

# Christian Care Homes

## 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 

### Overall summary

Cedar House provides care and accommodation for up to 33 older people who may be living with dementia. This inspection took place on 20 October 2014 and was unannounced. The inspection team consisted of an inspector 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 service has had a registered manager in post since it was first registered in October 2012. 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 told us that they felt safe living in Cedar House. They told us that they were treated with dignity and respect. We saw staff interacting with people and they did

# Summary of findings

so in a kind, caring and sensitive manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

Recruitment checks had been carried out before staff started work. There were sufficient numbers of skilled, well trained and qualified staff on duty. Staff told us that they felt well supported to carry out their work. We saw that staff had received regular supervision and training.

We found that detailed assessments had been carried out and that the care plans were developed around the individual's needs and preferences. We saw that there were risk assessments together with plans on how the risks were to be managed. People told us that they had been supported with taking every day risks. They said they enjoyed participating in everyday activities.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. The registered manager and staff had a good understanding of MCA and DoLS. There were no DoLS authorisations in place at the time of our inspection visit.

People told us that they had agreed to their care. We saw that mental capacity assessments had been carried out where people were not able to make decisions for themselves.

People told us that they knew how to complain. The service had a clear complaints procedure in place which was prominently displayed. We saw that complaints had been well recorded and any lessons learned from them had been actioned.

People were supported to be able to eat and drink sufficient amounts to meet their needs. They told us that the food was good and said that they were able to choose alternatives if they were not happy with the choices offered on the menus.

We found that people's healthcare needs were met. People told us that they had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians. The service kept clear records about all healthcare visits.

We found that the service had an effective quality assurance system. People told us that either the provider's representative, the registered manager or the deputy manager was in the home every day. Regular meetings had been held for the people living in Cedar House and for the staff.

People told us that they felt listened to. Their views and opinions had been sought and the service had made appropriate improvements.

# 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?

This service was safe.

People told us that they felt safe and that staff treated them well.

There were sufficient staff on duty and they had a good knowledge about how to keep people safe.

Medication was well managed and improvements were made where necessary.

Good



### Is the service effective?

This service was effective.

People were cared for by staff that were well trained and supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People experienced good access to healthcare professionals.

Good



### Is the service caring?

This service was caring.

People told us that the staff often goes 'above and beyond' to provide care and support that was tailored to their individual needs and preferences. They said that they felt important, really cared for and that they mattered.

People said that staff understood them, listened carefully to them and responded appropriately. Staff were highly motivated to provide people with good quality care.

Good



### Is the service responsive?

This service was responsive.

People received consistent, personalised care and support and they had been fully involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

Good



### Is the service well-led?

This service was well-led.

The service had a positive culture that is person-centred, open, inclusive and empowering.

Staff understood their role and they were confident to question practice and report any concerns.

Quality assurance systems were robust.

Good



# Cedar House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 20 October 2014 and was unannounced. The inspection team consisted of an inspector 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.

Before the inspection we had sent the provider 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. The provider told us, on the day of our inspection, that they had not received this. According to our records the PIR had been sent to an email address, which the service had provided to us, but was no longer in use. The provider had since amended their contact details with us and was sent, and had completed their PIR, which we have now reviewed. We also reviewed information we held about the service. This information included notifications. Regulation 18 of the Health and Social Care Act 2008 requires providers to notify us about certain events that occur in the service.

During our inspection we spoke with 14 people who used the service, two visiting relatives, three health and social care professionals, the registered manager, deputy manager and 13 members of care staff. We reviewed four people's care records and four staff recruitment files. We also looked at the service's policies, audits, staff rotas, complaint records and training records. All of the people who we spoke with were able to express their views about their care.

# Is the service safe?

## Our findings

People told us that they felt safe living in the home. One person said, “It is important that I feel safe and I do.” Another person said, “I am safe and I can walk around when I want.” Another person said, “I feel safe and well looked after here.”

We saw from staff records that staff had received training in safeguarding adults and whistle blowing. Although no safeguarding referrals had been made in the past year staff showed a good knowledge of safeguarding procedures. One staff member said, “I have had basic training and regular updates to remind me of the procedures. I would not hesitate to report any bad practice.”

