Congress House Limited

Blue Cedars

Inspection report

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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

Overall summary

The inspection took place on 3 and 5 November 2015 and was unannounced. Blue Cedars provides residential accommodation and care for up to six people with learning and/ or physical disabilities, including people with autistic spectrum disorder. All six people were living in the home at the time of our inspection. The home is a two storey building. People were able to access all areas of the home and garden as they wished, using a lift between floors.

The home had a registered manager. 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 were protected from the risk of abuse, because support workers understood and followed processes to protect people from harm and report any concerns. Risks affecting individuals' health or wellbeing had been

Summary of findings

identified, and measures put into place to reduce the risk of harm. Servicing and checks of the home environment protected people and others from potential risks in the home.

There were sufficient support workers available to meet people's care needs safely. Rosters were planned to ensure people were able to attend the activities they wanted to. The provider's recruitment process protected people from the risk of support from unsuitable staff.

Support workers were trained to ensure they followed safe medicine administration processes. They understood how and when to report concerns, and ensured people were supported to take their prescribed medicines at the correct times to protect them from ill health.

Support workers completed and refreshed training to ensure they could support people effectively. Regular supervision and competency assessment ensured support workers demonstrated the skills and knowledge to meet people's needs.

People's consent was sought to ensure they were cared for as they wanted. Support workers understood and followed the principles of the Mental Capacity Act 2005 to make a decision in a person's best interest where they lacked the capacity to make an informed decision for themselves. Deprivation of Liberty Safeguards protected people from unlawful restrictions in the home.

People were supported to eat and drink sufficiently to protect them from the risks of malnutrition and dehydration. Support workers understood risks affecting people's nutrition, such as choking and poor intake, and followed people's plans of care to protect them from harm. People were supported to access health treatment as necessary.

Support workers cared about people's wellbeing. People turned to support workers for reassurance when they were upset or required assistance. People and support workers sang, joked and laughed together. They appeared to enjoy each other's company.

People were involved in daily care and activities, as they were offered choice in all aspects of their care, such as meals, activities and daily living tasks. People's privacy and dignity was protected, because support workers treated them with respect.

People experienced care that met their identified needs and wishes. They and others important to them were involved in care reviews to ensure changes were identified and managed appropriately. Risks affecting their health or welfare were managed to promote their wellbeing.

People and their relatives had opportunities to raise and discuss concerns through meetings and surveys. The registered manager resolved concerns effectively, which meant formal complaints had not been made. The provider's complaints policy described how these would be dealt with appropriately should the need arise.

People experienced care in line with the provider's values of promoting independence, supporting people respectfully, and providing individualised care. People and those representing them had opportunities to influence the care they received through meetings and discussions.

Relatives and support workers spoke positively about the registered manager, describing her as open and supportive.

Audits and a monthly operational meeting were used to identify areas of concern. Actions were implemented to address issues identified to drive improvements to the quality of care people experienced.

Summary of findings

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.

People were protected from the risk of abuse, because staff understood and followed the correct procedures to identify, report and address safeguarding concerns.

Individual and environmental risks affecting people and others were managed safely through a process of guidance, training, checks and servicing.

There were sufficient support workers on duty to meet people's needs safely. Checks provided assurance that staff were of suitable character to support people safely.

People were protected against the risks associated with medicines, because care workers administered their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

People were supported effectively by staff who were trained and skilled to meet their health and support needs. Staff were supported to develop skills through regular review of their training and development needs.

Support workers understood and implemented the principles of the Mental Capacity Act 2005 to ensure people were supported to make informed decisions about their care.

People were supported to maintain a nutritious diet. Support workers worked effectively with health professionals to maintain and support people's health and welfare.

Is the service caring?

Good

The service was caring.

People were supported with kindness. Staff responded promptly with a smile when people requested assistance.

Staff encouraged people to do the things they could to promote their independence.

Staff understood and respected people's wishes and preferences, and promoted their dignity.

Is the service responsive?

