

Mrs Carole Jenkins

The Cedars Christian Residential Home

Inspection report

20-22 Redlake Road
Pedmore
Stourbridge
West Midlands
DY9 0SA

Tel: 01562882299

Website: www.carltoncaregroup.co.uk

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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

About the service: The Cedars Christian Residential Home is a residential care home that was providing personal care to 19 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People were cared for by staff who were caring. Staff treated people with respect and valued them as an individual. People were treated as key to making decisions about their own care. People's independence was encouraged and this had positive outcomes for people. People's diverse needs had been respected by staff.

The provider and registered manager had developed a culture within the home that was inclusive, person centred and family orientated. The registered manager had worked in partnership with other agencies to improve people's experience at the home and this had positive effects for people's well being. The provider and registered manager had been proactive in their own learning and development and this had had a positive impact on the care provided to people.

People were kept safe by staff who knew how to manage risks to keep them safe. There were sufficient numbers of staff to support people and staff had been recruited safely. Medications were managed safely.

People were supported by staff who had received training relevant to their role. People had their rights upheld in line with Mental Capacity Act. People's dietary needs were met and people were pleased with the meal choices available to them. People had access to healthcare services where required.

People were supported by staff who knew them well. People were able to take part in activities that met their individual interests. People had been informed how to complain if needed.

Rating at last inspection: Good (Report published 27 May 2016)

Why we inspected: This was a planned inspection based on previous rating.

For more details, please see the full report which is on the CQC 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

The Cedars Christian Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for a person who uses this kind of service.

Service and service type:

The Cedars Christian Resource Centre is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority to gain their feedback. We used information the provider sent us

in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people living at the service and two relatives. We also spoke with four members of care staff, the general manager and the registered manager.

We looked at two people's care records as well as records relating to recruitment, complaints, accidents and incidents and quality assurance.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home. One person told us, "I definitely feel safe and looked after and staff are about all the time if you need them".
- Staff understood the types of abuse and the actions they should take if they had concerns that people may be at risk. One member of staff told us, "I would go to the senior in charge with any concerns".
- Although no safeguarding concerns had been raised since the last inspection, the registered manager understood their role and the actions they should take to ensure people's safety where concerns were raised.

Assessing risk, safety monitoring and management

- Risks to people were managed safely. There were risk assessments in place that were individual to each person and outlined any risks to safety and how staff should respond to these. Staff knowledge of risks reflected the information detailed in people's care records. For example, where people could display behaviour that may challenge, staff understood how to respond to this to ensure the safety of the person and others in the home.
- Staff understood the action they should take in the event of an emergency such as fire. Staff had received training in fire safety and could confidently explain how they would respond to a fire to keep people safe.

Staffing and recruitment

- Staff had been recruited safely. Staff told us that prior to starting work they had completed a check with the Disclosure and Barring Service (DBS). The DBS would show if a staff member had a criminal record or had been barred from working with adults. Staff had also provided references from previous employers. Records we looked at confirmed these checks took place.
- There were enough staff available to meet people's needs. One person told us, "I feel safe, always carers knocking about, they are in and out all the time" and "I only rarely use buzzer but don't have to wait too long [when I do]". This view was shared by staff who told us they did not feel rushed in their work and had plenty of opportunity to spend time with people. One member of staff told us, "Yes there are enough staff. We also change the rota depending on what people want". The staff member went on to say that staffing levels had been increased previously to accommodate people who wanted to stay up later in the evening. Our observations confirmed that there were enough staff to meet people's needs.

Using medicines safely

- Medications were managed in a safe way. We looked at Medication Administration Records (MAR) and found that these had been completed accurately and indicated that people had received their medication as prescribed. Where people had 'as and when required' medications, staff had a clear understanding about when these should be given and this ensured that these medications were given consistently.

- We observed staff supporting people to take their medication and saw that this was done safely. The staff member informed the person it was time for their medication, offered them their pain relief and then stayed with the person while they took this.

Preventing and controlling infection

- There were safe infection control practices in place. The home was clean, tidy and odourless. Staff were seen to wear Personal Protective Equipment where needed.

Learning lessons when things go wrong

- The registered manager displayed a commitment to learning from incidents to keep people safe in future. We saw that where accidents occurred, action had been taken to minimise risk in future. The registered manager also analysed incidents monthly to ensure that trends were identified and lessons were learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into the home, an assessment of people's needs had been completed. The assessments looked at people's medical history and current support needs. This ensured that the provider could meet the person's needs before they moved into the home. Assessments also considered any protected characteristics under the Equality Act. For example, people had been asked about any religious or cultural needs they may have.