People told us that they were supported to take appropriate risks in their everyday lives. One person said, “In the warmer weather I go out into the garden and plant flowers and plants in the raised flower beds.” Another person said, “I do get out and buy my own choice of plants at the garden centre, which staff support me to plant.” We saw from the care records that there were risk assessments and management plans in place. They had been regularly reviewed and updated to reflect people’s changing needs.

We saw that regular checks had been carried out around the building to ensure that people were kept safe. People told us that they often saw the maintenance person carrying out small repairs.

There were sufficient numbers of skilled and experienced staff. All but one of the people who we spoke with told us that there were enough staff. The one person who felt that

there was not enough staff said that this was at particularly busy times of the day. The two visiting relatives spoken with told us that they felt staffing was adequate to meet people’s needs. Staff we spoke with told us there was sufficient staff to keep people safe. One health professional spoken with told us, “There always seems to be good ratios of staff on duty when I visit.” Another person said, “I slipped over once and they were very quick to help me.”

The service had good recruitment practices. Staff told us that the recruitment process was thorough. They told us that Disclosure and Barring Service (DBS) and references had been sought before they started work. We looked at four staff files and they showed that the service had robust recruitment processes in place.

People’s medication was generally well managed. We found some issues with recording and these were immediately addressed and rectified by the registered manager to ensure that people received their medication safely. People told us that they had received their medication safely. We observed staff practice during our inspection visit and found that it was good. People’s medication was respectfully delivered on time and when they needed it. Processes were in place for ordering, receiving and disposing of medication to ensure people had their medication as and when they needed it. There were policies and procedures in place for staff to follow and training had been undertaken so staff could administer and manage medication safely. Their competence to administer had been regularly assessed. Staff told us they felt competent to support people with medication.

# Is the service effective?

## Our findings

People told us that they felt staff were well trained. One person said, “All the staff seem to know what they are doing. They seem to have a good knowledge about my needs.”

Staff we spoke with told us that the training was good. One staff member said, “I have an NVQ 2 (national qualification in care) and am studying for my NVQ 3.” They said that they had received a full induction which had included training in subjects such as safeguarding adults, moving and handling, first aid, food hygiene, health and safety and fire awareness. One staff member said, “The training is good and the care plans are very clear about people’s needs. They describe what we must and must not do to support people. They clearly describe any risks and how to deal with them.” The training records showed that staff had received training appropriate to their role.

Staff told us that they received regular support and supervision. One staff member said, “I feel well supported to do my work. I have supervision every few weeks and the manager and deputy manager are always available if I need help with anything.” Another staff member said, “This is a lovely place to work, I get good support from the management.” The staff records showed that regular supervisions and appraisals had taken place.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice.

People who we spoke with told us that when they needed care and support staff asked for their consent before providing it. We saw from staff records that staff had received training in the MCA (2005) and DoLS. Staff we spoke with displayed a good knowledge of MCA 2005 and how it was to be applied. The initial assessments showed that people’s mental capacity had been assessed prior to their admission to the home. The care files that we looked at contained appropriate mental capacity assessments where necessary to protect people who lacked mental capacity.

The registered manager and deputy manager were aware of the recent Supreme Court ruling, which could mean that people who were not previously subject to a DoLS authorisation may now be required to have one. This showed that they had up to date information about protecting people’s rights and freedoms. There were no DoLS authorisations in place at the time of our inspection visit.

People were supported and offered choices to eat and drink enough. Although some people were not as happy with the food as others, they did say it was, “Generally ok.” One person said, “The food varies, sometimes nice, sometimes not so good. I like cabbage but they don’t serve it often, lots of carrots though.” Another person said, “The food is ok, if you don’t like what is on the menu you can ask for something else. I don’t like pasta so I usually ask for potatoes with the mince instead.” Another person told us, “There is a good choice of breakfasts. But I usually have a boiled egg.”

We saw that there were menus in place which offered people a balanced healthy diet. There was a colourful notice displayed on the dining room wall close to where people passed each day to get to their rooms. The notice stated, ‘Eat little and often and drink plenty too. Snacks and drinks are available at any time.’ People told us they were able to have snacks and drinks on request. Most people told us that the food was good and that they were able to choose what they wanted to eat. One person told staff they would like an alternative and it was provided for them.

