Methodist Homes

Cedar Lodge

Inspection report

Bearley Cross,
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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

Overall summary

The inspection took place on 21 October and 22 October 2014. It was an unannounced inspection.

Cedar Lodge provides residential and nursing care to older people with dementia. It is a purpose built home which is registered to provide care for 48 people. The home has two floors, a ground floor unit provides care for people who are more independent. The first floor provided nursing care to people with more complex needs. People who lived at the home had limited mobility. At the time of our inspection there were 35 people living at the home.

Cedar Lodge is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection, there was a registered manager in post.

People who lived at Cedar Lodge, relatives and staff told us people were safe. There were systems and processes in place to protect people from the risk of harm. These

Summary of findings

included robust staff recruitment, staff training and systems for protecting people against risks of abuse. Risks to people were minimised because people received their care and support from suitably qualified staff in a safe environment that met their needs.

People told us staff were respectful and kind towards them and we saw staff were caring to people throughout our visit. We saw staff protected people's privacy and dignity when they provided care to people.

People told us there were enough suitably trained care and nursing staff to meet their individual care needs. We saw staff spent time with people, provided assistance, support and reassurance to people who needed it. We saw people were encouraged to participate in activities and were supported by staff to go out on trips within the local area.

Staff understood they needed to respect people's choice and decisions if they had the capacity to do so. Assessments had been made and reviewed about people's individual capacity to make certain care decisions. Where people did not have capacity, decisions were taken in 'their best interest' with the involvement of family and appropriate health care professionals. This meant the provider was adhering to the Mental Capacity Act 2005.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, no applications had been made under DoLS for people's freedoms and liberties to be restricted. The registered manager had contacted the local authority and was in the process of reviewing people's support in line with recent changes to DoLS.

People's health and social care needs had been appropriately assessed. Care plans provided accurate, detailed and relevant information for staff to help them provide the individual care people required. Any risks associated with people's care needs had been assessed and plans were in place to minimise the potential risks so people remained safe.

There was a procedure in place for managing people's medications safely.

There were systems in place to monitor and improve the quality of service people received. The registered manager had plans in place to ensure the effectiveness of regular checks would be maintained. Staff told us they felt supported by colleagues and managers and if they had any concerns, these would be listened to and acted upon.

Summary of findings

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.

People told us they felt safe living at Cedar Lodge. Staff knew how to safeguard people from the risks of abuse.

People had risk assessments in place that made sure people received safe and appropriate care.

There was an effective system in place that made sure suitable and sufficient staff were recruited to meet people's needs.

There was a procedure for managing people's medication safely.

Good

Is the service effective?
The service was effective.

Staff demonstrated a good understanding of dementia care. People were supported by care staff who had received appropriate training to support people.

The manager and staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make certain decisions, best interests meetings had been held with family members and healthcare professionals.

People were provided with a choice of meals and drinks that met their dietary needs.

People were referred to appropriate health care professionals to ensure their health and wellbeing was maintained.

Good

Is the service caring?
The service was caring.

People received care and support at a pace that suited their individual needs. Staff were patient, understanding and attentive to people's needs.

Care staff had a good understanding of people's preferences and how people wanted to spend their time.

People's privacy and dignity was respected and people were referred to by their preferred names.

Good

Is the service responsive?
The service was responsive.

The service was responsive when reviewing people's care records. This made sure people's individual needs continued to be met.

People who used the service were supported to take part in a range of recreational activities in the home and the local community which were organised in line with people's personal preferences.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People and staff told us the manager maintained a visible presence and engaged with people to seek their feedback on the service they received or to discuss any concerns they had.

Staff told us they were able to contribute their experiences and opinions to make improvements to the service people received.

Staff told us they felt supported by the manager and were able to raise any concerns they had, or, offer suggestions that improved the service.

Cedar Lodge

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 was 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 21 October 2014 and 22 October 2014 and was unannounced.

The inspection team consisted of two inspectors 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. The expert by experience had experience of caring for a relative with dementia.

