

Mrs Carole Jenkins

# The Cedars Christian Residential Home

## 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

This was an announced inspection which took place on 24 March 2016. The Cedars Christian Residential Home provides accommodation with personal care for 22 older people. At the time of this inspection 19 people were living at the home. At our last inspection in November 2013 the provider was compliant with the regulations we assessed.

There was a manager in post and she was present during our inspection. She had submitted her application to the Care Quality Commission to be the registered manager. 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 and associated Regulations about how the service is run.

People and their relatives were positive and enthusiastic about the quality of the care and we received a high level of praise from them about the home.

Staff knew how to support people safely and had training in how to recognise and report abuse. People felt safe and risks to their safety had been identified. People and their relatives had no concerns about their family member's day-to-day safety.

Staff were recruited in a safe way. There were enough trained and experienced staff to support people and meet their needs in a personalised manner.

People had their medicines when they needed them and the arrangements for the management of people's medicines was safe.

Staff had good access to training, development opportunities and supervisions to enhance their skills in providing people with high quality care.

Care was focused on people's individual needs and wishes and staff supported people's rights, sought their consent and respected their choices.

People enjoyed the meals and we saw that risks to their dietary intake were known and staff supported people to eat and drink enough. People's health was supported by access to appropriate healthcare professionals.

We saw people had positive relationships with staff and that staff were attentive, caring and showed compassion when supporting people. The staff were committed to a strong person centred culture which put people first.

People knew how to make a complaint and were confident this would be listened to and acted upon. People described the management of the home as very friendly and approachable. Staff felt supported by the provider who had used their audits and quality monitoring to develop the service and maintain high standards. The manager displayed a commitment to developing the staff team to ensure they could meet people's needs in a proactive and caring manner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe living at the home and staff knew how to keep people safe from harm or abuse.

Potential risks to people's well-being and safety were well managed.

Staffing levels ensured people were safe and could enjoy their chosen lifestyle.

People received their medicines when they needed them and in a way that was safe.

### Is the service effective?

Good ●

The service was effective.

Staff were well trained, highly motivated and positively supported.

Staff knew how to support people's rights and respect their choices and decisions.

People were provided with sufficient food and drink to meet their nutritional needs.

People's health was monitored and maintained.

### Is the service caring?

Good ●

The service was very caring.

People and their families were enthusiastic about the caring approach of the staff.

Staff demonstrated a strong person centred approach towards people showing kindness and compassion.

### Is the service responsive?

Good ●

The service was very responsive.

People told us they enjoyed their lives a result of the care and support they received from staff.

People were involved in planning the support they wanted and their views were actively sought.

Complaints procedures were in place for people and relatives to voice their concerns.

**Is the service well-led?**

The service was very well led.

There was an open and inclusive culture and the management team had the support and confidence of people in the home, their relatives and staff.

Quality assurance systems were used to monitor the quality of care provided and drive improvements.

**Good** ●

# The Cedars Christian Residential Home

## **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 was planned to check 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 inspection took place on 24 March 2016 and was carried out by one inspector.

We reviewed the information we held about the service. We asked the local authority who fund placements at the home their views on the service provided. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

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. In addition we observed staff administering people's medicines and supporting people during their lunchtime meal.

We spoke with 12 people who used the service, five visitors, the provider, general manager, care manager, and three staff. We looked in detail at the care records for four people, and the medicine records for seven people, accident and incident records, two staff files, complaints and compliments records, staff training records and the quality monitoring systems.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and secure in the home and that staff cared for them and would not tolerate any abuse. One person said, "The owner asks us regularly if staff treat us right, but the staff here are brilliant". Another person said, "I've never felt safer; staff really look after you". Everyone we spoke with was equally positive in their comments about staff supporting them in a safe way.

Staff had a thorough awareness of the different types of abuse and their role in protecting people. A staff member told us, "I would never dismiss any comments people might make about their safety; we are always told to report everything". Staff knew how to report their concerns to the manager and/or external agencies such as the local authority or the Care Quality Commission. They had received training in safeguarding and whistle-blowing to support their understanding. This was confirmed from the training records we reviewed. A staff member told us, "I did safeguarding training and we [the staff] always discuss our responsibilities and how to recognise and report concerns."