Good

The service was responsive.

People's needs and wishes had been assessed, and were reviewed regularly with them to ensure any changes were identified and supported.

People were supported to engage in activities that were important to them, including access to the local community.

People and their representatives had the opportunity to raise and discuss concerns. The provider's complaints policy ensured complaints were investigated and resolved appropriately.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People were supported in accordance with the provider's values of inclusion and empowerment.

The registered manager's leadership was respected and valued by people, their relatives and support workers.

Systems were in place to review and drive improvements to the quality of people's care people experienced.

Blue Cedars

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 checked 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.

The inspection took place on 3 and 5 November 2015 and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give the Care Quality Commission (CQC) some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We considered this information during our inspection to review the quality of care people experienced.

During our inspection some people were unable to tell us in detail about their experience of the care they received. We observed the care and support people received throughout our inspection to inform us about people's experiences of the home. We spoke with three people living at Blue Cedars, and three people's relatives to gain their views of people's care. We spoke with the registered manager, the Operations Director, and four support workers, including the deputy manager, during our inspection.

We reviewed three people's care plans, including their daily care records, and medicines administration records (MARs) for all six people. We looked at four staff recruitment and supervision files, and the working staff roster from 1 to 31 October 2015. We reviewed policies, procedures and records relating to the management of the service. We considered how people's, relatives' and staff's comments and quality assurance audits were used to drive improvements in the service.

We last inspected this service on 13 November 2013, when we did not identify any areas of concern.

Good

Is the service safe?

Our findings

One person told us they were looked after well by staff, and felt safe in their care. A relative stated "I can happily sleep at night knowing [my loved one] is safe and cared for". All the relatives we spoke with were confident that people were supported safely and protected from harm.

Support workers understood indicators of abuse, and were confident that safeguarding issues would be dealt with appropriately by the registered manager when reported. Training in safeguarding had recently been refreshed to ensure support workers understood and followed the provider's policy to report concerns. The provider's safeguarding and whistle blowing policies were available for reference. These measures ensured support workers understood the process to recognise and report safeguarding issues.

Where people used electronic social messaging services, their vulnerability to abuse had been identified, and actions put into place to protect them without restricting their ability to communicate with family and friends. Support workers understood when people may be at risk of abuse, and took appropriate measures to protect them from harm.

Support workers understood specific risks associated with people's health conditions, and the actions to promote their safety, such as caring for people when they had seizures. Care plans guided support workers to recognise indicators of seizures, what to expect during a seizure and how to promote the person's safety. Unusual symptoms that indicated when additional or emergency support should be requested were described, with guidance on how to support the person post seizure. Support workers were trained in epilepsy care including the use of prescribed rescue medicine administration, and spoke knowledgeably and confidently of managing people's epilepsy safely. A seizure log was kept to ensure that changes to people's epilepsy were recognised and addressed to promote their safety.

Generic risks had been assessed and control measures implemented to reduce the risk of identified harm. For example, safe use of the home's minibus was promoted through training on the use of the vehicle's tail gate, ensuring people and staff wore seat belts or other restraints as necessary, and booking regular servicing to maintain the vehicle's roadworthiness. The minibus risk assessment directed support workers to review people's individual transport risk assessments to ensure they travelled safely. These measures ensured that people were protected from identified risks that could potentially place them at risk of harm.

Regular servicing and checks protected people and others from risks associated with faulty equipment. For example, the lift was serviced regularly, and water safety was monitored through regular checks and an annual Legionella test to ensure the water quality was safe. Legionella disease is a bacterial virus that can cause people harm. Where an issue had been identified, the provider had ensured appropriate actions were taken to address these. For example, a new gas installation required additional work to make it safe for use, and documentation evidenced that this work had been completed. These measures ensured people and others were protected from known risks.

Procedures were in place to protect people from unexpected emergencies, such as utility failure, fire and data loss. The provider's emergency response plan guided staff on steps to take in an emergency situation. A 'grab bag' of emergency records and equipment, such as contact and prescribed medicines lists, a banket and first aid equipment was positioned to be used in an emergency evacuation of the home. There were appropriate measures in place to protect people and others from unexpected emergencies.

