Methodist Homes

Cedar Lodge

Inspection report

Bearley Cross
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Solihull
West Midlands
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 3 and 4 May 2017 and was unannounced. Cedar Lodge provides personal care and accommodation for up to 48 older people. There were 44 people who were living at the home on the day of our visit.

While there was a registered manager in place at the time of our inspection they were not working at the home and an interim manager was in place. 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.

People lived in a safe environment as staff knew how to protect people from harm. We found staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks when supporting people. Staff ensured people remained safe. People's medicines were administered and managed in a safe way.

The interim manager supported staff by arranging training so staff developed the skills to provide care and support to people which was in-line with best practice. People and relatives told us of the positive benefits this had on the care and support received. We found that staff provided people's care with their consent and agreement.

People were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. People had access to healthcare professionals, such as their doctor when they required them.

We saw people and relatives were involved in the planning of their care and staff knew people well. People and relatives told us that staff were kind and treated them with dignity and their privacy was respected.

Staff told us they had to prioritise their personal care and were not always able to spend time with people to support them emotionally, we found this had a negative impact to people who lived with dementia.

People were supported to continue with their hobbies and interests. People told us they had a choice to attend outings and entertainment in the home. People told us they enjoyed these activities where they had attended. Where people wanted to spend time in their rooms staff respected their decision.

We found people knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last three months. We found two complaints had been received, all of which had been responded to with satisfactory outcomes for the complainants.

Relatives and staff felt that better communication from the provider was needed around the leadership of the home. We found that the checks that the provider had in place looked at people's experiences however

had not considered staffs views and how they supported staff to meet people's emotional well-being needs.

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 were cared for by staff who had the knowledge to protect people from the risk harm. People were supported by staff who knew how to keep them safe. People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

People were supported by staff who had knowledge, understanding and skills to provide support in an empathic way. People received care they had consented to and staff understood the importance of this. People were provided with food they enjoyed and had enough to keep them healthy. People saw external healthcare professionals when they had required this.

Is the service caring?

Good

The service was caring.

People were supported by staff that were committed to providing high quality care. The staff were friendly, polite and respectful when providing support to people. People were supported in a dignified way that respected their privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not always receive care that was appropriate and reflective of their personal care needs.
People's concerns and complaints were listened and responded to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not always communicate with people, relatives

and staff about management arrangements within the home.

The provider did not have checks in place to ensure people who lived with dementia received personalised care with the staffing levels that were in place.

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 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.

We undertook an unannounced comprehensive inspection on 3 and 4 May 2017. The inspection team consisted of two inspectors and an expert by experience with expertise in dementia and elderly care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including, the provider information return and statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

Most of the people we spoke with were not able to tell us in detail about their care and support because of their complex needs. 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.

We spoke with 12 people who used the service and five relatives. We also spoke with five care staff, two senior care staff, one registered nurse, the deputy manager who was a registered nurse, the chef, three domestic staff, the activities coordinator, the interim manager and the area support manager. We also spoke with one visiting health care professional.

We reviewed four people's care records and medicines records. We also looked at provider audits which looked at people's experiences, environment and maintenance checks, compliments, complaints, incident and accident audits and staff meeting minutes and questionnaire responses. Along with service user and relatives meeting minutes.

Good

Is the service safe?

Our findings

People and relatives we spoke with did not express any concern about people's safety within the home. From what we saw over the two days people were supported to stay safe by the staff who supported them. One relative told us how staff had supported their family member while they settled into the home. They felt staff managed this in a way that respected the person and kept them safe.

All the staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware of the different types of abuse. We found that safeguarding information was on display at the home. We found the interim manager had a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People's individual risks had been assessed and plans put in place in a way that protected them. For example, a senior care staff member explained how one person was at risk of falls. We saw staff ensured they had their walking stick to hand and saw how staff supported them when they needed further assistance. We spoke with one relative who told us how staff kept their family member safe as they were at risk of pressure sores. The relative felt that due to staff repositioning them in bed regularly they had not suffered any pressure sores.

