Ms Katherine Elizabeth Ottaway

Blue Roof Bungalow Care Home

Inspection report

Mill Road North
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Date of inspection visit:
28 July 2017
01 August 2017

Date of publication:
13 September 2017

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

Blue Roof Bungalow is registered to provide accommodation with personal care and support for up to three people with a learning disability. We inspected this service on 28 July and 1 August 2017. At the time of the inspection three people lived at the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were safe. Risk management plans were in place, staff had been trained in safeguarding adults and understood what to do if they were concerned or worried about someone. Recruitment was robust and people's medicines were managed safely.

Staff felt they had the right knowledge, skills and support to understand their role and carry out their duties effectively. Staff were developing their skills in the Mental Capacity Act 2005, but further improvements were required. There was a thoughtful approach to making sure people had a well-balanced diet and enjoyed their meals. People were supported to see health care professionals when they needed to.

Staff had a caring approach. They knew people extremely well and understood what was important to them.

Care plans had been developed to provide staff with accurate and up to date guidance on what help or support people needed. These were written from the person's perspective and were detailed and thorough. People were supported to remain as independent as possible and develop their skills.

People were living active lives and staff supported them to do the things they enjoyed.

There was a complaints procedure in place.

Quality assurance systems made sure people were supported in a safe, effective, caring and responsive way.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the unannounced inspection over two days on 28 July and 1 August 2017.

We met all of the people living at the home. We spoke with the registered manager and four other members of staff. A member of staff described the home as, "A lovely location and a lovely place to be."

All of the people we met had complex ways of communicating and were not able to tell us their experiences of the service; therefore we observed the way staff supported people in their homes.

We looked at three people's care and support records and records about how the service was managed. This included two staffing recruitment records, audits, meeting minutes and quality assurance records. We also looked at incidents that the service had notified us about and contacted commissioners who worked with people using the service to obtain their views.

Good

Is the service safe?

Our findings

People were cared for and supported safely. People's plans promoted this. For example, one person's plan asked, "How can we keep you safe?" and there was guidance for staff about how they needed to anticipate hazards and risks on that person's behalf.

Staff had been trained in safeguarding adults and understood what action they needed to take if they were concerned or worried about someone. There was guidance in place to further support staff understanding.

There were robust risk management plans in place. These covered areas of risk to individuals such as nutrition, mobility and activities. The assessments provided staff with detailed guidance on how to mitigate the risk including the staff approach, the equipment required and what to do in the event of a problem. For example, one person was diabetic. The risks associated with their diagnosis had been assessed and plans in place to mitigate the risk included, following the advice of their healthcare professional, not leaving sugary drinks unattended and guidance on how their health was monitored.

Accidents and incidents were recorded and investigated. A monthly analysis enabled the registered manager to detect any patterns or trends and put any further actions in place to safeguard people. Where required, people were monitored daily. For example, one person had a health condition that may have been affecting their emotional well-being. Observational charts were put in place over a specific period of time to enable staff to understand how the person was feeling and whether their mood was being affected by their health condition.

The registered manager told us, and we saw from staff schedules, people were supported by staff they knew well. There were sufficient numbers of staff on duty to meet people's needs. At the time of the inspection there were two staff on duty during the day and evening and one waking member of staff at night-time. In addition staff supported people on a 1-1 basis at certain times of the week. We reviewed two staff recruitment files. Recruitment practices were safe and the relevant checks had been completed before staff worked with people in their homes. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

Peoples' medicines were managed and administered safely. Medicines were stored securely. There were clear instructions for staff in people's medicines administration records (MAR), as well as care plans for each 'as necessary' (PRN) medicine. There were regular checks to ensure people had received their medicines as prescribed. Staff who administered medicines were trained and their competence in handling medicines was checked periodically.

Key maintenance and testing was undertaken including: the inspection and servicing of fire and care related equipment, portable appliance testing, and water safety checks.

Good

Is the service effective?

Our findings

People were supported by staff who understood their role and responsibility. One family member wrote to us and told us, "The staff are very good and there has been a high level of continuity, which is so important. Staff are most approachable and always ready to discuss any matters."

Staff told us they were well supported. Records showed staff had regular one to one supervision meetings with their manager, and annual appraisals. Staff told us they could also get informal advice or guidance whenever they needed to.

New staff completed an induction programme which they told us was thorough and prepared them for their role. Staff new to the care sector also completed the Care Certificate which is a nationally recognised induction standard. Staff we spoke with had a good understanding of their roles.

Records showed there was a training programme in place. This included core training such as infection control, moving and handling, food safety and nutrition, medicines management and emergency aid.

People's rights were largely protected because the staff acted in accordance with the Mental Capacity Act 2005 (MCA). The 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.