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

We reviewed all the information we held about the home such as statutory notifications, (the provider has a legal responsibility to send us a statutory notification for changes or incidents that happen at this service), complaints, information from the public and whistle blowing enquires. We also spoke with the local authority who confirmed they had no information or concerns regarding this service.

We spent time observing care in the lounge and communal areas. We also 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.

We spoke with nine people who lived at Cedar Lodge and four visiting relatives. We also spoke with 11 staff (both care and nursing staff) and a chaplain who was employed by the provider. We also spoke with the registered manager.

We looked at four people's care records and other records related to people's care including quality assurance audits, complaints and incident and accident records.

Good

Is the service safe?

Our findings

We asked people who lived at Cedar Lodge if they felt safe. One person told us, “I feel very safe. I can lock my own door but I don’t need to.” This person also told us, “I have a very happy life here.” We asked relatives if they thought their relations were safe. They all told us they felt people were safe. One relative said, “I have not seen anything here I have not liked, I know [person] is safe because [person] is happy.”

We asked staff how they made sure people who lived at the home were safe and protected. All the staff we spoke with understood the different kinds of abuse and knew how to make a referral. Staff knew what action they would take if they suspected abuse had happened within the home, for example one staff member said, “I would take the abuser away immediately and report them”, “I would contact the Police” and ”My first priority would be to the person’s safety.” The registered manager was aware of the safeguarding procedure and knew what action to take and how to make referrals in the event of any allegations being received.

Information to help protect and keep people who used the service safe, was available. Leaflets called ‘no secrets here’ were displayed in the communal entrance for staff, people and relatives. This leaflet contained relevant contact numbers so anyone could make referrals if they suspected or witnessed abuse had taken place. People and staff told us they knew who to contact if they had any concerns for their or other people’s safety.

We saw the provider had plans in place to direct staff on the action to take in the event of any unexpected emergency that affected the delivery of service, or put people at risk. For example, in the event of a loss of services such as a loss of utilities or a fire. Staff told us they knew what actions to take in the event of an emergency that made sure people were kept safe.

Records showed us the service had identified any potential individual risks to people and put actions in place to reduce the risks and support people safely. For example, one person was at a high risk of falls. Risk assessments had been regularly completed and provided staff with up to date information and guidance that helped to prevent further falls from reoccurring. Moving and handling risks had been identified and these assessments had been reviewed and updated when changes had occurred.

We asked people and their relatives whether they thought there were enough suitably qualified staff on duty to support people during the day and night. People told us there were enough staff although two relatives thought they were short staffed around mealtimes. During our visit we observed the support people received at mealtimes. We saw some people waited 20 minutes for their meals and they became agitated. We discussed this with the registered manager on 21 October 2014. We returned the following day and the registered manager reallocated staff so those people who required assistance received it. Staff told us they were pleased with the extra staff. One staff member said, “It will make a big difference.” This meant the provider had enough suitably trained staff to make sure people received the support when they required it.

We looked at four medicine administration records to see whether medicines were available to administer to people at the times prescribed by their doctor. The records showed people received their medicines as prescribed. Appropriate arrangements for the recording of medicines meant that people’s health and welfare was protected against the risk associated with the unsafe handling of medicines. There was a robust system for recording the disposal of medicines that had either been refused by people who used the service, or where there was an excess quantity at the end of the medicine cycle.

We looked at records for two people who had their medicines administered to them ‘covertly’ by disguising them in either food or drink. This was because some people refused their medication but it was necessary to support their current health and wellbeing. Decisions for the covert administration of medicines had been agreed by the appropriate health care professionals, recognising this action was in the person's best interest. We saw written information telling staff how to carry out this process which meant covert medicines were administered safely.

Good

Is the service effective?

Our findings

People told us the service they received was good and they received care and support from staff when needed. One person told us the staff were, "Very helpful and I enjoy every minute here." We asked relatives if they felt staff had the appropriate skills and knowledge to provide care to their family members. All the relatives we spoke with felt staff had the right skills and training to provide effective care. One relative we spoke with said, "It's brilliant, I am going to put my name down to come here. The staff have really helped settle [person] in."

