

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Cedar House is a domiciliary care agency that provides personal care and support to people who live in their own home. At the time of the inspection there were two people who were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

Cedar House is a service based on the teachings of Christian Science. Most people using the service were members of the Christian Science Church. Throughout this report we have referred to Christian Science nurses. They are individuals who have specifically trained in accordance with an accredited training program, implemented and managed by an independent organisation. They are not medical nurses, registered with the Nursing and Midwifery Council.

People's experience of using this service and what we found

The one person we spoke with told us they felt safe. They spoke positively about the care they received and about the staff. They had confidence in their knowledge and skills. The people that the staff supported did not take medicines due to their own beliefs. They followed the teachings and practice of Christian Science. Incidents and accidents were reported, investigated and actions taken to prevent recurrence. The staff team had received safeguarding training and were aware of how to act on any concerns. Staff attended regular meetings and had supervision. Staff were provided appropriate personal protective equipment (PPE) which they used effectively to prevent spread of infection.

People benefitted from a service that was well led. The manager, nominated individual, and the staff were knowledgeable and enthusiastic about the service. Quality assurance systems were in place and based upon regular, scheduled audits which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

Rating at last inspection

The last rating for this service was Good (published 30 November 2017). At this inspection the rating had remained Good.

Why we inspected

This inspection was carried out as the service had not been inspected since the 31 October 2017. We undertook this focused inspection to check the service was safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good. This is based on the findings at this

inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cedar House on our website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cedar House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The service is a domiciliary care agency which provided personal care to people living in their own homes.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager was in post and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was announced. We gave the provider 48 hours' notice to ensure they were available for the inspection.

What we did before inspection

Before the inspection we reviewed all of the information available to us, including any information of concern, notifications and the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the manager, nominated individual (director), two staff and one person. We tried to make contact with one person's relative but were not successful. We looked at a range of records relating to the management of the service. This included recruitment records, risk assessments, and quality assurance records. We considered all this information to help us to make a judgement about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were protected from the risk of abuse. Safeguarding procedures were in place for people and staff. These set out how to protect people from the risk of abuse and provided guidance to staff.
- We spoke to one person who told us they felt safe with the care provided. They told us, "I very much welcome the staff visiting. I do feel safe with their presence."
- Staff had undertaken training and understood the procedures. Staff told us they would report concerns of abuse to the manager.
- The provider dealt with safeguarding matters appropriately. The manager confirmed that there had not been any safeguarding concerns that needed to be raised within the last twelve months. We spoke to the manager about the safeguarding process. Clear systems were in place, to help keep people safe.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- There were systems in place to ensure staff had the information and training they needed, about how to recognise abuse.
- The manager also conducted home environment assessments to identify potential hazards, such as the use of appliances and fire safety issues. This helped them to make sure the environment was suitable for staff to provide care safely.
- There were effective measures in place to protect people from the spread of infection. Government guidelines were followed in relation to the use of personal protective equipment (PPE), staff testing and vaccinations.
- The manager had kept up to date with changes in legislation and best practice, particularly in relation to the COVID-19 pandemic.

Staffing and recruitment

- The service had a small team of staff which helped to support people. The service was currently only providing care to two people. We were told the staffing levels were more than manageable. Both people that the service supported did not live locally. One of these people only required weekly visits. We were told further staff would be recruited if there was a need for this.
- People were supported by a consistent staff team who knew them well and could monitor any changes in their wellbeing.
- The provider had recruited some staff on sponsorship from another country. We were told this had worked well and that the staff spoke good English. The staff had built good relationships with people.
- Safe recruitment processes were in place. These included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and

cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Nobody using the service required support with medicines. This was because people using the service followed the teachings of Christian Science and had chosen not to use medicines.

Learning lessons when things go wrong

- There were clear processes in place for staff to follow in the event of an accident or incident.
- The two people the service supported had not been involved in any incidents and accidents. However, systems were in place to record and monitor if they occurred.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The values of the service reflected that of Christian Science and this was fully explained in the service user documents that people received.
- The staff team knew people well and promoted a transparent and open culture. People were encouraged to remain as independent as possible. The aim of the service was to provide Christian Science nursing care to those who choose to rely on prayer for healing.
- There was a small and close-knit staff team in place. They told us how much they enjoyed their role, how well supported they were and how well the service was managed. Comments included "I really love my job and enjoy caring for people. I have been made very welcome here and feel supported."
- Feedback we received indicated there was a positive culture and the service was person centred and empowered people to achieve good outcomes. One person told us, "The staff are wonderful and have lovely values. They each bring something different, but the level of care remains good. They are kind and generous. Yes, the service is well managed."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was 'hands on' and worked alongside care staff within a small team. This provided an opportunity to speak to people about the quality of care.
- The manager and nominated individual understood their roles and responsibilities and were involved in the day to day running of the service. The manager worked closely with Christian Science nursing staff, including providing direct care when needed. This helped to ensure they had the required support to deliver a good quality of care and that there was ongoing monitoring to inform future practice.
- The manager completed a number of audits regularly. This included the auditing of care records and of the daily running of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held every Monday which were attended by the staff team. This meeting was held to plan for the week ahead, to plan visits to people and to share any important information and updates.
- People's views were regularly sought through the use of feedback forms. This helped the service to monitor its performance overall. One person was able to comment about the care they received. Their

comments included, "So helpful and really friendly", "Very grateful and appreciate the kindness and generosity."

- People and their relatives were involved in the initial assessment process which was carried out by the manager. Information about people's needs and how they wished to be cared for was asked. This included people's favourite foods and likes and dislikes.

The service had worked hard to support staff through the challenging period of COVID-19. This included providing support to staff outside of their working role. Some staff had been supported to move to a new house with help to furnish their home. Team building events were held with staff. This included taking staff out for lunch as a thank you for their hard work.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care; Working in partnership with others

- The manager understood their legal responsibility to be open and honest when something goes wrong. They were aware of the requirement to notify CQC of any significant events, such as safeguarding concerns, but this had not been necessary since the last inspection.
- The manager told us that the teachings of Christian Science is to maintain a holistic view of a person's health needs. The Christian Science nurse supported a person's choice to rely on prayer for healing. The person would have made a choice to not use medicines and may well have chosen not to register with a GP.
- The service has strong links with the Christian Science church. The service was able to offer support to people when they needed this. The manager told us they had attended church events to talk about Cedar House and the services that they offer. We were told some meetings were held at the local church with the trustees of the service.