Staff had been trained in the Mental Capacity Act 2005, and the staff we spoke with had a good understanding about promoting people's rights to make decisions and choices in their everyday lives. Observations showed people's permission was sought and they were offered choices about all aspects of their lives. Care plan's reflected this. One person's plan said, "I can choose food. When I am presented with it I will pick up what I like." The plan also explained how the person chose what they wanted to do. It said, "I can choose whether I want to go out or relax. I will pull a member of staff towards the door or sit down next to them relaxing if I want to stay in."

Where people lacked capacity to make a specific decision, records showed staff had made decisions in their best interests. However, none of the people had mental capacity assessments in place. The registered manager had a plan in place to rectify this. This is an area of improvement for the service.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These safeguards can only be used when there is no other way of supporting a person safely. We looked at whether the service was applying the DoLS appropriately. The registered manager had made the appropriate applications.

People's nutritional needs were planned for. Each person had a plan that detailed the person's likes, dislikes, types and consistency of food and drink and any equipment they needed. A member of staff told about how they took different foods such as herbs or vegetables to people so they could touch them or smell them. This helped staff understand what people did and didn't like. Staff were knowledge about people's dietary preferences. They said of one person, "Everything is home cooked; [the person] loves that," and of another individual, "[The person] loves their salads, and all sensory type foods." One person was diabetic and staff told us about how considering their nutritional needs had meant they had progressed from taking medicines to their diabetes being managed through their diet. One person had a specific diet due to their religion. Their care plan and staff told us what this meant for the person and what they needed to know to make sure the person's religious needs were respected.

People's health needs were assessed and planned for to make sure they received the care they needed. Records showed people had been supported to see their GP, nurse, dentist, physiotherapist, podiatrist and audiologist when they needed to.

Good

Is the service caring?

Our findings

People appeared happy and content. They moved freely around the home and approached staff throughout the inspection readily, to ask for help or to spend time with them. There were comfortable, positive relationships between people and staff and staff spoke about people knowledgably and affectionately.

Observations showed staff were very respectful and protective of people's dignity. For example, staff sat with people to chat with them and find out how they were feeling. They had a soft tone of voice and made sure they were speaking quietly with the person. Throughout the communication it was clear that the staff member was mindful of the person's dignity. Staff respected people's ability. For example, a member of staff said, "[The person] is really good at painting" and of another person, "[The person] loves swimming and is really good at it."

People were smartly dressed and wearing the things they wanted to. For example, one person was wearing a necklace and a scarf. Staff told us these were important to the person. Another person was wearing their favourite colours. One person's care explained why this was important and asked questions such as, "What support do you need to look and feel good."

People's care plans were highly personalised. They provided staff with important information such as the person's preferred name, any religious needs and important people in their life such as who their family members were. This helped to staff to better understand the person and what was important to them.

One person's care plan explained to staff how they would express that they were angry or upset. It said, "I can find waiting very difficult". The plan explained what staff needed to do including being prepared so that the person didn't have to wait, for example when they were going out. During the inspection staff explained when they couldn't speak with us because they were preparing to take the person out and did not want to delay. They acted fully in accordance with the person's plan and the person stayed happy and relaxed. Another person's plan said they became upset if they were being ignored. It stated, "Listen to what I have to say, comfort me, talk to me."

People's plans supported staff to communicate with them in their preferred way and understand what the person was telling them through non-verbal cues such as body language. For example, one person's plan said, "I use body language to communicate." There was guidance in this person's plan about when their body language would indicate that they were happy, anxious or tired.

People were supported to stay in touch with people who were important to them and the registered manager told us, "We try to maintain the family relationship as much as possible." One person went to their family home regularly. The registered manager explained to us that because their family member was sometimes unwell or tired they had an agreement that the person could come home whenever they needed to and that staff would collect them if this was helpful to their family. Another person's plan supported staff to understand how they could help the person keep in touch with their family through the internet when they were abroad. It said this was important to the person, "So I can see them as this reassures me when

they are away."

People's bedrooms were highly personalised with pictures of their family, friends and events that brought nice memories. There had been a thoughtful approach to decorating people's rooms. Mood boards had been developed with people, their relatives and staff contributing to what theme they thought would be important to the person. One person's room was decorated in their favourite colours and another person's room had bright colours associated with their religion.

Good

Is the service responsive?

Our findings

Staff were very responsive to people's needs. Observations showed people approached staff to tell them or show them what they wanted and staff responded immediately. Staff also proactively considered what people may need or want. For example, by checking their comfort, protecting their dignity and suggesting things they may have liked to do. Staff understood and responded to people's verbal and non-verbal communication. All of the staff we met and spoke with understood people's ways of communicating and peoples communication care plans reflected what we observed.