Staff support: induction, training, skills and experience

- Staff had received an induction when they began working at the home. The induction included completing training and shadowing a more experienced member of staff. Staff spoke positively about their induction and felt this equipped them to support people effectively. One member of staff told us, "The induction was good. It prepared me for the job". New staff had been enrolled on the Care Certificate. The Care Certificate is an identified set of standards that all care workers must adhere to.
- Staff had received ongoing training to enable them to support people effectively. Staff told us that their training was refreshed regularly and that they were able to request additional training if they wished. Records we looked at confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People gave positive feedback about the meals available at the home. Comments included, "Can't grumble at all at the food", "Excellent meals, there is always soup before the main meal" and "I had spaghetti bolognese today which I love".
- People's dietary needs had been met. Where people had specific dietary needs, these were clearly recorded and staff were aware of these. People were given choices about what they would like to eat and drink and staff ensured people were offered extra helpings of food once they had finished their meals. We saw that people who had not eaten much of their meal, were offered other hot meals as an alternative.
- Mealtimes were a sociable experience for people. We saw that people sat together and would talk with each other throughout their meal. Staff respected people's space throughout mealtime and were seen sat slightly away from people in order for them to enjoy their meal with friends alone.

Adapting service, design, decoration to meet people's needs

- The design and decoration of the service met people's needs. Communal areas were spacious and people had access to adequate outside space if they wished to spend time outside.
- Where some of the areas were not always easily accessible due to the nature of the building, the registered manager had clear plans in place to ensure this would not impact on the care provided. For example, some hallways were very narrow and it was unclear whether some specialist equipment such as hoists would fit

down the hallway. The registered manager was aware of this issue and had only offered rooms on this hallway to people who were independently mobile. If people's needs changed and the hallway was no longer suitable, the registered manager would seek a room in a more accessible area of the building. This meant that people's care needs would not be affected by the design of the building.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services where required. One person told us, "I have only got to ask and they will get health care professionals in".
- Records showed that people had been supported to access a variety of services including community nurses, mental health teams and opticians.

Ensuring consent to care and treatment in line with law and guidance

- 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People told us that staff always sought their consent before supporting them and our observations confirmed this. Staff understood the importance of seeking consent and how they should do this. One member of staff told us, "I gain consent by asking. If they refuse, I give them choices, explain the options and then respect their decision".
- People living at the home had capacity to make decisions in relation to their care. However the registered manager understood their responsibilities and actions they should take in line with MCA if a person's capacity to make decisions was to deteriorate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who treated them in a kind, compassionate way and valued people as individuals. People were consistently positive when speaking with staff, often referring to them as being more like family. Comments about staff included, "The care is excellent, can't fault the carers, I can have a laugh with them", "The staff are wonderful" and "All staff I've met have been lovely, kind and treat people with respect".
- Staff spoke in a way that demonstrated how highly they thought of the people they cared for. Staff spoke kindly about their relationships with people at the service and explained how they had developed strong positive relationships with people because of the length of time most staff had been at the home. One member of staff told us, "We are all a real family here". Another added, "This is my home from home".
- We were given examples of instances where staff and management had gone above and beyond their job roles to support people. For example, we heard about the registered manager supporting a person to their family member's wedding. The registered manager did this in their own time as they wanted the person to be able to attend and told us, "It meant so much to both [person's name] and their family member that he was able to attend the wedding". Other staff had taken time to escort people to family funeral's so that they could be with their family during difficult times.
- Staff consistently demonstrated that they considered people's feelings when they provided them with support. Where one person had experienced significant life events recently that led them to move into the home, staff were aware of these and displayed compassion and empathy when talking about the person's circumstances. Staff were aware that a source of comfort to this person was the home's cats, and we saw the person being supported to spend time with the pet. This brought visible comfort to the person who then spent time cuddling the cat.
- Staff and the registered manager considered and respected people's diversity. A number of people living at the home identified as being a practising Christian. The home identified as being a Christian service and held weekly services and holy communion for people to enable them to continue to practice their faith. However, the staff team were respectful of people who did not want to attend services and were clear that although the home identified as Christian, that they believe in people having choice and supported those who do not wish to practice a faith also.

Respecting and promoting people's privacy, dignity and independence

- People felt respected and valued by staff. One person told us, "The staff treat me with respect, I don't think they could improve on it". A relative told us about how they appreciated staff's compassion towards people during an upsetting experience. The relative explained that their loved one had experienced incontinence

and appreciated how staff had responded in a discreet and supportive manner. The relative said, "The staff are very thoughtful. They don't embarrass anyone".

- People spoke positively about the staff teams approach in encouraging their independence. One person told us, "Staff help where necessary but allow me to be as independent as possible". A relative added, "Staff let them be as independent as they can be, they don't take people's independence away". This support had enabled positive outcomes for people at the service. For example, one person was not confident with their walking when they arrived at the service and would ask to use a wheelchair. With staff encouragement, the person began to ask if they could be supported to walk a little. Staff provided this support and the person now is able to walk small steps. Staff told us how proud the staff were for being able to promote the person's independence.