Staff provided care and support to the same people where possible which helped with the continuity of care. Staff told us, "I work on this floor [first floor] and I get to know all of the people's needs." We saw staff had a good understanding of the needs of each person, and this showed us they had the skills and knowledge to support people effectively. For example, we observed staff supported people who walked around the home. Staff provided constant reassurance and supported people at their own preferred pace. Staff engaged people in conversations that made people feel relaxed and involved. The atmosphere within the home was calm and relaxed. People laughed and chatted to staff, other people and visitors in the home.

Staff we spoke with told us they felt confident and suitably trained to support people effectively.

Staff training records showed all the care staff had completed training that helped them care for people appropriately.

Staff told us they completed an induction when they started at the home and they completed all their training during their induction period. Staff told us they had regular supervision and appraisal meetings about their individual performance, and they felt supported by their colleagues and managers. We saw records that confirmed this. One staff member said, "I have regular supervisions and I find them useful. It's good to discuss things."

We found staff had a good understanding and knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation makes sure people who require assistance to make decisions receive the appropriate support, and are not subject to unauthorised restrictions in how they live their lives. Staff put this knowledge into practice on a regular basis and ensured people's human and legal rights were respected. The registered manager understood the requirements of the Mental Capacity Act and made sure people who lacked mental capacity to make certain decisions, were protected.

No applications had been submitted to the 'Supervisory Body' to deprive anyone of their liberty. The provider understood the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager had systems in place to follow the requirements when DoLS were required. The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act. The registered manager had spoken with the local authority and plans were in place to review every person's needs to make sure people's freedoms were effectively supported and protected.

Care records showed individual dietary needs were taken into account and acted upon. For example, some people who had difficulties swallowing had been seen by the speech and language therapy team. Their input helped determine whether people needed specific changes to their diets such as thickeners in their drinks, soft or pureed foods, or special equipment so people remained as independent as possible. Staff knew about people's preferences. For example, one staff member told us, "We have a person here and they can only eat pureed food because [person] choked when [person] eats. To make [person's] breakfast more interesting I got the cook to puree beans and scramble eggs which [person] really likes."

We saw the cook had a system in place to ensure they knew people's specific dietary needs. This system was updated when new people came to live at Cedar Lodge. The cook said, "We have a new person coming today so I will be given their food choices and dietary needs." This meant there was an effective system in place that made sure people received the right care and support to meet their needs.

People told us they enjoyed the food and drinks and were given a choice of options. We saw people were provided with a choice of food and drink and were allowed to eat their meals where they wanted. Staff told us if people did not want any choices on the menu, alternatives would be provided. We found the mealtime experience was relaxed and relatives could sit with or support their family members if they wanted.

Good

Is the service effective?

We saw people who were at risk of malnutrition and dehydration were monitored on a regular basis. Staff completed food and fluid charts and people were weighed on a regular basis to make sure their health and wellbeing was supported. Staff told us this information was useful for other health care professionals when any further intervention or treatment was required.

Records showed people had received care and treatment from health care professionals such as district nurses, occupational therapists, GP, speech and language therapists and dieticians. Appropriate referrals had been made and these were made in a timely way. We were told people received support by weekly visits from the GP and people could continue to use their own GP if they preferred.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us they thought the staff were caring and kind. Comments people made to us were, “Oh yes they are very kind and caring, I’m very happy here, I have no complaints”, “The care is lovely. The staff always dress [person] in appropriate clothes and [person] is always clean and cared for” and “I meet my friends and we can go to a quiet area to talk.”

We saw staff supported people at their own preferred pace. Staff were not rushed and spent time engaged with people in conversation or supporting people to move around the home. For example, we saw a staff member chatted with one person then asked them if they wanted to go into the garden for tea and biscuits. This person was really pleased and told us, “I like going outside, what a treat.”

