

Christian Care Homes

Cedar House

Inspection report

249 - 251 Southend Road
Stanford Le Hope
Essex
SS17 7AB

Website: www.christiancarehomes.org

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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

Cedar House is a residential home that provides accommodation and personal care for adults with a range of care and support needs, including adults who are living with dementia. The service can accommodate up to 32 people in one adapted building over two floors. At the time of this inspection there were 21 people using the service.

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

People received safe care from staff who had been provided with safeguarding training. There were risk plans in place to protect and promote people's safety. Staffing numbers were being maintained to keep people safe and the registered manager followed the established recruitment procedures to ensure staff employed were suitable for their role. Medicines were stored, managed and administered safely.

People's needs were assessed before they moved into the service to ensure they could receive the care they required. Staff received training and support to carry out their roles and responsibilities. People enjoyed a varied and nutritious diet. Staff worked with external professionals to promote people's health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation about the environment for people living with dementia.

People were treated with dignity and respect and their independence was promoted. Privacy was encouraged and maintained.

Staff knew people well and encouraged people to take part in activities which were meaningful to them. There were policies and procedures in place to manage complaints appropriately. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits.

Rating at last inspection and update: The last rating for this service was requires improvement (published 18 September 2019) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We found no evidence during this inspection that people were at risk of harm.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cedar House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, senior care worker and care workers. 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 two professionals who were visiting the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection effective arrangements were not in place to mitigate risks for people using the service. Medication practices did not ensure people always received their prescribed medication and improvements were required to the security of medication. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Each person had risk assessments specific to their individual needs such as for skin integrity or mobility. Whilst risk assessments were in place, we found that some preventative information was recorded in different places on the electronic care plan. For example, one person was high risk of developing pressure sores and in practice the staff were minimising the risks with equipment and care provision and had prompts for these. However, the care plan for skin integrity did not include all the preventative measures being used. The registered manager agreed to review this immediately.
- At the previous inspection information had not been clear about staff participation in fire drills particularly night staff. At this inspection a clear register of staff participation in fire drills was now in place.
- At the last inspection fire and maintenance checks were not completed to standard. At this inspection all checks were completed regularly.

Using medicines safely

- At the last inspection medicine practices did not ensure that people always received their prescribed medicines and storage processes needed improvement. At this inspection processes were now in place to keep medicines stored securely and ensure they were ordered, available when needed and administered in line with prescribed guidelines.
- Senior staff completed regular audits of the medicines to check they were being safely administered.
- Staff had received medicines training and their competency had been assessed regularly.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the service, and relatives told us they had no concerns about people's safety. One person told us, "I do feel very safe, I had respite care and wanted to stay." A relative said, "[Family member] had only been there for three weeks before we were locked down, but they [staff] seem to be on the ball with everything."
- Staff had been provided with training and were able to describe the process for identifying signs of abuse and reporting concerns in line with the provider's policies and processes.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of people using the service. All staff spoken with said they felt there were enough staff on duty to keep people safe.
- One person told us, "Staff come quickly when I press the buzzer and staff are very kind."
- Robust recruitment checks were carried out before staff began working at the service. This included checks of their identity, qualifications and previous employment history and all staff had received a full criminal record check.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had introduced reflective practice sessions with staff. For example, we looked at minutes from a session with senior staff where they had contributed to finding a solution following a medicine error to prevent a reoccurrence.
- The registered manager had a system for reviewing incidents and looking for patterns and trends.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

We made a recommendation at the last inspection that the registered provider seek independent advice and guidance to ensure robust systems are in place for induction, training and supervising staff.

- Staff received an induction when they started working at the service which included completing key training courses and shadowing other staff. One staff member told us, "I did lot of course work with [senior manager] who was very supportive." Another staff member said, "We are trained, I started last December and was very happy with the training I received."
- When we arrived at the service an induction session was taking place with two members of staff who were supported by a senior member of staff working for the provider. They told us they were now overseeing staff completing the care certificate.
- Staff told us they had regular supervision meetings with senior staff to support their development.

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

- People's needs had been assessed before they started using the service. Care plans were reviewed regularly to ensure they reflected the person's needs and preferences.
- Staff knew people's needs well and delivered care as detailed in their care plans. We noted that one complaint had been received about an agency staff member not knowing a person's needs well. Following this complaint, the registered manager had introduced a buddy system for agency staff so permanent staff members could support them to ensure they had all the information they needed to meet people's needs.

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

- People were positive about the quality of the food. One person said, "I really enjoy my dinner. I love my dinners." Another person told us, "The food is excellent."
- People's care plans included information about their specific nutritional need, for example if they needed any dietary requirements due to their health. People's likes and dislikes were also recorded.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with other organisations such as the district nursing team and followed any advice given. One professional said, "Staff are very caring and let me know of any concerns. This is a nice home and they do follow any advice I give."

