

Whitehaven Trust Limited

Cedar House

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

The inspection took place on 31 October 2017 and was announced. This was because the service provides support to people in their own home and we needed to be sure that someone would be available to support the inspection. This was the first inspection of the service at its current location.

Not everyone using Cedar House receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, two people were receiving support with personal care.

There was a registered manager for the service. 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.'

Cedar house is a service based on the teachings of Christian Science. People using the service were established members of the organisation.

People using the service chose not to speak to us to give their feedback. However it was clear from the service's own quality monitoring that people were happy with the service they received.

The service was safe. Any risks associated with people's care were highlighted in their care plans, this included an assessment of the environment. The registered manager was the only member of staff carrying out visits at the time of our inspection; it was clear that checks had been carried out on them to ensure they were safe to attend to people in their home. This included a disclosure and barring service check. They had completed safeguarding vulnerable adults training and understood the process to follow if they were concerned about a person's wellbeing.

The registered manager had completed training to enable them to practice as a Christian Science Nurse and in addition to this had completed training relevant to their role, including moving and handling and mental capacity act. They were supervised by other members of the Christian Science organisation.

People had clear support plans in place and it was evident these had been produced with people's full involvement. They were reviewed regularly to ensure they were reflective of people's current needs. There was a system in place to manage complaints and people were made aware of organisations they could contact if they wanted to raise concerns.

The service was well led. The registered manager received support from the wider organisation. They understood the responsibilities of their role.

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.

In accordance with the Christian Science philosophy, nobody was receiving support with medicines.

The registered manager undertook all visits and these were arranged at mutually convenient times with people. There were arrangements in place for visits to be covered if the registered manager was on leave.

Risks associated with people's care were identified in their support plans.

The registered manager understood their responsibility to safeguard vulnerable adults.

Is the service effective?

Good ●

The service was effective.

The registered manager understood the requirements of the Mental Capacity Act 2005.

The registered manager was trained in Christian Science Nursing and had undertaken other training relevant to their role.

The service worked with other agencies if and when this was required.

People's nutritional needs were discussed at their initial assessment and support could be given if required.

Is the service caring?

Good ●

The service was caring.

People were involved in planning and reviewing their care.

People chose not to speak with us directly but satisfaction surveys reflected that people were happy with the service they received.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and regularly reviewed.

There was a system in place to manage and respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

The service was based on the values of philosophy of Christian Science.

The registered manager received support from the wider organisation.

There was a process in place to monitor the quality of the service provided.

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 inspection took place on 31 October 2017 and was announced. This was so that we could be sure there would be someone available in the office to support our inspection.

Throughout this report we have referred to Christian Science Nurses. These are nurses who have specifically trained according to the philosophy of Christian Science and are not medical nurses, registered with the Nursing and Midwifery Council.

The inspection was carried out by one Adult Social Care Inspector. Prior to the inspection we reviewed any information available to us, including the Provider Information Return (PIR). The PIR is a form that the provider completes to describe their service, the things they are doing well and any improvements they plan to make. The registered manager was the only member of staff carrying out visits at the time of our inspection. There were two people receiving personal care and we reviewed both of their records. We also reviewed other records such as supervision and training and satisfaction surveys. People who used the service chose not to speak with us directly to give their feedback.

Is the service safe?

Our findings

Nobody using the service required support with medicines. This was because people using the service followed the Christian Science philosophy and had chosen not to use medicines. The registered manager did tell us however, that if during the course of their involvement with a person, they wanted to discuss medical treatment with a GP, they would support them to make initial contact in order for them to explore this option.

At the time of our inspection, the registered manager was the only member of staff working for the organisation. They managed the service and also carried out visits. This was manageable as only two people were receiving personal care from the service. However, the registered manager told us they were looking to recruit more staff to enable them to support more people. It was evident that relevant checks had been carried out on the registered manager to ensure their safety and suitability for their role. This included a Disclosure and Barring Service (DBS) check and references. On occasion, a self-employed Christian Science Nurse was used to carry out visits if the registered manager was on leave. The registered manager had checked this person's qualification and background checks to ensure they were safe to work with people.

Visit times were arranged between the registered manager and the person using the service at a mutually convenient time. Visit times would usually last at least 1 hour. Given the nature of the service being provided, people's immediate safety was not dependent on the visit taking place at a specified time. However the service was small and with only one member of staff carrying out the visits, the timings of visits were simple to manage.

The registered manager had been trained in and understood the process for safeguarding vulnerable adults. In each of the person's files we viewed there were contact details for the local safeguarding teams so that they could be contacted if required. Through discussion, the registered manager gave examples of what they would do if they were concerned about a person they supported.

Any risks associated with the person's care were highlighted in their care plan. This included an assessment of the environment and any areas of the person's care that required particular attention. In one person's file, we read 'gentleness required when washing feet'.

Is the service effective?

Our findings

The registered manager understood the Mental Capacity Act 2005 and had received training in this legislation. People who received support from the service had made a decision to follow the Christian Science philosophy and were established members of the organisation. It was also clear from the service user information that people were given, that the service did not support the use of medicines or provide diagnostic services. The service user guide stated that people who use the service are 'relying radically on the teachings and practices of Christian science'. This meant people had a clear understanding of the service and its aims.

