

Christian Care Homes Cedar House

Inspection report

249 - 251 Southend Road
Stanford Le Hope
Essex
SS17 7AB

Website: www.christiancarehomes.org

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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

Cedar House provides care and accommodation for up to 33 older people who may be living with dementia. This inspection took place on 12 December 2016 and was unannounced. The inspection team consisted of two inspectors.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service was safe. The service's recruitment process ensured that appropriate checks were carried out before staff commenced employment. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health. The service needed to improve management and record keeping of administered medication.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was well-led. Staff, people and their relatives spoke very highly of the manager and the provider who they informed to be very supportive and worked hard to provide an exceptional service. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The registered manager acknowledged that some of the systems and processes needed to be improved.

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 rating remains Good.

Is the service effective?

Good ●

The rating remains Good.

Is the service caring?

Good ●

the rating remains Good.

Is the service responsive?

Good ●

The rating remains Good.

Is the service well-led?

Good ●

The rating remains Good.

Cedar House

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 was a comprehensive inspection, which means we looked at all the fundamental standards of care.

The inspection took place on 12 December 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the service including previous inspection reports and notifications. We also reviewed safeguarding alerts and monitoring information had received from the local authority. Notifications are important events that the service has to let the Care Quality Commission know about by law.

As part of the inspection we spoke with six people who used the service, two relatives, local vicar and five members of care staff. We also spoke with the Registered manager, deputy manager and the provider.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore used observations, speaking with staff and relatives, reviewing care records and other information to help us assess how people's care needs were being met. We spent time observing care in the communal areas and 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.

As part of this inspection we reviewed five people's care records. We looked at the recruitment and support records for five members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records.

Is the service safe?

Our findings

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

People living in the service told us they felt safe. One person informed us, "The staff always look out for me, I prefer to stay in my room and sometimes other people will come into my room, if I press the buzzer staff immediately come to my room to make sure I am okay." Staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. Staff felt reassured that the management team would act appropriately in the event of any concerns. Records showed that, where issues or concerns had been reported in the past, they had been addressed appropriately.

Clear information was available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Information was also available to people and relatives should there wish to raise concerns externally.

Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. There were robust systems in place to reduce the risk of people being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

There were sufficient staff on duty to meet people's assessed needs and when people accessed the community additional staff were deployed. The registered manager informed us that staffing levels at the service were based on people's individual needs. This was confirmed by our observations of the care people received and the records reviewed.

Where people were supported to take medication this was administered safely, however we found on some minor occurrences that administration of medication had not always appropriately recorded. This was also highlighted at our previous inspection in October 2014. Our findings did however show that people had received their medication despite not all the records being completed. This was raised to the management team and was rectified before we left and we were informed that the management team would carry out weekly audits. Medicines were stored safely in a locked cabinet and were administered by staff who had received appropriate training.

Is the service effective?

Our findings

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

People told us they found staff to have a good knowledge and skill level on how to best meet their needs. One person informed us, "I can not fault the staff they seem to know all of us very well".

Staff told us they had attended training when they first started work and that they also attended refresher courses as and when required and this was regularly monitored by the management team to ensure all staff kept up to date with their training and they understood their role and could care for people safely. Records we reviewed confirmed this. Staff were also encouraged to do additional training and development to continually develop their skills. Staff informed they also received regular supervision and this gave them the opportunity to sit down with the manager to discuss any issues they may have on a one to one basis.

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 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 were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings.

People said they had enough food and drink and were always given choice about what they liked to eat. Throughout the day we observed people being offered food and drink. The service had several jugs of juice placed around the home and these were regularly replenished. All staff were encouraging and supported people to make themselves a drink. People had their specialist dietary needs met, for example, the service were able to cater for people who required a soft food diet. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People's healthcare needs were well managed. We noted that people were supported to attend doctor's appointments. When required, the service liaised with people's GP, community nurses to ensure all their healthcare needs were being met, in addition people were supported to obtain dental care and vision tests as and when required.

Is the service caring?

Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and support people in a compassionate manner. Staff provided a caring and supportive environment for people who lived at the service. Relatives we spoke to gave comments such as, "The staff here are wonderful", "They really know how to make people happy" and "I couldn't ask for a better group of staff to look after my loved one".

People and their relatives were actively involved in making decisions about their care and support. Relatives added they had been involved in their relative's care planning and would attend care plan reviews. The deputy manager informed us that the service regularly reviewed people's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. On reviewing people's care and support plans we found them to be detailed and covered people's preferences of care.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected. Staff respected people's privacy by only accessing their rooms after consulting with people.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role. People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to. Advocates were mostly involved in decisions about changes to care provision.

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. The rating continues to be Good.

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. The service encouraged people to have choice and control in relation to their individual preferences. For example, we spoke to the local vicar who informed us, "The service has supported several of the people living in the service to maintain religious interest and regularly invite myself to spend time with people".

The management team met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. People and their relatives were encouraged to spend time at the service before moving in, this would allow them to see if it was suitable and if they would like to live there. People's needs were discussed with them and a support plan was then put in place before they came to live at the service. Staff had carried out comprehensive assessments of people's needs before they were admitted to the service. The registered manager and staff used the information they gathered to plan people's support. Support plans were reviewed and changed as staff learnt more about each person change in needs, for example when a person's mobility reduced the care plan were changed to reflect how the person's needs would be best met.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needs, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service also encouraged people to access activities in the community. The registered manager advised that staff encouraged and supported people to develop and sustain their aspirations. The service had allocated gardening sections for each of the people living in the service in which people had regular access and staff were able to observe them from a distance to ensure they were safe. The service also arranged for the local vicar and priest to attend the service to spend time with residents who wish to have church service. On the day of our inspection we observed the vicar having a Christmas service with people. And later that afternoon children from a local school visited to sing Christmas carols with people and their relatives.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained

to them they would either try and deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. Complaints we reviewed confirmed this.

Is the service well-led?

Our findings

At this inspection we found the service was as well-led as we had found during the previous inspection. The rating continues to be Good.

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. The registered manager was visible within the service and informed us when they were absent the deputy manager covered their role. Both kept each other informed and updated of all the activities within the service. The registered manager and deputy manager had a very good knowledge of all the people living in the service and their relatives.

During the inspection the manager and the provider informed us that the current registered manager would be leaving and the provider was already in the process of looking for a replacement. The provider added the running of the service would not be affected as the deputy manager has been working in the service for a number of years and already has oversight over running the service along with support from the provider and deputy manager from another service.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist people to maintain their independence and also showed that people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. This enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the manager and their staff. They informed us the service had a family feeling and this was due the service being a family run business.

The Registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The manager informed us that they held meetings with relatives and the person using the service as this gave the service an opportunity to identify areas of improvement and also gave relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that were involved in the continual improvement of the service.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, falls, infection control and call bells. The manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information were kept safe.