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

- People's bedrooms were personalised with their own belongings.
- The service had identified that some areas needed painting and work had started on a redecoration programme.
- Some signage and adaptations were in place; however, we found a lack of signage or orientation clues in corridors and bedroom areas to support people to find their rooms or orientate themselves to find their way back to communal areas.

We recommend that the service finds out more about current best practice, in developing a more supportive environment in relation to the specialist needs of people living with dementia.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Decisions had been made in people's best interests and in consultation with professionals and the persons family when people had lacked the capacity to make a specific decision.
- Where people were being deprived of their liberty, applications had been made to the local authority and authorisations put in place.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were happy with their care and spoke positively about the support from staff. One person said, "I am very happy, or I would not have stopped here." Another person told us, "I do like it here, staff are lovely."
- Staff were knowledgeable about people's needs. We observed staff were quick to offer support when people needed comfort or reassurance.
- Care plans were personalised and included detailed information about people's needs and preferences.

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

- People's communication needs were clearly documented in their care plans and people were supported and encouraged to maintain relationships with their friends and family.
- Relatives told us that alternatives to visiting such as emails, video calls and telephone calls had been used during the pandemic.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and supported people discreetly.
- We observed staff knocking on doors and closing doors behind them when they entered a person's room.
- People's records were kept securely, and computers were password protected. Staff knew how to keep people's information confidential.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection suitable arrangements were not in place to ensure people using the service had the opportunity to participate in social activities that met their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A new activity staff member had started at the service and people told us social activities were available to meet their needs. One person told us, "Yes there are things on if you want them."
- Whilst a formal activity programme was not in place the activity organiser told us they asked people daily what they would like to do and had different themes for each day.
- We observed an activity in the main lounge and people were encouraged to participate. The activity organiser told us, "I will plan activities with people for things like Easter and we do arts and crafts, baking, games and nail painting. Each person has a favourite activity, today I went upstairs to an individual activity."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: End of life care and support

- At the previous inspection improvements were needed to ensure people's care plan reflected their current needs. At this inspection we found the care plans we looked at did reflect people's current needs.
- Care plans had information about people's specific needs, personal preferences, routines and how staff should support them.
- People's relatives told us that even though they had been unable to visit face to face during the pandemic they were still involved with their family members care and their care plan. One relative told us, "I chat to them about [family members] care plan, they know their medical history and their needs." Another relative said, "They set up the care plan and I see it if I need to, they went through everything with me."
- People were supported when making decisions about their preferences for end of life care. The service kept important information, which included end of life care plans and preferred priorities for care documents. Where appropriate a Do Not Attempt Resuscitation (DNAR CPR) was in place. A visiting end of life professional told us, "We have no concerns about the two people we are seeing today on end of life care, both are very comfortable, and our advice is followed."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about their communication needs.
- Staff were aware of how people communicated. We saw staff adapt how they interacted with people depending upon their needs.
- The menu and activity board contained detachable images to support people to make choices when required. Documents at the service were available in other formats if people were identified as requiring this.

Improving care quality in response to complaints or concerns

- The relatives of people we spoke with knew how to report a concern or a complaint should they need to.
- Records of complaints showed that they had been responded to appropriately and dealt with in a timely manner by the registered manager.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection effective robust arrangements were not in place to monitor the service and identify and address shortfalls. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality Characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were effective systems in place to monitor, assess and improve the quality and safety of service people received. The registered manager was well-supported by the provider and senior staff. They regularly engaged with managers from other services to share knowledge, learning and ideas.
- Staff felt supported by the registered manager and the senior team and felt they were approachable. One staff member told us, "I do feel supported by [registered manager]."
- Relatives we spoke with were happy with the communication and updates they had received during the pandemic. The service was following current guidance in relation to visitors. One relative told us, "It has been very difficult not being able to visit but they have been good with video calls. I am now visiting, I do a test, they give me PPE to wear and ask me to wash my hands before I can get in to see [family member]."
- Quality assurance questionnaires had been sent out and the responses we saw were very positive. Comments included, "I am happy", "I like the music and the garden" and, "I get on ever so well with them [staff]."
- Staff felt they were well trained and were committed to the care and development of the people they supported.

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

- CQC had been notified of all significant events which had occurred, as required.
- The registered manager kept up to date with best practice initiatives and attended meetings in a bid to continually improve care within the service.

Continuous learning and improving care; Working in partnership with others

- Staff meetings were held so that staff could feedback to the management team and communicate with each other. Staff we spoke with confirmed they were able to raise concerns and ideas.
- The registered manager had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care and support they needed.