People we spoke with were unable to directly answer our questions about whether there were enough staff to keep them safe. While relatives we spoke with raised no concerns about staffing levels we did receive a mixed response from the staff on duty. Most staff we spoke with felt there were enough staff on duty to keep people safe. From our observation over two days we found that staff had good communication with each other in order to keep people safe. All staff we spoke with told us they worked as a team, and we saw the chef, domestic staff and activity staff supporting people throughout the day.

The interim manager explained there were care staff vacancies which the provider was actively recruiting to fill the positions. They explained that agency care staff were being used and they ensured the same agency staff were used to ensure continuity of care for people who lived in the home. We spoke with one agency care staff who told us that they had received information about people they were supporting so they could care for them in the right way. We saw that permanent staff provided clear direction for the agency staff and were forth-coming in supporting them. We spoke with the interim manager and area support manager about what staff had told us, they told us this would be addressed promptly.

People were given their medicines in a safe way by staff who were trained to do so. We spoke with staff who administered medicines and they had a good understanding about the medication they gave people and any possible side effects. They showed a good awareness of safe practices when handling and administering medicines. The provider had a system in place to ensure medicines prescribed on an 'when required' medicines were given in line with the person's individual needs. Protocols were in place to support this process. We saw the registered nurse offer people pain relief to see if it was required. We found people's

medicines were stored and managed in a way which helped to keep people safe.

Good

Is the service effective?

Our findings

People we spoke with felt staff knew how to look after them well and in the right way for them because staff had the skills needed to care for people. One person told us, "The staff are very good, they deal with all of our health needs". Another person told us how they were, "Well looked after," by the staff. All relatives we spoke with told us staff were knowledgeable about people's care needs. One relative told us, "[Family member] seems content". A further relative explained how staff had supported their family member to settle into the home during what was a difficult time for the person.

Staff we spoke with felt the training they had received was useful and appropriate to the people they cared for. One staff member said, "We have had a lot of training, I find it useful and I am booked onto more training". Another staff member told us how they receive support from external professionals and this helped their understanding of people's care needs. For example, one person was at risk of choking, staff had arranged for the speech and language therapist to visit the person to complete an assessment for them, so the person received an appropriate diet. We spoke with the speech and language therapist who was visiting on the day of our inspection. They told us that the staff listened to them and that they also worked closely with the chef.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People we spoke with told us staff sought their agreement before carrying out any personal care and staff respected their wishes. We saw how staff always asked the person for their agreement first before assisting them. Staff provided people with different choices and respected their decisions.

Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured people consented to their care. Through our conversations with staff it was evident staff knew people well. One staff member was able to explain the person's preferences. They told us, "I know what [the person's name] does and does not like, but we always offer them the choice". We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the interim manager ensured people received care and treatment that was in-line with their consent.

The interim manager had a good understanding of the MCA process and had ensured that assessments had been completed for people where it had been identified they lacked capacity for some decisions these had been addressed.

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.

We found that the interim manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted lawfully. Staff had taken steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make some decisions themselves. Applications had been made to the local authority where it was assessed that there were restrictions on people's liberty.

People who we spoke with told us they enjoyed the food at the home. One person said, "The food is very good. I am able to have food I enjoy eating". While a further person told us, "The choice of food is good, if I don't like the choices, they will make me something else". We saw staff ensured people had enough to eat and if they were happy with their meal. Where people requested more food throughout the day we saw those requests were always responded to. We spoke with the chef who was aware of people's dietary requirements, their likes and dislikes. The chef told us that they spoke with people about what food they wanted on the menu and reflected this.

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand or supported those to drink where they needed assistance. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us people had been assessed for their risk of dehydration. Where this had been the case, individual fluid charts were drawn up and tailored to each person. The fluid monitoring charts were used to demonstrate if the person was having enough fluids to keep them healthy.

People and relatives we spoke with told us they had access to healthcare professionals when they needed and appointments with health professionals were arranged in a timely manner when they requested these. One person we spoke with told us that while they had not needed the doctor they felt confident staff would arrange a doctor's appointment if they needed.