People told us consistently that they had no concerns about their safety or welfare. One person said, "I sit on a cushion so I don't get pressure sores". Another person told us, "I was having a lot of falls and that's why I came here but they have been great I haven't fallen since". Risks to people's welfare had been assessed and the actions needed to reduce risks were detailed in their people's care plans. Recommendations from health professionals to guide staff on what they needed to do to support people was evident and we saw staff supported people in line with their care plan. For example we saw they seated people on their pressure cushion to reduce risks to their skin. People were supported with appropriate equipment to reduce the risk of falling such as walking aids. A relative told us, "I know they have improved the safety of [person's name] because they are eating better, have put on weight and haven't had a fall, the staff have supported [person's name] extremely well". One person told us, "I am comfortable with the sensor alarm on my door [to alert staff] in case I fall". Staff we spoke with were able to fully describe the risks for each person, one staff said, "At hand over we discuss people's needs because they can change quickly so we know if they are more vulnerable to falling or need more help". Another staff member told us, "We read the care plans and risk assessments and this helps us to know how to manage any risks". We saw that plans were in place to manage emergency situations; in the event of fire, evacuation plans were in place for people.

We observed that there were enough staff to ensure people received care and support when they needed it. One person told us, "I have never had any concerns about staff; there is always staff available to help me". Another person told us, "The staff are marvellous; when I was sick in bed they still came regularly day and night to help me". Relatives told us that staff availability provided continuous support to people. One relative said, "There's always staff to help people and to talk to us, they always make time for people". The manager showed us how they calculated staffing levels and we saw this was based on the dependency levels of people so that there was always enough staff to meet people's assessed needs. Staff told us if people's needs changed staffing was increased. We noted that staff were committed to people because they did not go off duty at the end of their shift. Several relatives told us they regularly saw staff 'stay on' to ensure people were happy and comfortable, one relative said, "It's not just a job; staff are never in a hurry, don't rush people and they finish what they're doing they never rush off".

A staff member told us, "Before I started work references and a police check were carried out". We saw from staff files that safe recruitment processes were in place. Files contained documentary evidence that the relevant checks to help minimise the risks of employing unsuitable staff were carried out. This included checks with the Disclosure and Barring Service (DBS) – which provides information about people's criminal records.

People told us that they always had their medicines when they needed them. One person said, "I have regular medicine and the staff give it to me at the right time every day". Another person said, "When I've had additional medicines for pain or infection they [the staff] are very good; they make sure I have it regularly". We observed staff administer people's medicines and saw that they checked medicine, administered it and signed records to show it was given. We checked the balances for some people's medicines and these were accurate with the record of what medicines had been administered. We found that some people required their medicines to be given in a specific way which staff were able to describe to us. However supporting information was not always available to guide staff on how to administer these medicines. We saw that some people were prescribed medicine that thinned their blood. Whilst staff we spoke with were aware of potential risks associated with the use of this medicine, written protocols of what staff should do in the event of a fall were not available. The manager told us that they would review their processes to ensure staff were aware of the safeguards for administering medicines that required some precautions to be in place. We found that effective systems were in place for storage and administration of controlled drugs [CD's]. This ensured the provider could monitor and account for CD's.

# Is the service effective?

## Our findings

People and their relatives consistently told us that they were confident that staff had the right competencies and skills to meet their needs. One person told us, "You feel confident because their [the staff] training comes through; they lift me properly and support me with my mobility; I have every confidence in them". A relative told us, "The staff are first class; they know how to care for [person's name] who has improved all round from their care and dedication".

Staff told us they had an induction when they started work which included getting to know people's needs and shadowing established staff. There was documentary evidence that an induction process had taken place. A staff member told us, "I felt confident when I first started work because I had training and shadowed other staff so I knew how to support people before I worked with them".

All staff we spoke with felt that they had very positive support and training in order to understand and meet people's needs. A staff member said, "I've done so much training it's been great". Several people told us that they were impressed with staff ability. One person said, "They know how to manage my needs and my health". There was an effective training programme, supervision and appraisal system in place to support staff in developing the competences to deliver effective care. One staff member said, "The support we have is great; I have regular supervision, we talk about our work in meetings and we get a lot of advice and guidance from the owner and manager". We observed that staff had regular staff meetings in which to reflect on their practice; one member of staff told us, "The manager is very passionate about people's care and she supports us to do our best". We saw staff used their skills and awareness in terms of meeting the needs of people. For example we observed staff were alert to the need to provide pressure relief to people to support their fragile skin and used their training in moving and handling to support people with their mobility. Training specific to meeting people's diverse needs was evident; for example we saw training in dementia awareness had been undertaken. Staff had also completed varying levels of recognised qualifications in health and social care. This showed that care was taken to ensure staff were trained to a level to meet people's current and changing needs.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 incorporated the principles of MCA by seeking people's consent. We observed and heard staff seeking

people's consent before they assisted them with their care needs. A person told us, "Staff always ask if I'm happy to do something before they do it". We saw staff took the time to explain to people and sought their consent before they commenced any care tasks. People made their own decisions about their daily routines. Several people told us they chose what time they got up or went to bed, when they had a bath or shower and what they ate. Relatives confirmed they had been consulted regarding decisions where their family member lacked capacity. Where people lacked capacity the manager had ensured that decisions made on people's behalf included full consultation with them and their family and were taken in their best interest. We saw where people had made arrangements to protect their choices such as Power of Attorney [POA] or Do Not Attempt Resuscitation [DNAR] this was documented in the person's care records so that staff knew what action to take or who to contact about decisions.