A relative told us they had previously been concerned about insufficient staff due to staff absences caused by staff leaving, as this coud have impacted on the levels of tiredness for remaining staff working additional shifts. However, they felt this had now been addressed through recruitment, and had not impacted on the care their loved one received. Support workers told us there were usually sufficient staff on duty, although this had previously been affected by staff leaving and short notice absences. They expected recent recruitment would alleviate this. They did not feel that people's care had been impacted, because support workers covered extra shifts to ensure people experienced their planned care.

The registered manager confirmed that planned long term leave and leavers had affected staff levels, but a core team of support workers who knew people well had remained in the home. Recent recruitment had been completed to

address this shortfall. Support workers had worked flexibly and covered additional shifts to ensure people's needs were met in accordance with their planned care, for example providing two support workers for people to ensure their safety as required. People had been supported to attend their planned activities. The roster for October 2015 demonstrated that sufficient support workers had covered all bar one shift, when short notice absence meant one support worker less than required worked, as cover could not be found through permanent or agency staff. The registered manager did not foresee this reoccurring, because of the additional support workers now employed, and told us this unplanned shortage had not affected people's safety adversely. There were sufficient staff available to ensure people were protected from harm.

The recruitment process ensured that new support workers employed were of suitable conduct to safely support people. Criminal record checks had been reviewed, and discussion of any disclosures demonstrated that the provider had considered whether these affected the safety of people or others. The provider only employed applicants when they were assured of their suitability. References from previous employers were sought to demonstrate appropriate conduct in previous roles in a health and social care environment. The provider ensured that people were protected from harm because they only employed support workers suitable for this role.

Two senior support workers were trained to train others in safe medicines administration. This ensured a high level of staff competence, because the trainers reviewed staff practice in the home regularly when they worked together. Support workers told us they had not been signed off as competent until the trainers were confident in their ability to administer medicines safely. They were required to demonstrate knowledge of what people's medicines had been prescribed for, and to recognise when a mix of medicines could lead to people's ill health. The home's medicines administration procedure required two support workers to check and administer people's medicines. This reduced the risk of error by any one individual. These actions protected people from the risk of unsafe medicines administration.

Communication within the home ensured support workers were informed promptly when people's prescribed medicines were changed by the GP, to ensure they received the correct dose as required. People's medicine administration records (MARs) were colour coded to assist support workers to administer people's medicines at the correct time of day. The medicines administered to each individual were checked against the MAR to ensure people received the correct medicine. MAR charts had been completed in full, without gaps. This indicated that people received their prescribed medicines at the correct time.

Support workers explained what medicines were for when offering these to people, and supported people to take their medicines at a pace appropriate to each individual, without rushing them. This ensured that people were encouraged to take their prescribed medicines safely.

Medicines were stored securely in a locked cabinet. Rescue medicines were stored in bags within the medicines cabinet. Rescue medicines are prescribed medicines used to protect people from known illness by counter-acting indicators of ill health, such as seizures. Support workers signed this medicine in and out of the cabinet each time they supported people to attend activities ouside the house. Notices strategically placed around the home ensured that support workers were reminded to take these medicines with them when people left the home. This meant that people's rescue medicines were available whenever these were required to promote their safety.

Guidance ensured support workers understood the process to identify and report medicine errors and adverse reactions. A medicines audit completed by the provider's pharmacy in August 2015 did not identify any concerns in the home's medicines administration, and commented on the "Good management of medication within this facility". People were protected from potential harm because of safe medicine administration.

Good

Is the service effective?

