

Voyage 1 Limited

The Cedars (Mansfield)

Inspection report

67 Mansfield Road
Blidworth
Mansfield
Nottinghamshire
NG21 0RB

Tel: 01623491033
Website: www.voyagecare.com

Date of inspection visit:
27 August 2019

Date of publication:
24 October 2019

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 (Mansfield) is a care home providing personal care to seven people living with a learning disability or autism.

The property was slightly larger than most domestic style properties and registered for the support of up to seven. Although this is larger than current best practice guidance, this was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. There were also excellent links with the local community.

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

People commented they received good care; staff were patient, kind and caring.

Relatives and staff told us the home was safe. Staff understood the importance of keeping people; they had a good knowledge of safeguarding and the whistle blowing procedure. Although they hadn't needed to raise concerns, they felt supported to do so if required. Previous safeguarding concerns had been reported and thoroughly investigated.

There were enough staff to provide personalised care and give people the time they needed. New staff were recruited safely.

People received their medicines as prescribed. Effective action was taken in response to accidents in the home, to prevent a further occurrence and learn lessons. Health and safety checks and risk assessments were completed to help maintain a safe environment.

Staff were well supported and received the training they needed. People were supported to have enough to eat and drink and to access health care when needed.

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.

People's needs had been fully assessed; the information gathered was used to develop detailed and personalised care plans.

People were supported to participate in activities of interest to them; people regularly accessed their local community.

Staff and relatives told us the home was well managed. There were regular opportunities people, relatives and staff to share their views. Quality assurance checks were effective in ensuring the home was continually improving.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Cedars (Mansfield)

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.

Inspection team

One inspector carried out this inspection.

Service and service type

The Cedars (Mansfield) is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. 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 briefly with three people who used the service. We spoke with five members of staff including the registered manager, deputy manager and support workers.

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 were reviewed.

After the inspection

We had telephone conversations with two 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives and staff told us the home was safe.
- Safeguarding concerns had been fully investigated; action was taken to keep people safe.
- Staff understood the safeguarding and whistle blowing procedures; they told us they would not hesitate to raise concerns if required. One staff member said, "I have not had any concerns, If I did I would tell someone."

Staffing and recruitment

- There were enough staff deployed to meet people's need and provide personalised care. One relative said, "Staffing is good, a lot of staff have been there a long time. It is a happy ship."
- The manager monitored staffing levels to ensure they remained acceptable.
- The provider followed effective recruitment practices to ensure new staff were suitable to work at the home.

Using medicines safely

- People continued to receive their medicines safely.
- Medicines were stored correctly; accurate records were kept showing which medicines people had been given.
- Checks helped to ensure staff followed the agreed medicines management procedures.

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

- Health and safety checks and risk assessments helped keep people, the environment and equipment safe.
- The provider had procedures for dealing with unforeseen situations, this included plans to continue supporting people in an emergency.
- Staff had an in-depth understanding of people's needs; this helped them effectively support people when they were anxious or distressed.
- The home was clean and well maintained; staff followed good infection control practices.

Learning lessons when things go wrong

- Accidents and incidents were monitored to keep people safe and help prevent a future occurrence.
- These were analysed to check the correct action had been taken and lessons were learnt.

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 good. At this inspection this key question has remained the same. This meant 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

- People's needs had been fully assessed to identify their care needs; this included considering their religious or cultural needs and preferences.
- Assessments were detailed and personalised to help ensure people received the most effective care and support.
- Personalised transition plans were developed to help ensure a successful admission to the home. One relative described how well their family member settled into the service, due to the individualised transition programme in place.

Staff support: induction, training, skills and experience

- Staff were very well supported and received the training they needed; staff said they had regular one to one supervision and an appraisal. One staff member said, "I am massively supported."

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

- Staff supported people to shop for food and prepare meals they had chosen.
- People ate and drank independently; staff regularly prompted people to remind them of the importance of good nutrition.
- It was a hot day when we visited; staff reminded people to stay hydrated.