The manager was aware of the Deprivation of Liberty Safeguards (DoLS). No one in the home had their liberty restricted. The manager understood how to make applications to the supervisory body where they might consider restrictions on people's liberty were necessary to keep them safe. Staff we spoke with demonstrated a good working knowledge of issues in respect of people's ability and right to enjoy their liberty. We saw that staff practiced in a manner that promoted people's liberty; for example one member of staff told us, "People's walking aids are kept within their reach so that they can move around freely". Staff we spoke with confirmed they had training in this area and training records reflected this.

People were extremely complimentary about the meals. One person said, "There are three courses every day, I love the soup". A relative said, "[person's name] enjoys the food and consequently eats well". We observed people were offered choices and staff took the time to explain what was on the menu to aid their understanding. In between meals we saw people were offered regular drinks of their choice as well as cakes or biscuits and fresh fruit was freely available for people to help themselves. Staff had a good understanding of the importance of good nutrition and hydration as well as specific dietary needs. People had been referred to the dietician and Speech And Language Therapist (SALT) so that their meals were presented in a way people could manage safely. People were assisted with their meal by staff who were encouraging, patient and interacted with them. Tables were set so that people could help themselves. Suitable crockery was used to protect people's dignity and promote their independence. People at risk of not eating or drinking enough were monitored and their meals were fortified to increase their nutritional intake. Weight checks were undertaken to ensure any deterioration was identified.

People told us that there was never any delay in staff getting the doctor out to see them when they were unwell. One person told us, "I have just had two weeks in bed; I didn't think I would recover but the care and attention from staff saved me". We saw people's routine health checks were addressed. Staff were aware of people's medical conditions and how to support them. A staff member said, "We had training in preventing and managing pressure sores, we know who is at risk of losing weight, and we know the signs of infections". A relative said, "There has been considerably improvement with [person's name]; eats much better, has gained weight and is so much more interested and motivated, I can't fault the care". Care plans contained information related to people's medical conditions which helped staff understand the condition and the impact it may have on the person.

# Is the service caring?

## Our findings

Everybody we spoke with was very positive about the caring nature of the manager and her staff team. A person living at the home told us, "The staff really care; I had a packet of maltesers on my breakfast tray, it's very thoughtful I mean who would think of doing that for you?" A relative told us, "It's an outstanding home; compassion and commitment is clearly evident in everything they do".

A person told us, "I'd visited a few homes but when I arrived here unannounced they were so friendly and kind, welcomed me in and there was just that feeling that said, this is the one, and I was right". Another person told us they had been very poorly, they said, "I really did not think I would get better but the staff looked after me day and night; so caring they were". A relative also described how staff had nursed their family member back to health, "The staff got [person's name] eating, drinking with their patience and care, we are so grateful to them".

People told us that staff made them feel that they mattered. One person said, "I had a rose on my breakfast tray on Valentine's day; it made me cry to think how thoughtful that was". Several people told us about similar thoughtful gestures such as daffodils for them on Palm Sunday and a wrapped Christmas present outside their bedroom door. One person said, "I was delighted; I had a surprise present and when I came downstairs everyone had one too, how kind is that".

We saw staff demonstrated affection and consideration towards people; people responded to the tactile approach of staff who hugged them, put their arm around them and gave their hand a little squeeze. One person told us, "They [the staff] are very loving and gentle, always wanted to let us know they are there". We found people's emotional wellbeing was given high regard by all of the staff we saw. We observed that staff knelt down to eye level and spoke with people thus giving them their full attention. All the interactions we saw were friendly and unrushed; staff were attentive and checked people's comfort regularly asking them if they wanted a blanket or a cardigan or their footstool.

We saw similar caring interventions of a person-centred approach by staff actively spending time with people. Staff we spoke with demonstrated a thorough knowledge of people's communication needs and we saw they took their time to explain to people, repeated information and checked people understood. We saw this information was recorded in people's care plan so that it was individualised and contained personal details relevant to them.

There was no reliance on the use of the television; people told us they did not want the T.V on. We saw people were reading, knitting and conversing with staff and their peers. Relatives told us that they were very pleased with the level of care provided. One relative said, "It's the atmosphere; staff are really interested in people, friendly and very caring, you can feel it".