Our findings

People's relatives told us support workers were able to understand their loved ones, and were confident that support workers had the skills to meet people's needs effectively. One relative told us "It's all been very good", as support workers knew their loved one well. Experienced support workers explained how they guided and encouraged new starters because "We've all been new". New support workers completed a probationary period to ensure they had the skills and conduct the provider required from them. Probationary periods were extended as necessary if new starters needed to develop the skills or confidence required to support people safely. Support workers on probation had regular meetings to review their competence and confidence, and ensure they received the guidance they required to effectively support people.

Support workers had completed all the training required by the provider. The provider's training records demonstrated that support workers had completed and refreshed training in required topics including safeguarding, epilepsy care and safe mobilisation. This ensured that support workers had the skills and knowledge to care for people effectively.

Support workers explained how they were encouraged to become trainers of specific topics. This provided additional support for other staff in the home, and developed their confidence to provide effective support for people. They were encouraged to identify specific training to help them to meet people's needs effectively, and told us the provider sought appropriate courses to develop their skills when requested or identified as a need. Where appropriate, training was led by health professionals to ensure support workers were skilled to support people with their continence or nutritional needs. Support workers' competence was assessed before they were classed as trained, for example in the use of mobilising equipment such as hoists and slings, and continuing competence was reviewed at least annually.

The registered manager explained that competence assessments were discussed at supervision meetings. Suport workers spoke positively of the support they experienced. They described supervision meetings as a process of support and conversation. These meetings included a review of training, issues and concerns, and identified requirements to encourage staff development and effective care provision, such as additional training. Minutes from these meetings confirmed this.

Monthly staff meetings provided the opportunity for support workers to discuss issues with the manager in an open forum. Minutes from meetings held in August and September 2015 demonstrated discussion of topics including staff roles and responsibilities, record keeping, and staff rosters. There was an effective process to share information and ensure support workers were aware of best practice to support people appropriately.

Support workers consulted people on their preferences throughout our inspection, and asked them for permission to provide support appropriately. This ensured that people gave informed consent to their care. Where they refused, support workers explained the implications of this, but followed their wishes. For example, one person refused a lunch time meal. The support worker explained that they should have something to eat, but perhaps would like to eat this a little later. The person was offered choices for their meal an hour later, and agreed to eat at this time. Support workers respected people's decisions and wishes, and understood the importance of providing people with information and time to make informed decisions about their care.

Support workers understood the principles of the Mental Capacity Act (MCA) 2005. The MCA 2005 protects and supports people who do not have the capacity to make decisions for themselves. A decision-making tool was used to assess people's capacity to make an informed decision about specific areas of their care or support. Support workers were able to explain the process of best interest meetings held to consider decisions made for people when they lacked the capacity to make an informed decision alone. People or those lawfully able to sign on their behalf had signed their consent to the use of photographs and appropriate information sharing, for example with health professionals This ensured that people were supported to make decisions about their care, and the process of lawful decision-making was followed where appropriate.

There was a key pad on the front door to protect people from potential dangers outside the home, as people were not able to recognise the risks from road traffic. Other restrictors to their freedom, such as the use of bed rails, seat belts on wheelchairs and constant supervision to

Good

Is the service effective?

protect them from unobserved falls or seizures had been identified. Records demonstrated that consideration of the least restrictive practice had been discussed to ensure restrictions were appropriate to people's needs.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive a person of their liberty where this is a necessity to promote their safety. The DoLS are part of the MCA 2005 and are designed to protect the interests of people living in a care home to ensure they receive the care they need in the least restrictive way.

The registered manager had made an application for Deprivation of Liberty Safeguards (DoLS) for each person living at Blue Cedars, because of the restrictions in place. Two of these had been granted, and the others were in the process of review. Records showed that the appropriate process of mental capacity assessment and best interest decision-making had been followed to ensure the DoLS application was valid, and the least restrictive actions had been taken.

We observed one person discussing the evening meal with a support worker. They did not want the meal offered, and so were supported to choose an alternative. Pictures of reference were used to support people to make informed choices. People were provided with adapted crockery and cutlery to promote their independence when eating, for example with lipped plates and cutlery with easy grip handles. This meant some people were able to eat their meals unaided.