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

- People were supported to attend health related appointments.
- Various health professionals were actively involved in people's care depending on their individual needs.
- Care records summarised important information about people which could be shared when attending appointments, such as how to communicate effectively with people.

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

- People were involved in the decoration of their bedroom so that they suited their interests and preferences.
- The provider had built a sensory cabin with various lighting and sound effects; people regularly used this to help meet their sensory needs.

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.

- DoLS authorisations had been approved where required.
- Staff followed the requirements of the MCA; assessments and best interests decisions were recorded where restrictions had been placed on people. For example, where people needed support with finances or accessing the community.
- Staff had completed MCA training; they knew how to support people with making daily living choices and decisions.

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 good. At this inspection this key question has remained the same. 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 continued to be well cared for; staff clearly understood their needs. People told us they were happy with their care and the staff team.
- Relatives confirmed their family member was well cared for. One relative commented, "I think it is excellent, very good. [Family member] is very happy there, very settled."
- Positive and nurturing relationships between people and staff were evident; people were comfortable around the staff team. They sat with staff socially for a chat.
- Staff were always patient and kind towards people.

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

- Staff regularly encouraged people to make a variety of choices and decisions. This included which staff they would like to support them that day, as well as other daily living choices.
- Visual prompts were used to help people make decisions. Each person had a pictorial activity planner to help them choose appropriate activities.
- People had access to external support with decision making, either through relatives or an independent advocate. These had been actively involved in reviewing how well people's care was provided.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Staff understood the importance of promoting dignity; we observed this during our time at the home.
- People's independence was promoted; people were actively involved within the home. One person told us about how they carried out health and safety checks within the home.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had individualised care plans covering all aspects of their care needs. These included detailed guidance to ensure people received consistent care that met their preferences.
- Care plans included information about what was important to people, their preferences and any wishes for their future care needs.
- Care plans were reviewed to ensure they reflected people's current circumstances.

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.

- Staff showed an excellent understanding of people's communication needs. They used this to good effect when supporting people with decision-making.
- People had individual communication profiles; this provided staff with clear directions about the most effective strategies to promote effective communication.
- Information was available in different formats, such as easy read and pictorial.

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

- People were proactively supported to participate in a wide range of activities that met their interests. Each person had an activity planner which was based on their personal preferences. One relative commented, "[Family member] is always on the go, they go out and about with staff support."
- People were supported to maintain contact with relatives. Relatives regularly visited the service and some people were supported to visit relatives.

Improving care quality in response to complaints or concerns

- Relatives felt able to speak with management at any time.
- There had been no recent complaints.
- Previous complaints had been fully investigated and resolved in line with the provider's complaints procedure.

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 good. At this inspection this key question has remained the same. 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 provider and staff worked to support people to achieve a fulfilling, meaningful and happy life.
- Staff were valued and respected. One staff member told us, "All the staff [including management] gel well together, we all get along well."
- The home had a friendly and welcoming atmosphere. One staff member said, "It is homely, it has a lovely feel about it."

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

- The registered manager was pro-active in submitting the required statutory notifications to CQC following significant events at the home.
- The registered manager was supportive and approachable. One relative commented, "[Registered manager] is brilliant, absolutely brilliant ... a very calming person."

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

- There were regular opportunities for people and relatives to share their views about the home. This included monthly 'key worker' and an annual service review. Minutes were written in a pictorial format as people preferred information to be presented in more visual ways.
- Staff could also give feedback about the home; regular staff meetings were held.

Continuous learning and improving care

- The provider continued to operate a structured approach to quality assurance. This included regular checks to make sure people received safe care. These had been effective in identifying and resolving issues in the home.
- The regional manager completed regular checks; this covered all aspects of people's care. Actions were identified and followed up to check they had been completed.

Working in partnership with others

- The provider worked in partnership with local commissioners to work towards positive outcomes for people.

- There were positive relationships with professionals; their recommendations were used to help ensure people received the best care.