All relatives we spoke with told us staff always informed them if their family member had become unwell and needed the doctor or hospital treatment, which was in-line with the person's consent. Relatives told us that staff recognised when a person became unwell and contacted health care professionals where necessary.

Good

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, "The staff are very pleasant and obliging". We spent time in the communal areas of the home and found that staff approach with people was kind and patient. Staff interacted with people in a relaxed way, which encouraged further conversations. It was evident that staff knew people well and we saw staff using everyday living as an opportunity to reminisce with people. People were smiling, laughing and joking along with staff. Where one person became distressed we saw how staff supported the person to reduce their anxiety, which helped the person become calmer and more relaxed.

All relatives spoke highly of the staff who provided care for their family members. One relative told us "I chose the home with mum. It seems to have genuine emphasis on care". All relatives we spoke said they felt welcomed into the home and felt they were part of the family and not visitors. Relatives felt they could approach any member of staff for a discussion. While relatives expressed their concern regarding the different managers of the home, all relatives we spoke with found the interim manager supportive of their requests.

People and relatives said staff supported them to make their own decisions about their care and support. People said they felt involved and their wishes were listened to and respected. People we spoke with felt all their choices and decisions about their care were listened to. For example, one person told us how they got up in the morning when they wished and staff always respected this. A further person told us how staff always knocked their bedroom door and waited for a reply before they entered their room. People said they chose their clothes and dressed in their preferred style. We saw staff ensured people's clothes were clean and changed if needed.

We heard staff speaking with people in a calm and quite manner. Where people required assistance to the bathroom, this was done in a respectful and dignified way. We saw where people were assisted with their food and drinks this was done at a pace which suited the person. One relative we spoke with told us how they felt happy that their family member was being looked after in a caring environment and this provided them with reassurance. All relatives we spoke with felt that their family members were treated well and with dignity and respect.

Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Requires Improvement

Is the service responsive?

Our findings

One staff member told us how additional time was needed to support people with their emotional well-being as well as their physical. They explained that while some aspects of personal care may not take much time, the time spent offering reassurance and support to a person who have dementia was not always recognised. For example, we saw one person was eager to spend time in the garden. For a few minutes we saw the person was able to enjoy the garden and sunshine with a staff member supporting them. However, after a few minutes a further staff member required assistance from the staff member who was supporting the person in the garden. The person was directed back inside the home and we saw the person became visibly distressed by this. The staff member told us that they could not leave the person in the garden as they were not safe alone. As the staff member left we saw that the person remained upset that they had to come inside. Two staff members told us that they had to prioritise people's care needs.

We spoke with the interim manager and area support manager about our findings. And discussed how the provider determined staffing levels to reflect how staff had adequate time to support people's emotional well-being. The interim manager advised that they would spend more time supporting people to understand their needs and whether the deployment of staff was suitable for the people they supported. The area support manager explained that a better dependency tool for managers was being developed, which was hoped to give better guidance around staffing levels to meet people's individual needs.

People where they were able were involved in the development and review of their care. We found a system was in place to ensure people's care was reviewed on a monthly basis or when people's needs changed. We spoke with staff about when a person's health had deteriorated and what support had been put in place. Staff we spoke with were able to tell us what additional support the person had, such as a soft diet to assist them with eating their meals. The chef told us that care staff made them aware of changes to people's diets so this could be adapted to suit their needs.

We spoke with staff about how they knew people's preferences around their care and support, they told us this was gained through asking the person, their family member or seeking guidance from more experienced staff. Staff told us that people's care plans were detailed and had information that was useful to them.

Staff closely monitored people's health and took actions as appropriate. Relatives we spoke with told us that staff were responsive to people's healthcare needs and expressed no concerns around this. A staff member told us, "We know the residents really well; we know when they are not their usual selves". A nurse told us the staff were good at reporting any concerns they may have so action could be taken promptly.