For one person at risk of choking, support workers understood how to support them to eat their meals safely, and ensured they were supervised during meal times. Meals were not rushed, and people ate their meals at different speeds to suit their individual wishes and needs. This meant that they were supported to eat as they wanted and without risk of harm.

Specific nutritional needs such as known allergies, or the need for thickened drinks to reduce the risk of choking, were clearly documented in people's care plans to protect them from known harm. Advice from the dietician and speech and language therapist ensured people's dietary needs were safely met to protect them from the risks of malnutrition, dehydration and choking. A support worker explained how one person's condition meant they struggled to maintain sufficient hydration. Support workers had identified favourite flavours of drink to encourage this person to drink sufficient amounts to protect them from the risk of dehydration. We observed they had preferred drinks to hand at all times. Support workers were aware of people's specific nutritional needs, and ensured these were met.

Two people required percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is a form of tube feeding for people who are unable to or have difficulties in swallowing. Support workers had been trained by a PEG nurse to effectively meet these people's dietary needs. The feeding regime had been agreed with each person to suit their preference and needs. One person was fed at night, and the other during the day, to accommodate their lifestyles. This ensured that they received their required nutrition effectively and safely whilst respecting their wishes.

People were supported to attend health appointments, and support workers were proactive to ensure people received the health and emotional support required from health professionals as necessary. Records demonstrated liaison with health professionals including an occupational therapist, dentist, community nurse and epilepsy nurse to meet diverse health needs. Support workers told us they were able to get health appointments for people when required without difficulty. Following appointments, support workers documented the visit outcomes to ensure all staff were informed of any changes required, for example with prescribed medicines. Hospital admission forms ensured that people were supported safely in the event of an emergency admission to hospital. Known risks and medical conditions were clearly identified to ensure people received the care they required. People were effectively supported to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

A relative told us support workers were “Fantastic people, they are there because they care”. People and support workers sat and ate together at meal times. This promoted a family atmosphere. People were mostly included in conversations, although we did on occasion observe support workers chatting at the dining table together without including the person sat with them. It was difficult to assess whether this had any impact on the person, although they appeared to be content, and told us they were satisfied with the support they received. Support workers were attentive to the person’s needs, and responded promptly when they required or asked for assistance. One person had a nail manicure, and support workers commented on how they liked the colour the person had chosen. The person smiled, indicating they appreciated these positive comments.

When people were able to communicate verbally, but could not always do so clearly, support workers were able to understand what people said, and checked to ensure they understood the person’s meaning correctly. For example, we struggled to understand a person’s speech at one point. The support worker explained what the person had said, but checked with them to ensure they had understood correctly. The person smiled and said “Yes”. People and support workers were able to communicate effectively. Support workers understood people’s non verbal communication, such as the gestures or sounds people used. They responded promptly, and people’s smiles and vocalisations indicated that they had received the care or support they wanted. People sang and laughed together with staff, indicating their contentment and happiness.

People celebrated special events together. One person had recently celebrated their birthday with the people they lived with at the local pub, where they had a meal together. People appeared to get on well together, and care about each other. They lifted each others’ spirits and laughed together. Staff were aware of important events in people’s lives, such as family birthdays. They helped people to send cards or gifts as they wished.

Support workers were able to tell us about each individual in the home, describing their likes and preferences as well as their needs. They recognised and appreciated each person’s qualities and individuality. They were able to describe how each person indicated what they wanted to do, or disliked doing. One support worker explained “We pick up on what they do, and how they get around things”.

When offering drinks, support workers showed people the bottles and reminded them of the different flavours to ensure they had the drink of their choice. People helped to make their drinks when able to do so, and were asked where they would like to drink them. Staff encouraged people’s independence, but knew when people required support to complete actions or meet their wishes, and provided this willingly with a smile. One person was encouraged to select a bag of snacks from the kitchen store. The support worker reminded them of the different flavours represented by the coloured bags. The person listened to the description, and selected the flavour they wanted. When people struggled with an action, support workers suggested an alternative way for them to try, but let people decide whether to follow his or not. People’s choice and independence was supported, and people were provided with guidance to promote this.