People received care and support from staff who knew and understood their background, likes, dislikes and personal needs. We saw people received support from staff that consistently provided choice. For example, people were given choice about where they wanted to sit, what they wanted to do, if they wanted to go outside, and choices of hot and cold drinks and meals.

We found staff knew people’s cultural needs and supported people with their choice. For example, we spoke with the chaplain who supported people with different faiths and beliefs. The chaplain said, “I find out a lot about each person so I know what has brought them to this point now.”

The chaplain told us they supported people individually and in groups and supported people from other faiths. The chaplain told us, “I have been asked to do funerals which is really nice because I have known the person.”

We saw staff interacted with people positively. Staff were engaged with people in conversations and supported people to move freely around the home at their own pace. When people became anxious or distressed, staff supported people appropriately and in a caring manner.

People and relatives told us they were involved when care plan reviews were completed. Relatives told us they had confidence the care plans supported their family member’s needs. For example, one relative told us, “We had a problem with our relative not eating and the manager phoned us up. We agreed a strategy and we really appreciated that. The strategy worked and [person] started to eat much better.” Relatives told us they were always kept informed about any changes that affected their family members.

People told us staff respected their privacy and dignity when staff supported them. We saw staff knocked on people’s doors before they entered people’s rooms. We saw and heard staff address people by their preferred names. Staff we spoke with had a good understanding and knowledge of the importance of respecting people’s privacy and dignity. One staff member said, “I don’t just do it, I always explain and let them do what they can. It’s important to build up a bond.”

Good

Is the service responsive?

Our findings

People told us they received care, support and treatment when they required it. People and relatives said staff listened to them and responded to their needs. For example, we saw a person wanted to go into the garden. We heard the staff member ask this person what they wanted and we saw them support this person to the garden. The staff member stayed and chatted with this person and arranged for them both to have a cup of tea outside. We later spoke with this person and they told us, "It's wonderful here I'm having a lovely holiday."

People were actively encouraged and supported with their hobbies and interests. We spoke with one person and asked what hobbies they enjoyed. This person said, "I have my knitting and the carers make sure it's in my bag which hangs on my chair." Later in the day, we saw a staff member chatting to other people about knitting.

During our visit people went into Stratford upon Avon in the provider's own mini bus. People told us they enjoyed these trips. Comments people made were, "I didn't know I was going out today, what an unexpected treat", We can go on trips, last week we went to a church, it was beautiful and I really enjoyed it" and "I can go on the outings if I want to but I don't want to, I like staying here."

People participated in group interests such as music therapy, board games and day trips. People were also supported who had limited capacity or who stayed in their rooms. We saw the music therapist during our visit. They played music to people in a group and visited people in their own rooms. We spoke with the chaplain who told us they visited people regularly on a one to one basis. The chaplain talked with them, read books or newspapers and chatted about people's life histories. The chaplain said, "There is a team of people who have the interests of the residents at heart." The chaplain also told us they were helping one person to write a book about their life history.

At Cedar Lodge there was a 'seize the day' programme. The registered manager told us this was a programme that encouraged people to, "Live for today and do things they always wanted to do." The registered manager told us they had arranged holidays for people and supported them to do things they would not normally do, such as try new food or go to different places. The registered manager said, "I think it is very important that people can go out like you would if you lived in your own home."

We looked at four care plans and found they all contained detailed information that enabled staff to meet people's needs. All the care plans had been reviewed. These records contained life histories and personal preferences. This meant staff had up to date and relevant information about people who used the service.

We found care plans focussed on individual needs, contained appropriate risk assessments and detailed guidance for staff so people could be supported appropriately. For example we looked at a care plan for a person who was diabetic. The care records contained appropriate information for staff, such as safe blood sugar levels and information that informed staff how to support the person should a hypoglycaemic episode be triggered. This person was also identified at risk of falls. The care records showed a falls diary was completed that analysed the falls. There was appropriate equipment in this person's room that notified staff when the person was out of bed so any potential risks could be minimised.

