. A person said, "I don't have any complaints but if I did I would just speak with the girl who comes in to see me and she'll sort it out." One relative told us, "[Manager's name] always has time to listen and answers any questions, whilst also being open and available on any occasion."
- We saw information was available to people, in an appropriate format appropriate on how to raise a complaint or a concern if they needed to do so.
- There were systems in place to record, investigate and respond to any complaints raised.

End of life care and support

- People's end of life wishes and preferences had been explored by the service, in conjunction with their relatives and health professionals.
- Staff received training in how to support people at the end of their life and had a good understanding of this subject.
- The home worked closely with the hospice and district nurses to ensure people received the most appropriate support during the end of their life.
- A health and social care professional commented, "The North London Hospice work closely with the home and the home is one of the few go to homes in Barnet for them."
- A relative whose family member had recently passed told us, "The staff here have been so lovely, so kind and helpful."

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People using the service spoke positively about the registered manager, deputy manager and staff team and knew who to speak with if they had any issues.
- People felt the service was well managed and the management team and staff were friendly and approachable.
- A health and social care professional commented, "Management of the home has more than an open-door policy... She is respected and liked by all staff and relatives and constantly strives to improve the home. She is visible, approachable and willing to roll up her sleeves to help the staff team."
- Staff also felt supported by the registered manager. Comments from staff members we spoke with included, "I feel well supported from the management team; they are nice and respectful" and "We get excellent support from the managers. Their doors are always open and I can talk to them if I have any issues."

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

- Staff were confident in their roles and had a clear understanding of the values and visions of the home. During the inspection staff demonstrated the values of promoting people's independence when they interacted with people.
- Staff understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.
- The registered manager had auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the home on a regular basis.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- The registered manager was also aware of their responsibility to display their rating in the home and on their website.

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

- The home worked collaboratively with people, relatives, professionals and staff. A health and social care

professional we spoke with commented on how positively staff engaged and worked with them for the benefit of people in the service.

- Staff were given the opportunity to share their thoughts on the home and be involved in how it was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.
- A volunteer told us, "I really like the home, the management are so appreciative of my time and efforts, that it makes it all worth it. Originally, I came for my [relative], then I carried on. There are a number of people here who are now my friends - that I visit. Things are good here, and the staff are so friendly."

Continuous learning and improving care; Working in partnership with others

- The registered manager and the staff team worked well as a team and with external professionals to ensure continuity of care for the people living in the home.
- A health and social care professional told us, "The manager strives to ensure all her residents are returned to the home after hospital admissions, her staff team are competent and able to manage very complex health care needs. Recently she arranged for the staff to be upskilled so a resident could return who had complex health care needs."
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.
- The registered manager shared learning from reviews, meetings and feedback from external professionals with the staff.