We observed the meal at lunchtime and saw that staff took their time whilst supporting people. The meal was served at a steady pace and nobody was rushed or hurried to eat it. The atmosphere was good and people were chatting between themselves, and with staff. People had appropriate aids, where necessary, to help them to eat independently. People said that they had enjoyed their meals.

Care records viewed showed that people’s nutritional requirements had been assessed. Where a risk had been identified there was nutrition and weight charts in place to enable staff to monitor people’s nutritional needs. Staff told us that where a nutritional risk was identified, dietetic

## Is the service effective?

advice was sought and if necessary people's food was fortified to ensure that they had adequate nutrition. The care records showed that referrals made to the dietician had been requested in a timely manner.

People told us that their healthcare needs were met. One person said, "If I need the doctor, the staff get him to come out to see me quickly." People told us that they see other health professionals when they need to, such as, the

chiropodist, the optician and the dentist. We saw from the care records viewed that health appointments had been recorded together with the outcome and any actions required from the visits.

The two health professionals we spoke with told us that staff at the service were very pro-active. They said that staff contacted them at the first sign of any changes to people's health. They told us that they felt that staff provided a very effective, caring and responsive service.

# Is the service caring?

## Our findings

People told us that staff understood their individual needs. They said that staff always listened carefully to what they had to say and responded appropriately. Each person we spoke with told us that they felt well cared for, by kind staff. Their comments included, “Carers by name, carers by nature”. Another person said, “All the staff are very good and very helpful”. And, “It’s not easy being looked after but they help when I need it.” Two visiting relatives told us that they were very pleased with the care given to their loved ones. One visiting relative said, “It is our money that pays for my relative’s stay here and we would not leave them here if the staff were not good and kind.” Another visiting relative said, “I think that the staff want to be here and they must be highly motivated because they are exceptionally good at what they do.”

Staff told us that their training had included person centred care. One staff member said, “I believe that you should treat people as you would like to be treated.” Another staff member said, “I think the training we receive is excellent as it covers all areas of care.” We spoke with three different health and social care professionals who had attended the home recently. All three were very complimentary about the home and its staff. One professional told us, “The staff are so caring at Cedar House. I regularly receive calls from one particular staff member asking us to visit due to a person’s changing health needs. They have empathy and understanding and have a calming gentle manner.” And, “They go above and beyond to make sure people are well cared for. If I was old, I would want them to take care of me.”

Throughout our inspection visit we saw that staff treated people respectfully. We saw a staff member supporting a person to transfer from their chair to a wheelchair using a hoist. The staff member talked with the person throughout the process, which was managed in a sensitive, dignified

and caring way. One staff member said, “I treat all of the people living in Cedar House as I would my own family and I love working here.” People told us that staff treated them well. One person said, “The staff are easy going and kind.” Another person said, “The staff are lovely.”

People told us that they were fully involved in their care and that they were confident in making their views known. They told us that meetings had taken place where they were able to discuss what they liked and what they did not like. People’s relatives told us that they were involved in their loved one’s care. They told us that the service kept them informed about any changes to their needs. Where people did not have any family or friends to support them, the service provided information about local advocacy services. We saw a notice and leaflets displayed in the hallway near the visitors book.

People told us that they had the privacy they needed. People said that they chose whether to keep their room doors open or whether they wanted them closed for privacy. People told us they were able to have visitors at any time. Staff we spoke with were clear about the need for people to have their privacy.

We observed staff throughout the day of our inspection visit and saw that interaction was good. Staff responded quickly to people’s needs and they were kind and caring in their approach. We noticed that staff engaged with people at every opportunity and that people responded in a positive way. One professional told us, “The staff have a personal touch, they are knowledgeable and always discuss any concerns or worries.” And, “All of the families that I speak with about Cedar House are very happy with the service. I have never received a negative comment about the home or its staff.” The third professional we spoke with said, “The service is very good and I know that there is a waiting list because people feel that the service is so good.”



# Is the service responsive?

## Our findings

People told us the service was responsive to their needs. One person said, "I never have to wait too long for help when I call." Another person said, "The staff are always there when I need them." During our inspection visit we noticed that call bells were answered promptly.