People were involved when support workers wrote up daily reports. They asked people about the meals they had eaten, and activities they had participated in, and whether they enjoyed these, as they wrote. This meant that people were involved in record keeping, and their views were reflected in the comments documented.

People used a communications board to choose their preferred activities for the day and their meal choice. People communicated through pictures of reference, and staff discussed options with them to ensure they were able to make informed choices. Although people planned their day, staff were responsive to changes people requested throughout the day to ensure their wishes were met. A staff picture board was used to remind people of the support workers on duty throughout the day, so that they knew who they could seek support or comfort from. This was portable, so that it could be placed at the correct height for each person’s ease of reference as requested.

One person enjoyed watching television in bed. Their care plan reminded support workers to position a mirror to enable them to do so when repositioned to promote their skin integrity. This ensured that their wishes were met without affecting their health care.

Good

Is the service caring?

A relative described how support workers ensured their loved one's dignity and privacy was respected, including by family when visiting. Care plans stated people's preferred times to get up and go to bed, and factors that may affect this, such as a busy day that tired them, or a favourite television programme they may wish to stay up to watch. Support workers were respectful of people's wishes to lie in later in the morning if they wanted, and knocked on people's doors before entering when invited to do so. One person rang their call bell when they wanted support to help them rise, and the care plan reminded staff to ensure this was placed within reach of their bed. Support workers promoted people's privacy and dignity in their actions to support personal care by offering this discreetly.

Good

Is the service responsive?

Our findings

One person told us they could do the things that they wanted, and were supported to go out if they wished to. They appeared content in their home. A relative told us "Staff keep me informed if [my loved one] is having a bad day, the communication is really good". They said staff "Know what [my loved one] wants and needs". Another relative described how new support workers were encouraged to spend time with people to understand people's communication methods. They told us support workers "Work very hard" to understand people, and were "On the case" to meet people's changing care and health care needs. Support workers were able to identify changes in patterns of people's behaviour, indicating changes to their health or epilepsy care needs. This ensured that people received the health support they required.

New admissions to the home were managed through visits, overnight stays and a trial period. This ensured that the person was content in the home, and support workers had the skills required to meet their needs. People were encouraged to decorate their rooms to their own taste, for example through pictures, photographs and colours chosen. A monthly residents meeting provided people with the opportunity to raise concerns, and inform support workers of changes they would like to make to their care or activity plans. Minutes from meetings held in September and October 2015 indicated that people were satisfied with the care they received. One person had said "Staff talk nicely to me", and another explained that staff offered her alternatives if she did not like the meal provided. This demonstrated that people's wishes influenced the support they experienced.

Where exercises had been recommended by the physiotherapist or occupational therapist to promote people's mobility, guidance and diagrams were placed in people's rooms to ensure this was provided safely at the times required. Support workers described how they provided this, indicating they had a good understanding of people's exercise routines. They encouraged people to follow their planned routines without enforcing this against their wishes. They explained how they encouraged people to cooperate when they were initially unwilling, to ensure people were stimulated to maintain their mobility.

Effective communication methods, including a communications book and house diary, were used to inform support workers of planned appointments, issues or concerns. For example, support workers had documented when renewal orders were required, and this had been updated to demonstrate when orders were placed and the expected date of arrival. Support workers explained how they discussed issues during handovers and staff meetings to promote people's health and wellbeing. This included changes tried to promote people's care, and whether this had worked or not. This ensured that shared learning promoted effective care.

Information included in people's care plans ensured support workers understood how people communicated. This meant they could identify when people indicated their pleasure or discomfort. Guidance ensured support workers were able to support people safely, by promoting consistent actions to deal with situations that could place people or staff at risk, or to distract them from triggers that may cause them distress. Care plans guided staff on methods to communicate effectively with people, for example by the use of objects of reference, and we observed support workers using these. This ensured people were assisted to communicate their wishes and needs.