Staff we spoke with recognised the importance of enabling people to make choices and decisions about their care. Several people described how they were enabled to maintain their independence with their personal care and how their decisions had been respected and promoted. Staff respected people's dignity

and privacy and there was an individualised approach to meeting people's personal care needs. We saw staff support people to attend to their personal care on an individual basis. One person said, "I only have to ask, in fact sometimes I don't as they will ask me quietly if I need the toilet". Another person told us, "I need help with the hoist but they are always very patient and make sure I'm comfortable and covered". We saw people had the option of clothes protectors and appropriate utensils to maintain their dignity. Our observation of their practice showed that staff were highly motivated, caring and compassionate towards people.

We saw information about accessing advocacy services was available within the home. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. No one currently required the use of an advocate. People had made advanced decisions and told us they were happy their wishes were known and would be respected.

The provider told us, "We will do whatever we need to make sure people get good standards of care". We saw the provider was passionate about caring for people and we saw she actively encouraged these principles in her manager and staff team. We found there was a strong, visible person centred culture and the staff and management were committed to this approach.

## Is the service responsive?

### Our findings

People told us that they had the opportunity to visit the home prior to moving in. One person said, "I visited several homes but this was the one that stood out for me; staff were welcoming, interested in me and how I wanted to be cared for". Another person told us, "I came unannounced and was most impressed with their approach to people; a real desire to help me". A relative told us, "I visited lots of places for suitability; the staff were so nice and I saw a real commitment towards caring for people".

One person said, "I've discussed my care needs and I am always asked by the provider if they are being met by staff". People had been involved in planning their care and told us they were consulted on a regular basis to check their care plan met with their needs. Relatives told us they had been involved in this process and had discussed how risks to people's health and well-being would be met. Care plans captured people's needs and preferences as well as providing guidance to staff to support people with a variety of age related health conditions. One person told us, "For me it was important that my independence was respected and they have done that".

People told us that staff knew them well and knew their daily routine and preferences. One person told us, "I go out to lunch every Thursday and the staff help me to get ready for that". A relative told us, "It's a very personal service; every staff member makes a huge effort to get to know people and they know when someone is needing more help". We looked at people's care plans and saw these gave information about people's health and social care needs. Staff we spoke with were aware of people's needs and personal preferences.

We observed that staff responded to people's needs in an individual manner; people were supported with their personal care at times to suit them. One person was suffering with their legs and a staff member elevated their legs. Another person told us they had experienced some problems with their skin and that staff had, "Creamed my legs every day and night and it really helped". We saw staff regularly supported people to sit upright and helped to adjust their recliner chairs. We saw people's care plans contained the guidance to staff to make sure that the person received care that was centred on them as an individual. People had a copy of their care plan which identified their routines and preferences. Daily records were maintained and described the care and support people had been offered and received which enabled staff to monitor people's health and welfare and make changes. Care was focussed on people's individual needs with the prime objective to provide people with care, comfort and companionship. We saw a high level of staff engagement with people and staff had a good insight into people's needs and characters and used this well to engage with them in a meaningful way. A person said, "I was quite sad when I came here, but they [the staff] have restored my will to live because they take the time with me, encourage me and there are things to look forward to".

People told us they were well supported to attend religious services if they wanted to. Some people attended their local community places of worship on a weekly basis. We also heard from people that regular church services were held in the home by different parish churches. One person told us, "I love the services and I also love the choir who come in, we really enjoy the hymns". Staff told us that the provider arranged for

various representatives from the local communities to visit the home to conduct religious services for people living there this demonstrated respect for people's individual religious beliefs.

People's interests were encouraged and enhanced by the variety of activities on offer. One person told us, "It's a lovely home; they go out of their way to do nice things for us I had a marvellous Christmas". Staff told us how everyone had enjoyed a 'Christmas jumper day'. A relative told us, "It was great, we all wore a Christmas jumper; including mom and it brought everyone together for a bit of fun". We saw staff were very responsive to people. One person was particularly interested in art and drawing and we saw on our arrival that staff had presented the person with some art materials they had purchased for them. The person told us, "Isn't that lovely, they know I love art". People told us that they had enjoyed a number of indoor activities of their choosing; arts and crafts, keep fit, music sessions from an entertainer and visits from the choir. People told us that in good weather they enjoyed a variety of planned trips out to places such as the garden centres or shopping centres. We saw the provider had developed good links with the local community; the local church held regular in house meetings, and the Good Neighbourhood Scheme visited weekly. We saw that visits from the local school children were regularly enjoyed by people. All of the activities were suggested by people at their resident meetings and people told us they felt the provider listened to them and acted on their ideas. A poster of monthly activities was displayed to alert people and their families of events they may wish to engage in. The provider had a mini bus for use people in the home. A staff member told us, "Having transport means we can get people out and about when they need".