We asked people if they were supported to maintain their hobbies and interests. Some people we spoke with told us that they did not wish to pursue their hobbies and interests as they wanted a more relaxed pace of life. One person told us how they preferred to stay in their room and staff respected this. Another person said told us they enjoyed playing dominos and said they had the opportunity to do this when they wanted. A further person we spoke with told us how they enjoyed spending their time reading the paper which was delivered to them. We saw there were many activities organised within the home and relatives expressed

how happy they were that people were frequently outside the home on trips which interested them. People we spoke with felt the activities offered suited their needs and they could choose which ones they wanted to attend.

People and relatives felt they were listened to and knew who they could speak to if they did have any concerns. People we spoke with had not raised any concerns or complaints about the service. One person said, "I haven't a need to go to the manager". Another person told us how they had no complaints about the service or the staff. One relative told us how the interim manager was approachable and very responsive to their questions.

The provider shared information with people about how to raise a complaint about the service provision. All people and relatives felt confident that if they raised a concern it would be resolved. We looked at the provider's complaints over the last three months since the interim manager had been in place and saw that two complaints had been received; while there was no pattern to these complaints we saw that the interim manager had responded to both of these which was in line with the provider's policy with satisfactory outcomes for the complainant.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. However the registered manager had not worked at the home for six weeks prior to our arrival. Their position was being filled by an interim manager. Relatives and staff did raise their concerns with the frequent changes in management. They felt that better communication from the provider was needed so they could understand what was happening for the home and the people who lived there. We spoke with the area support manager about relatives and staff concerns, who told us that this would be addressed.

We spent time speaking with people and spending time with them in the communal areas of the home. During this time people did not express any concerns with the service. We spoke with staff who told us that they had staff meetings and the opportunity for one to one conversations about their development and learning. Staff told us that they enjoyed the opportunity in being able to discuss different matters. However, following our observations around people not always receiving emotional support that was individual to them, we spoke with some staff about this and whether the provider had sought their views. While staff said there had been improvements with staffing levels within the home, two staff who we spoke with told us they did not have time to spend with people who had a dementia related illness and where not always able to offer them the support and reassurance that they needed.

While the provider had checks in place to understand some of the experiences of people living in the home, it was not evident that they had spoken with staff to gain their views and experiences during these checks. For example, we looked at a provider audit completed in October 2016, while they did look at people's individual experiences it was not demonstrated within the checks that they had spoken openly with staff to understand if staffing levels had an impact on people's care throughout the day and night.

We spoke with the interim manager and the area support manager about our findings around person centred care and what staff had told us. The interim manager expressed their disappointment with themselves for not prioritising their time to spend with people and staff. However, they felt that as there had not been any concerns raised at provider level or by staff, they did not expect this to be of concern. The interim manager told us that staffing levels were based on a ratio calculation. As the interim manager had been in post for six weeks and staff had not raised any concerns directly with her then this method of determining staffing levels had continued. The area support manager told us that while each person's dependency level was reviewed, the provider did not have any staffing level guidance to assist the interim manager with determining their staffing levels based on people's dependency. The area support manager told us that this was an area the provider was reviewing to improve the tools the manager could use.

The interim manager told us that they had plans to complete unannounced night time checks, and were planning to spend more time on the floor during the day now that some office tasks had been completed, such as identifying staff for refresher training. People and relatives we spoke with told us that since the interim manager had been in post they had found her approachable and responsive to their requests. For example, a suggestions box had been placed in the reception area, where relatives and staff had raised suggestions all of these had been responded to.

The interim manager showed us around the home and introduced us to people living there. It was clear the interim manager knew people and people knew her. Relatives we spoke with felt that previously concerns had not always been dealt with in a timely manner, but the interim manager had put right their concerns immediately. During our time at the home we saw relatives popping into the manager's office to have a chat or provide an update, with the interim manager listening to the relative and making sure actions were taken where needed. One staff member spoke about the interim manager and said, "They care, they really do, they want to know if we have any problems and then deals with them". Another staff member we spoke with told us, "Nothing gets brushed under the carpet, it's all going really well, I do feel really supported, by all of the staff".