Care plans included information on specific areas of care, such as continence, diet, mobility and communication. Guidance for support workers, for example on how to provide catheter care and support people's nutritional health needs, was clearly noted in people's care plans. Risks associated with these needs had been identified, and the guidance provided protected people from harm. For example, one person's care assessment indicated that they were at high risk of developing pressure ulcers, but their care at Blue Cedars ensured that their skin had remained intact. This ensured people were protected from known risks to their health and wellbeing.

A keyworker is a support worker responsible for maintaining communication and records for a named person in their care. Keyworkers completed a monthly review of each person's activities, moods, accidents or incidents, appointments and health. This provided a record to identify changes that may not be readily identified on a day to day basis. This information was used to raise and address issues and concerns with health professionals, care commissioners or family members as appropriate.

Care plans described formal review meetings, and a list of participants demonstrated that the person and those

Good

Is the service responsive?

important to them, such as family, were involved in these reviews. This ensured that their views informed updates to their plan of care. Informal reviews and monthly reports demonstrated that actions planned at formal reviews were implemented, for example in equipment provided to promote people's wellbeing. Documentation evidenced, and relatives confirmed, that they were informed of changes to people's health or wellbeing.

One relative explained how they had agreed activities on their loved one's behalf as they were unable to directly choose these for themselves. This ensured that the person experienced activities that they enjoyed. The relative told us how the person's daily activity record demonstrated that their activities plan was delivered as planned. They felt their loved one experienced "A really good quality of life".

People appeared to enjoy the activities offered throughout our inspection. Two people went on walks in the local community when the weather allowed, and others completed puzzles and colouring, or chose to watch the television. Staff responded promptly when people indicated they had had enough of one particular activity, and offered alternatives to keep them entertained. They understood each person's preferences, and shaped their day around this. Support workers explained how one person's activities were arranged to provide an opportunity to meet up with relatives. They understood those who enjoyed social occasions, and those who preferred to avoid crowds. They ensured people experienced activities and social opportunities that met their individual preferences.

People were able to access the local community as they wished, for example to go shopping, eat out, attend a local day centre or go for walks and drives in the home's minibus. Local events, such as firework displays, had been identified for people to consider for trips. The activities coordinator explained how they had taken people to an activity day and discussed with them what they had enjoyed and would like to continue. People were supported to attend the activities of their choice and reduce the risk of social isolation.

Relatives told us any issues raised were dealt with straight away. One relative told us staff were "Approachable, and good at listening. If there are any problems they come to me and ask", and another said "Everything I've not been happy with has been resolved straight away", although there was little they were not satisfied with.

Regular residents meetings provided people with the opportunity to discuss or indicate their wishes to improve their daily living experience, for example in activities, menu choice or trips. An annual satisfaction review offered people, their relatives and support workers the opportunity to comment on their level of satisfaction of people's care, and raise concerns or issues. The 2014 survey indicated that all responders were satisfied with the care provided.

The provider's complaints policy noted that comments and complaints would be listened to, reviewed and resolved, with feedback on the investigation and any actions taken provided to the complainant. There had been no complaints documented during 2015, and the registered manager confirmed that no complaints had been made. Feeedback from people and relatives indicated that this was because they were satisfied with the care provided, and minor issues were appropriately resolved without the requirement to raise these formally.

Good

Is the service well-led?

Our findings

People's relatives spoke positively about the culture of Blue Cedars, describing an open and welcoming environment. The provider's charter of rights described the values of the service, so that people at Blue Cedars and those involved in their care understood how they should be treated. This included promoting people's independence, privacy and dignity, and providing personalised care. It noted that these would be underpinned by a focus on people. The provider's statement of purpose described Blue Cedars as working in partnership with people with disabilities, with a philosophy of care emphasising learning new skills. A support worker told us "It's all about people living the life they want, having choices and living a happy life".