- People were supported to maintain relationships with people important to them. All family members spoken to had been made to feel welcome when they visit. We saw that a separate area was available for people to spend time with family and friends. The registered manager told us that they wanted a living area for people to take loved ones too as she acknowledged not everyone liked people being in their bedrooms. This area would be set up with a dining table where people wished to eat their meal alongside family. One family member told us how the staff support the person to keep in touch with their friends. They explained that the person's friends would visit and staff would support them to a quieter area, provide drinks and leave them to spend time together. The relative said this had been greatly appreciated and both the person and their group of friends talk about what a lovely time they have together at the home.

- We saw relatives visiting the service throughout the day. Staff often sat with relatives and had discussions with them during their visit. It was clear that staff and relatives knew each other well and were comfortable in each other's company. This supported the family orientated culture that the registered manager had taken time to develop across the home.

Supporting people to express their views and be involved in making decisions about their care

- People were actively involved in decisions about their care and were given choices in all aspects of their care. One person told us, "I have a bath or shower when I want one, get up and go to bed when I want and I come down for breakfast when I feel like it". Relatives also felt that staff had been proactive in ensuring they could continue to be involved in their loved ones care. One relative told us, "They [staff] ring straight away if [person] not very well". Another added, "We were asked to complete a history for mom and important things for staff to know".

- We saw people being supported with choices. For example, people were given choices of where they would like to spend their time, what activities they would like to take part in and what food and drink they would like. It was clear that people were regarded as being key to the decision making process and staff were seen to consistently ask people for their thoughts or choices throughout the day.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that staff knew them well. One person told us, "Staff know everyone by name and they know what I like". Another person added, "Staff know me as a person". Staff we spoke with demonstrated an exceptional knowledge of people they support. Staff understood people's life history, who was important to them and how they liked their care to be delivered. One member of staff told us, "I like to learn about people and their lives".
- Care records showed that people had been asked about their likes, dislikes and preferences with regards to their care. For example, people had been asked about what food they enjoyed and how they like to present themselves each day with their hairstyle. Records also clearly stated the dates where significant events had occurred in people's lives and how they liked each of those dates to be commemorated. People had been given opportunity to state whether certain dates should be celebrated or if those dates were likely to cause distress. This meant that staff could be aware of and support people on occasions that could have emotionally difficult for them.
- People had access to activities that met their individual interests. People told us about the variety of activities available. Comments included, "It's a nice place, garden is beautiful, we all get along and have trips out once a month in the Summer" and "I pass time reading and talking to people and I take part in exercise classes. I go to my own church but I am made very welcome when I attend services here". We saw that activities were available to people depending on what they wished to do each day. People were seen to be spending time chatting with each other, watching television together and discussing the show, spending time with the home's cats and reading activities. The registered manager told us that they liked to focus on more natural activities that people would do each day if they were at home, rather than structured formalised activity plans. This meant that people could choose what they wished to do each day and people had responded positively to this.
- The provider had met the Accessible Information Standard (AIS). Where people had a sight impairment, care records clearly identified how the person should be supported to move around freely and have information shared with them. This included having reading books available in Braille.

Improving care quality in response to complaints or concerns

- People and relatives had been told how to make complaints. One person told us, "No concerns at all, I could speak to any of the staff [if I did]. They are approachable".
- Although no formal complaints had been received, the registered manager had kept a record of any comments made and the action taken in response to those comments. We saw that these had been responded to appropriately and the person remained involved throughout.

End of life care and support

- Although no one at the home required end of life care, the registered manager had asked people about

any specific wishes they had at the end of their life, including, who staff should contact in the event of their death and what their funeral arrangements were.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and provider had enabled and encouraged a positive, inclusive and person centred culture at the home. People consistently told us that the home felt like a 'home from home' and credited the registered manager and provider in creating this. People told us, "I like living here, it's the best place to live" and "It is good living here, I am well looked after, see [registered manager] about, It feels homely, all staff are very helpful". A relative we spoke with added, "I am 100% happy with the place and everyone here". Our observations from the day reflected that people, staff and relatives enjoyed each other's company and considered each other as being part of a family.
- The registered manager displayed a commitment to promoting high quality care and creating a family atmosphere and her staff team understood and displayed those same values. The registered manager said, "I am very proud to work at The Cedars. We all go the extra mile. I know people here are happy, but if they ever aren't, I will go out of my way to fix things". These values were shared by staff with one member of staff telling us, "Everything here makes me proud, we love the people who live here and treat them like our own family" and "It is such a rewarding job here putting a smile on people's faces". The registered manager and provider told us that they had been so confident in the quality of care at the service that they had both previously had their own loved ones live at the home when they required care.
- The registered manager had a visible presence around the home and had built positive, friendly relationships with both people and their relatives. We saw people were visibly happy to see the registered manager and knew her well; asking her about her family and upcoming plans. The registered manager was seen sitting with relatives, asking about their days and it was clear that people and relatives knew the registered manager well and had positive relationships with her.
- Staff spoke highly of the support they were given by the registered manager. One member of staff told us, "It is a real family here. [Registered manager] is great. She worked her way up to being manager but still helps us out of the floor. You will always see her helping to dish food up for example". Another member of staff added, "[Registered manager] is always at the end of the phone if I need her". Equally, the registered manager spoke highly of the support provided to her by the provider. The provider visited the service most days to offer support. The registered manager told us, "I have learnt a lot from [provider's name]. She has been a role model to me". Staff added, "[Provider name] is here most days. They come across and make sure everyone is ok".