We saw staff knew how to respond to people who needed help. For example, we saw one person came back from a hospital appointment on the day of our visit. The person had been given specific advice so they could maintain some levels of independence. Staff encouraged the person to share the information with other staff at the home. This meant the person felt involved in the management of their condition and staff were provided with the information they needed to provide appropriate support. Staff showed concern, reassured them and discussed ways they could support them at their next assessment. This meant staff had appropriate information to support people and were responsive to people's changing needs.

The provider had only received one written complaint in 2014. We saw this complaint had been considered, investigated and responded to. We saw the complaints policy and procedure was written in a service user guide and we were told everyone had been given a personal copy. People and relatives we spoke with told us they were pleased with the service they or their family members received. One relative we spoke with had raised some concerns to the registered manager. They told us they found the manager approachable and their concerns were

Good

Is the service responsive?

investigated and dealt with promptly. All the people and relatives told us if they had any concerns, they felt confident to raise them and they knew how to raise a complaint.

Good

Is the service well-led?

Our findings

People and relatives told us they found the registered manager and staff approachable and understanding when issues had been raised. For example, one relative said, "When we had a problem the manager called us straight away and sorted it out. I have Power of Attorney for my [relative] here and the manager respects and understands what that means." People told us the registered manager was always visible. Comments people made were, "The culture of Methodist Homes has made a huge difference", "I know who the manager is because I see him around a lot", "We can speak to him [registered manager] if we want to and he comes to say hello." This meant the service supported people and relatives to be involved which helped develop a culture that people felt supported in.

The registered manager told us about the improvements that had been made since the last inspection. The registered manager and provider had built up the reputation of the home within the local community. The registered manager told us they recognised the importance of staff retention. We were told the organisation supported staff with travel arrangements and had provided transport from local towns to make it easier for staff to get to the home. The provider had funded additional external training for staff who wanted to learn more about dementia through the University of Bradford. We were told the provider would pay for this training and provide staff with the time to complete this learning.

People were involved in decisions about their hobbies and interests and the registered manager said, "Whatever people want to do, we will help them achieve it." The registered manager demonstrated good leadership in recognising the support people and staff needed and the improvements required in the home. People and staff spoke positively about the changes that had been made. Comments made were, "There has been a refurbishment of ethos and values as well as the walls and the building", "The home is much better run now under the new management and I see the manager around and can speak to them. "

We asked staff about the support and leadership within the home and if they felt able to raise any concerns they had. One staff member said, "Yes, I can talk with seniors and the manager." Staff told us they had seen improvements within the home and the care and support people received. The registered manager told us they had an 'open door' policy and staff, people and relatives could speak to them anytime. People confirmed this. This meant the provider made sure people and staff had an effective system that supported them to raise any concerns they had to improve the service people received.

We saw the incident and accident records had been analysed by the manager for any potential patterns or triggers. The manager told us they used this information to make appropriate referrals and to request advice from other health care professionals to manage and reduce the number of falls in the home. We saw records that confirmed this. We also saw care plans had been updated to reduce the potential for similar incidents from reoccurring. The registered manager told us this helped them to improve their clinical governance and to help drive improvements to the quality of care people received.

There were systems in place to monitor the quality of the service. We looked at examples of audits that monitored the quality of service people received. For example care plans, nutritional records, medicines management, infection control, health and safety, fire safety, water quality checks, equipment safety and the environment. These audits were completed to make sure people received their care and support in a way that protected them from potential risk. Where audits identified improvements, actions had been taken.

People's care records and staff personal records were stored securely. This meant people could be reassured that their personal information remained confidential.

There were systems in place to monitor the quality of the service. There were processes in place for people to express their views and opinions about the home. We saw people and relatives participated in quarterly meetings to give their views about the home. Their opinions were recorded and where appropriate, people's views had been listened to and acted upon. The registered manager told us they found these systems useful because, "It helped to improve the quality of service people received, and relatives expected."

The registered manager submitted the requested Provider Information Return as requested prior to our visit. The information in the return informed us about how the

Good

Is the service well-led?

service operated and how they provided the required standards of care. The manager was registered with us and understood their responsibility for submitting notifications to the Care Quality Commission.