People were supported to have visitors. One person told us, "My family come regularly and they are always welcomed and offered refreshments". We saw a person had lunch with their friend and they told us, "Yes my friend is catered for and it is really nice we can enjoy a meal together". The person's friend told us, "They are most hospitable and friendly; very inclusive home".

People were encouraged to express their views. One person said, "We have meetings and discuss all sorts; activities, menus things of interest, they always listen". We saw that action was taken on people's feedback; egg mayonnaise sandwiches had been added to the menus and further family fun days had been planned. There was a formal quality assurance survey carried out with people and we saw that feedback was positive; one relative described the service as; "Staff at the Cedars are first rate". Relatives we spoke with described the service as, "Excellent, person led", and "It's like a family; very caring and interested in people".

All of the people and the relative's we spoke with only had complimentary things to say about the staff and the care they received. No one we spoke with had any complaints but confirmed they had been provided with information about the complaint procedures. There had been no complaints made about the service but there was a system for recording, investigating and responding to complaints. Feedback from people, families and friends described the home as consistently providing a high quality service. A person living at the home told us, "There's only one place I'd rather be and that's home so that says how good it is here".

# Is the service well-led?

## Our findings

People and their relatives had confidence in the provider who they saw daily and we saw she knew people and their relatives by their first name. People told us they were very happy with the way the home was run. One person who lived at the home told us, "The owner and manager are lovely people; always enquiring how we are". Another person said, "It's a very well-run home; staff are so kind and considerate, nothing is too much trouble".

The provider had a leadership structure that staff understood. There was a manager in post who was present during our inspection. She had submitted her application to the Care Quality Commission to be the registered manager. She was supported by the general manager and provider. We saw they had a strong working relationship which was valued by staff. Staff told us that they felt the management structure was very supportive and that they felt valued as team members. One staff member told us, "Every member of staff would describe the manager as compassionate, caring and hardworking, she puts people first". This view was echoed by the people who lived in the home who told us she was 'a lovely person'. Relatives told us the manager was inclusive; spoke with them regularly was very friendly and listened to their concerns. One relative said, "I don't think she goes home; she is here for the people and we really appreciate her".

The staff were enthusiastic, well-motivated and caring; we observed they worked willingly to provide good quality care to people. They shared the same values as the provider and manager in wanting to provide a high standard of care in which people came first. We saw throughout the inspection that they demonstrated these values in the way they cared for people. They were respectful, patient and interested in making people happy and comfortable. The manager and her team members were visible and always had time to chat with people. A relative told us, "There's a real positive attitude, I am so impressed by the care and friendliness". The manager told us in their provider information return, [PIR] that they wanted to continue to strengthen the relationship between the home and family members. A relative told us, "They continually create ways to include us; BBQ's, parties, family days and they are always here for us to talk to, it's like a big family".

Staff described a participative and open culture within the home. We saw that regular staff meetings enabled them to reflect on and develop their practice. Staff told us they felt valued and appreciated and loved working at the home. We saw the turnover of staff was extremely low with the majority of staff having worked together a number of years. Staff told us this provided continuity and consistency.

People had been actively involved in meetings to discuss improvements within the home. A relative said, "I have filled in surveys and this is a great home". We saw surveys had been used on a regular basis to capture people's feedback. We saw people had responded with positive comments which confirmed that people and their relatives were very happy with the home.

We saw the manager had standards she expected of the staff and they clearly understood these. We saw they had been supported and trained to understand and work to the values of the home. One staff member told us, "Our aim is to promote the quality of people's lives, provide a home they are happy to live in and feel safe and loved". A person who lived at the home told us, "I'm as happy here as in my own home, I couldn't

ask for more". We saw that standards and care practices were regularly observed to ensure staff worked to the required standard and this was monitored through regular supervision. We heard from staff they understood how to report any concerns using the whistle blower procedures so that improvement or actions could be taken.

The provider had a system for the continuous quality monitoring of the home. Audits were carried out on the safety and quality of the service. We saw audits had informed the service improvement plan. For example some areas of the home had been identified for refurbishment which had commenced. The provider had completed a Provider Information Return (PIR within the timescale we gave them. Our findings during the inspection were accurately reflected in the PIR. Providers are required to inform the Care Quality Commission of important events that happen in the home. The manager had ensured incidents were reported to us which showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.