People's needs were assessed before they moved into the home. This was so staff could be sure they had the right skills to safely and effectively support them.

Care plans and other records provided staff with detailed guidance on how people wanted or needed to be supported. These were written entirely from the individual's perspective and promoted a very personalised approach. Staff told us people's plans were easy to read and understand. There was very detailed information about people's daily and night-time routine which staff told us they were easily able to understand and follow.

We saw that staff followed the guidance about people. For example, one person had a mobility issue and their plan provided detailed guidance for staff and reflected what we observed during the inspection. The guidance included how to safely use equipment to support the person, how to guide the individual and what to do if the person chose not to move at that time, including taking account of how the person was feeling and what sort of day they were having.

Another person who had swallow issues was being supported to have a drink. Staff sat with them to ensure they were safe and told us, "You have to be vigilant." This person's independence with eating had increased and staff said, "It's lovely to see." They used specific equipment to aid their independence and their eating and drinking care plan reflected what staff had told us.

People's needs were regularly reviewed and records updated when people's needs changed. Daily records included information about their physical and emotional well-being, in addition to the support they had received in relation to personal care, food, fluids and activities.

People participated in the activities they enjoyed and there was a thoughtful approach to identifying the different community activities individuals could take part in. For example, one person loved music. They had guitars and tambourines to play and staff told us about activities that focussed on this. One said, "We have a great music session with drumming, shakers and a guitar." During the week of the inspection we saw people were doing the things they wanted to do and staff commented on one person, "It's important for [the person] to do the things they like. [The person] loves to go out." People went out for lunch and for a walk in a local visitor attraction that they really liked. People's plans provided staff with guidance about what they enjoyed and the pictorial activity planner displayed in the hall showed people were doing these activities including, cooking, swimming, carriage driving and sail-ability. All the staff we spoke with were

complimentary about the proactive approach to person centred activities. One described how they had taken one person ice-skating which the person had enjoyed. They were undertaking a photography project with people at the time of the inspection and were considering how additional equipment could make it easier for people to do things like press the button on the camera. When we arrived on the second day of the inspection there were lots of photos laid out that showed how people had enjoyed participating in the project.

There was a sensory approach to the lounge with sensory lighting, musical instruments, tactile pictures, music and other activity equipment. There was a sensory and vegetable garden that people were involved in maintaining. Staff told us how people had planted, watered and picked the vegetables that were then used for meals including broccoli, cauliflowers, lettuce and carrots. They said people had enjoyed this and that growing vegetables as an on-going activity also contributed to the menu planning and ensuring people had the nutritious meals they enjoyed.

Information about making a complaint was displayed in written and pictorial format in communal areas of the home. There was a complaints policy and procedure. The registered manager told us they had not received any complaints in the 12 months preceding the inspection.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's views were sought on a daily basis to check their happiness with the service they received. This was done through analysis of people's responses to things such as a meal they had eaten or an activity they had participated in.

More formal feedback was sought through feedback questionnaires completed by people's family members in July 2016. The responses had been evaluated and were largely positive. The registered manager told us about how they were developing their approach to gaining feedback. For example, they were planning to use an annual garden party to have discussions with people and their relatives more informally to see if this enabled more feedback to be gathered.

One relative wrote to us following the inspection and said, "The home is well managed, the manager is hands on and the staff know the residents' needs and wishes well and try to meet them."

Staff surveys had also been completed with positive responses. Staff told they felt well supported and that the registered manager was open and transparent. One said, "It's a really nice, organised house." They said they could make suggestions or raise concerns and that these were always listened to and acted upon.

Staff were further supported through regular team meetings. Recent minutes of meetings showed there had been discussions about people, activity ideas, updates on safety such as the recent CQC communication about fire safety in care homes, and patient safety alerts. The team had watched a programme together about abuse and discussed how they felt about what they had seen. There was an innovative approach to team meetings that ensured staff were able to participate. For example, one staff member had been unable to attend in person and so they had joined via the internet. This made sure staff were included and supported to understand about best practice in relation to the people they supported.

There were a number of quality assurance audits that took place to assure the registered manager of the safety, effectiveness and responsiveness of the service. These included checks of the environment and infection control, care plan and medicines audits, food safety, first aid kit checks and equipment safety and cleanliness audits.

The registered manager kept their knowledge up to date by attending local learning disability provider forums and through accessing on-line information about good practice, health and safety and updates from CQC. They also made sure their knowledge of training needs was up to date. For example, they had completed a care certificate assessor's course and told us, "I wanted to have a greater understanding of the process." They undertook other key training courses alongside the staff team. They said, "Because I work on

the floor it's important for me to do the training. Legislation changes all the time."