We saw that the home had different themed areas to support people living with dementia. There were lots of pictures around the hallways, including a 1950's area where there were photographs of film stars of the era. There was a tea room area which was called 'the teapot café' which was manned by volunteers and offered people tea and cakes. Staff told us that an old time musical hall area was in the process of being planned. People told us that they often sat in the tearoom for a cup of tea. One person said, "I enjoy sitting in the tearoom with a cup of tea and a nice bit of cake and the views across the garden are lovely."

People told us that staff arranged activities for them that interests them. People told us that they enjoyed playing bingo, doing jigsaws, arts and crafts, baking and snooker. One person said, "I like making things and enjoy the cookery classes." Another person said, "I like going on outings. We went to Southend in the mini-bus and had fish and chips." Visiting relatives told us that the home's mini-bus was insured for them to drive. They said that they could use the mini-bus to take their relative out for the day.

People told us that their needs had been fully assessed before they moved to the home. The assessments that we looked at covered all areas of need including, social, personal, cultural and healthcare. All of the care plans that we looked at during our inspection visit had been written in a person centred way. They had been devised from the initial assessment and reviewed at regular intervals. People said that they had taken part in regular reviews of the care.

During this inspection visit we carried out a CQC thematic probe into complaints and concerns handling at the home. A thematic probe is where we look closely at one specific area and report back on it so that CQC can compile a national report on how providers have dealt with the area probed. The service had a good up to date complaints policy and procedure. The complaints records had been fully completed and included details of the complaint and the outcome. Staff told us that they encouraged people to share any concerns with the management. People told us that they had attended meetings where they were able to discuss any concerns before they got to the complaint stage.

People told us that they had not had any cause to complain. They told us that if they did want to complain about anything, they would speak to the deputy manager. One person said, "If I was not happy I would tell my daughter and she would speak to the deputy manager for me." One visiting relative spoken with told us, "I am not shy about coming forward. If there was a problem I would go straight to the deputy manager."

# Is the service well-led?

## Our findings

The registered manager has been in post since the service was registered in October 2012. People told us that the registered manager, deputy manager and the provider's representative were in the service most days. We saw that the provider's representative knew people and they addressed them in a kind and caring manner. Visiting relatives told us that they knew the management team and that they felt that the home was well run. They said that they felt that the management was open and transparent.

Staff were complimentary about the management team. They said that they had received regular supervision and that they attended regular staff meetings. They told us that they felt listened to and that their ideas and suggestions discussed at team meetings were acted upon. One staff member said, "I get on well with the management team and feel that I can speak to them if I have any problems." Another staff member said, "The training is good and it is on-going. I enjoy working here and think that the home is well led."

The service learnt from its quality assurance system and implemented improvements. We saw that the service had carried out a range of audits that included medication, health and safety, care plans, incidents and accidents and complaints. The registered manager told us that the audits helped to identify the need for improvement. They said that lessons had been learned and that improvements would continue to be made as a result of their audits. The provider's representative had carried out regular monthly audits on the quality of the service. The visits had been recorded and any actions had been acted upon.

The registered manager told us that three monthly medication audits had taken place. The medication audits had not identified discrepancies that we found. The registered manager immediately instigated an investigation into the discrepancies and provided us with a copy of their action plan. The manager shared their learning with staff and ensured that improvements to practice were made in relation to medication. They were open about the action they needed to take and how they would monitor the impact of the changes made to ensure they benefited people using the service by protecting them from potential harm.

We saw that regular meetings had been held for people and their relatives. The main subjects discussed were activities and menus. People told us that they were asked for their views and opinions about their care and the service on a daily basis. One person said, "Staff are always asking me about what I would like to do and eat and how I want my care to be provided. They are very good at listening and they make sure that I get the service I want."

Annual quality assurance questionnaires had been sent to relevant people to gather their views and opinions about the quality of the service. The information had been analysed and suggestions and improvements implemented. People told us that they felt that the quality of the service was good. One person said, "I know that they send a questionnaire to my relative and they ask me if I think the service is good. I always say that I think it is the best."

Our Expert by Experience was complimentary about the home and said that the people living there were very happy and well cared for. They said, "This home certainly passed 'the mum test' for me."