These values were discussed with new staff at induction to ensure candidates understood the behaviours expected of them to meet the provider's values. Staff group and supervision meeting minutes demonstrated that values were discussed and reviewed with support workers to ensure people experienced care in line with the provider's philosophy of care. The values were reflected in the service user guide provided for people in the home, written in a format appropriate to people's needs. This explained the rights that they should expect, such as privacy, dignity and respect of cultural and religious beliefs, as well as the requirements on them to act respectfully towards others in the home. This ensured that people and staff were aware of and acted in accordance with the provider's values of respect and inclusion.

People knew the registered manager by name. They were at ease chatting with her, and initiated conversation. A relative told us the registered manager was "Great", and had accessed a lot of support for their loved one. Support workers described the registered manager as "Approachable" and "Fair and a good all round manager". One support worker said "The manager is easy to go to, very open. If I made a mistake I would not be worried to go to her [to alert her]". They told us access to support out of hours was not an issue, as they were called back without delay. Support workers told us the provider identified equipment and "Gadgets" they thought people would benefit from, including electronic games equipment, and was responsive to requests for "Anything we need". This demonstrated that the registered manager and provider cared for people in accordance with the value statement.

Support workers described the workforce as supportive and "Close". They explained how they were proactive to identify issues, such as errors on planned rosters, and worked flexibly to support each other, for example by swopping shifts. We observed support workers were respectful of each other, and stepped in to help out without being asked when they noticed staff required additional help. Learning was shared to ensure all support workers were aware of actions that promoted people's safety, contentment or wellbeing. Management leadership and staff commitment ensured that people were supported by a high functioning staff team focussed on meeting people's needs effectively.

Records were stored securely, and the use of encryption and passwords ensured confidentiality of personal data. Records had not always been archived when new documents were in use. This meant there was a risk that support workers could refer to out of date information, for example relating to people's medicines or care. However, we observed that support workers checked the date of MARs and had an in depth understanding of people's current care needs. Checking systems, such as two support staff administering medicines and the close working of support workers, ensured that people were protected from the risk of provision of outdated care. The registered manager and provider explained that outdated records were filed or archived annually to protect people from inappropriate care, and the registered manager was working with keyworkers to identify records that could be removed from people's care plans or other records.

A suggestions box in reception provided people, visitors and staff with the opportunity to anonymously suggest changes or improvements to the home or people's care. Agendas for residents and staff meetings were provided in advance of the planned meeting, so that people and support workers could add any issues that concerned them. This ensured that people and others could raise concerns and discuss changes to drive improvements to people's care and support.

Internal and external audits were completed to ensure support workers cared for people in accordance with lawful guidance and the provider's procedures. For example, internal audits for health and safety and nutrition had been completed in December 2014 and January 2015. An external medicines administration audit had been

Good

Is the service well-led?

conducted by the home's pharmacist in August 2015. These had not identified any areas of concern, but the registered manager explained how issues would be used to drive improvements to the service provided for people.

The registered manager was required to complete a report on the home that was discussed at monthly operational meetings held with the provider and managers of all their services. This provided a forum for the registered manager to raise and discuss any issues specific to Blue Cedars, such as people's health concerns or staffing issues. Meeting minutes demonstrated that solutions to issues, such as sharing support workers between homes to cover staff shortages, had been proactively identified. There was an appropriate system in place to support managers to provide high quality care for people.

Cross service discussions at operations meetings reviewed notifications submitted and accidents or other incidents reported. This meant that trends affecting individuals, each home or across all the provider's services were appropriately identified. Discussion ensured that effective actions were identified and implemented to address the concerns identified, reduce the risk of repetition and drive improvements to the care people experienced. Presentations and discussion of new legislation, such as the Care Act 2014 and allergen documentation, ensured that service managers were informed of the actions required of them to meet current or planned regulations. The Operations Director described this as "Learning together". Shared learning meant that issues were less likely to be repeated across the provider's services, and drove improvements to the quality of care people experienced.