Working in partnership with others

- The provider and registered manager had actively sought to work in partnership with others to improve

people's experiences in the home. The registered manager told us they had identified that some people did not have family to visit them and wanted to reduce the risk of isolation. She contacted Age UK and worked alongside them and a local school to set up a befriender service. This involved matching local high school teenagers with people at the home and arranging regular visits. We saw that the teenagers continued to visit people on the day of the inspection. We spoke with one of the befrienders who told us about the benefits of the service to both them and the people in the home. They told us, "[Person] doesn't like socialising with the others in the lounge but he enjoys having someone young come in and spend time with him. I will read to him and just chat". The partnership had enabled people to develop long standing relationships with others beyond the befriender scheme and the registered manager told us that some befrienders who have since left school and moved away to university, continued to write to the person they had been matched with in the home and maintained that relationship.

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

- The provider and registered manager had actively supported people to provide their views on the care provided. Questionnaires had been sent out annually to people, their relatives, staff and health professionals to gain their feedback. We saw that the responses received from all groups had been exceptionally positive with comments including, 'I am so happy that [relatives name] has such fantastic care, I can't speak highly enough' and 'We are so lucky to have found The Cedars.' The registered manager had analysed the responses received and used this information to support them in identifying areas for improvement.
- People were encouraged and supported to attend regular resident's meetings. Within these meetings, people were given opportunity to give feedback on and receive updates from management in relation to staff, activities and meals. Although feedback in these meetings had been consistently positive, the registered manager had acted on feedback given. For example, where a person commented in a meeting how much they enjoyed the local Salvation Army visiting to sing, the registered manager had taken this feedback and supplied this activity again for people.
- The registered manager had identified and provided support to people so that they would feel comfortable in engaging with CQC inspections and sharing their views. We saw that in resident meetings, the registered manager had an ongoing discussion about the purpose of CQC and how people can share their views with inspectors. The registered manager told us they had taken this action as she had identified that many people feel uncomfortable and unsure having strangers in their home asking them questions about their care. She wanted people to feel engaged and part of the inspection process and so had taken time to familiarise people with the purpose of inspections to ensure people felt comfortable enough to provide honest feedback as and when an inspection occurred. We found this had a positive effect on people and throughout the inspection, people were aware of who inspectors were and our role.
- In addition to gathering feedback, the registered manager had engaged people in other aspects of the service. For example, where a long standing staff member was retiring, the registered manager supported people in planning a surprise party for staff. People had supported in choosing entertainment, colour schemes for balloons and the food. People were excited about the party and staff and the registered manager had supported them in ensuring the party was kept a secret. This evidenced that in addition to giving feedback, people were actively supported to become involved in all aspects of life at the home.

Continuous learning and improving care

- The registered manager displayed a commitment to improving the care provided to people through their own learning and development. For example, the registered manager had attended a 12 week course with a local hospice to consider how they could improve their end of life care in the home. The course was tailored to the homes individual needs with the hospice visiting the service to look at their current end of life care

arrangements and making recommendations as to how this could be improved. The registered manager spoke positively about the impact of this course on the service. They told us, "I really learnt a lot from it and its influenced how we provide end of life care now. We always reflect after each death to see if we could have improved in any way". The registered manager had plans to further expand this learning and support other staff to access the same course.

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

- There was a clear management structure in place that staff understood. Staff were clear about their role and responsibilities and were confident in raising any concerns if they had them. Staff told us that they were assured that if any areas for improvement were suggested, the registered manager would act on these.
- There were systems in place to monitor the quality of the service. This included checking health and safety, monitoring accidents and incidents and the response from people to activities. We saw that where areas for improvement had been identified, these were acted upon. For example, where audits picked up that some areas of the home required redecoration, this had been acted upon in a timely way.
- The registered manager had a good understanding of the regulatory requirements of their role. They had submitted notifications as required when incidents occurred. The rating given at the last inspection was also displayed within the entrance of the home as is required by law.