The registered manager understood the process for assessing mental capacity and making decisions on a person's behalf if they lacked capacity. They told us they would involve family in making a best interests decision on behalf of the person concerned. It was noted in people's care records whether they had a lasting power of attorney (LPA) acting on their behalf.

The registered manager told us about the qualifications and training required to carry out the role of a Christian Science Nurse. Within the Christian Science organisations there were establishments that trained Christian Science Nurses. New staff attending these establishments would undertake the Care Certificate, alongside the specific requirements of Christian Science Nursing. The Care Certificate is a nationally recognised qualification that provides staff in the care sector with the skills they need to work effectively. Once a Christian Science Nurse was fully qualified they could apply to be listed in the Christian Science Journal. Both the registered manager and a self-employed Christian Science Nurse that was occasionally used to cover visits, were listed in the journal. This meant that people using the service could be assured that staff were fully qualified in their field. In addition to the specific training required to become a Christian Science Nurse, we saw that the registered manager had completed training in areas such as the Mental Capacity Act and safeguarding vulnerable adults.

The registered manager received supervision from other member of the Christian Science organisation. They had formed close links with the registered manager of a similar service in the London area. They also had regular contact with someone with whom they could discuss management issues.

The registered manager told us that the Christian Science philosophy is to take a holistic view of a person's health needs and support the person to heal through prayer. The person would have made a choice to not use medicines and may well have chosen not to register with a GP. Therefore, contact with other health professionals would be limited. However the registered manager told us that there might be occasions where a person was also receiving support from other agencies and they would look to work with them to ensure the person's needs were being met.

The people using the service at the time of our inspection, didn't have any particular nutritional needs. However this would be discussed at the time of the initial assessment and any supported required would be discussed.

Is the service caring?

Our findings

The service was provided solely to people who were established members of the Christian Science church. The people receiving support from the service had chosen to receive healing and support through prayer and so this was the focus of visits from the service. Some people received personal care as part of their visit. There were two people receiving personal care, however the service also provided 'friendly visits' to other people in the community who would benefit from support. The service was provided to people across the South West of England and arrangements could be made to travel to people as necessary.

The registered manager told us they had visited Christian Science churches across the South West to talk about the service they offered and to identify people in the community who may benefit from their support.

People using the service chose not to speak with us about their experiences. However, we viewed the service's own quality monitoring satisfaction surveys and these reflected that people were happy with the support they received. Comments included "I am very happy with the service", "I am most grateful for the service so I can remain in my own home" and "Compassionate and practical Christian Science Nursing".

People were involved in planning and reviewing their own care. There were records of regular reviews in people's care files and it was clear that people were involved and their opinions sought. People signed their care records and reviews to show they were in agreement with them.

The service provided helped to enable people to remain living at home independently if they wished to. In addition to providing support with personal care, the service provided help with daily living. For example, for one person the registered manager told us how they helped manage food to ensure it remained in date and to reduce wastage. The support that people required to maintain their independence was discussed with them as part of their assessment.

Is the service responsive?

Our findings

The service was responsive. People could access the service either by contacting directly or being referred by a Christian Science practitioner. We saw that an initial assessment took place with the person to discuss their needs and what support they required. This covered for example any care needs the person had, mobility issues and whether any support was required nutritionally. The person was provided with a service user guide which clearly explained that the terms and conditions of the service and that it was based on the Christian Science philosophy. The costs of the service were made clear. The registered manager told us that they would issue a person with a statement of cost and the person would make a payment amount according to their own circumstances and finances. People were directed towards organisations that could potentially help them with the costs involved.

People's personal care needs were clearly explained and there was a plan in place of how to manage them. For example, one person's personal care needs involved dressing an area of skin. The instructions for how to manage this were clear, including where the dressing should be applied and what dressings should be used.

People could be supported to make and maintain links with the community if they required it. The registered manager told us they could support the person with transport if necessary and this could include transporting them to church to practice their faith.

People's ongoing needs were reviewed regularly to ensure the service was meeting the person's needs and expectations. The service provided was flexible according to people's needs and wishes. This could potentially include overnight care, on a short term basis if the person required this.

There had been no formal complaints to the service, however there was a process in place to manage and respond to complaints. The service user guide contained information about the complaints process and also gave contact details for the Care Quality Commission, should the person wish to raise concerns with us directly.

Is the service well-led?

Our findings

The service was well led. The registered manager was the only member of staff at the time of our inspection, though they told us they were looking to recruit more Christian Science Nurses. The registered manager was supported by the wider organisation. For example, they told us they attended trustee meetings once a month and had regular contact with the nominated individual for the organisation. As well as this, the registered manager had attended international conferences in Christian Science. They told us these conferences could include workshops such as in moving and handling. This helped ensure the registered manager remained up to date with their skills and knowledge.

The values of the service reflected that of Christian Science and this was fully explained in the service user documents that people received.

The registered manager was aware of the responsibilities of their role. They understood for example that in certain situations, a notification needed to be made to the Care Quality Commission. A notification is information about specific incidents the provider is required to send to us by law.

A quality monitoring survey was used to assess how well the service was operating. It was clear from this that people were happy with the service they received. The registered manager carried out all of the visits for the service, so had regular contact with people and was able to assess whether the service was meeting their needs on an individual basis.