

Mrs Katherine Elizabeth Ottaway Sadler

# Blue Roof Bungalow Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Blue Roof Bungalow Care Home is a residential care home registered to provide accommodation and personal care for up to 3 people diagnosed with a learning disability. At the time of the inspection there were 3 people using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

#### Right Support:

Where appropriate, people could choose how they wanted to live and received the support they needed to do this. Staff encouraged and supported people's choice and independence.

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.

Staff knew people well and provided kind, caring, person-centred care and support. People received care and support in an environment that was safe, clean and well maintained. People could express choice about their living environment and were supported to personalise their bedrooms reflecting their choice of furnishings and items that were important to them.

People were encouraged and supported to maintain a healthy lifestyle and supported to enjoy a wide variety of hobbies and interests which maintained their sense of well-being.

Risks were well managed with the least possible restriction and people were well supported to maintain and

develop an independent lifestyle and lead active lives.

#### Right Care:

Care and support were provided according to people's individual needs and wishes. Staff ensured people's privacy and dignity were respected. People felt safe with staff and enjoyed spending time with staff who they knew well. Staff had a good understanding of people's care needs and ensured care and support was personalised.

Risk assessments provided up to date guidance and information for staff. They gave clear information for how staff could ensure people made informed choices and lived their best lives.

Staff had training on how to recognise and report potential abuse. There were enough staff on each shift to ensure people were supported safely. Staff received a robust induction and completed specialist training, to ensure their knowledge remained current.

#### Right Culture:

There was a relaxed, friendly and welcoming atmosphere at the service. Staff demonstrated good understanding around providing people with person centred care and spoke knowledgeably about how people preferred their care and support to be given.

People, relatives and staff had confidence in the leadership of the service and felt it was well-led. The registered manager maintained oversight of the service through regular conversations with people, relatives and staff as well as through a programme of quality assurance audits to ensure the service was working to the provider's policies and procedures.

The provider's monitoring processes were effective in helping to ensure people consistently received good quality care and support. Staff and volunteers knew and understood people well and were responsive to their needs. People and those important to them were involved in planning their care.

The registered manager demonstrated joint working with health professionals which provided specialist support to people, involving their families and other professionals as appropriate.

Relatives and staff felt confident in raising any concerns with the registered manager and told us any concerns would be listened to and acted upon.

Staff and relatives spoke of an open, supportive and friendly culture within the service, that placed people and their needs at the heart of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was good (published 23 August 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for this service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blue Roof Bungalow Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Blue Roof Bungalow Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

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 1 inspector.

#### Service and service type

Blue Roof Bungalow Care Home is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Blue Roof Bungalow Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to make sure there would be people at home to speak with us.

Inspection activity started on 8 February 2023 and ended on 17 February 2023. We visited the service on 8 and 16 February 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also sought feedback from the local authority. We used all this information to plan our inspection.

#### During the inspection

We met all 3 of the people living at Blue Roof Bungalow Care Home and spoke with 1 of them. We requested written feedback on the service from 3 relatives and received a reply from 1 of them. We spoke with 4 members of staff including the registered manager and 3 care workers.

We reviewed a range of records. These included 2 people's care records, 3 people's medication records, and 2 staff files in relation to recruitment, training and supervision. We also reviewed a variety of records relating to the management of the service, including staffing rotas, premises management records, policies, procedures and quality assurance records.



## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to recognise the different types of abuse and spoke knowledgeably about reporting concerns. A member of staff told us about various different types of abuse and said, "I haven't had to raise a safeguarding. I know what to do, I would go straight to the manager and they would raise it." Another member of staff told us, "I would go straight to my manager. Everyone has the confidence to go to their manager and report any concerns. It's very important to protect people that can't communicate for themselves. I've seen all the posters and know what to do."
- A relative provided written feedback which stated, "I am well satisfied with the care provided in this safe and happy home."
- There was a safeguarding and whistleblowing policy that gave staff clear guidance to follow in the event they needed to refer any concerns to the local authority.
- Safeguarding incidents had been reported appropriately to the local authority and CQC.
- Accidents and incidents were recorded, reviewed and analysed to ensure any trends or patterns could be highlighted.
- Incidents and accidents were discussed at staff team meetings and at daily handovers to ensure that learning from incidents could be undertaken. Appropriate action was taken to ensure lessons were learned and shared.

Assessing risk, safety monitoring and management

- Risks to people and the service were managed so that people were protected and their wishes supported and respected.
- Staff demonstrated good knowledge on how people preferred their care and support to be given to ensure they were supported as they wished.
- Detailed, personalised risk assessments were in place. These considered risks relating to the environment as well as any risks to the person. People were supported to take positive risks and were involved and included in their risk assessments. This ensured a reduced risk of harm with the least possible restriction to people's freedom, and independence.
- There were systems in place to ensure the premises were maintained safely. Emergency plans were in



place highlighting the support people would need to evacuate the premises in an emergency, such as a fire.

- Up to date service and maintenance certificates relating to electric, gas, fire and water systems were available. Legionella testing had been completed which showed the premises were free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

#### Staffing and recruitment

- There were robust recruitment practices in place and the relevant checks, including Disclosure and Barring Service (DBS) checks, had been completed on all staff before they commenced their employment at Blue Roof Bungalow Care Home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough appropriately trained staff employed to support people and the provider had an ongoing programme of staff recruitment in place. A relative provided written feedback that stated, "The level of care is first rate and people's lives are enhanced by the variety of activities both at the home and out and about. The home has always been found to be well staffed with experienced carers, regularly giving individual attention to each person."
- Staff told us there were enough staff employed to support and care for people safely. A member of staff told us, "There are 3 staff on first shift then 2 in the evening, then 1 waking night staff. The registered manager is also here Monday to Friday. There are enough staff to keep people safe. We have a diary that plans each day. It's all worked out daily. All the people have different individual support hours. There are enough staff."
- Staff rotas correctly reflected the levels of staff on duty during our inspection visit.

#### Using medicines safely

- Medicines were safely managed, stored and administered. People received their medicines when they needed them. Records showed stock levels of medicines were correct and regular medicine audits were completed.
- There were protocols in place for administering PRN (as required) medicine and staff spoke knowledgeably about administering PRN medicine.
- Clear guidance on specific medicines was available for all staff to ensure a good understanding of people's medicines, symptoms and why specific medicines were needed.
- Where people were administered topical creams, instructions were in place which provided clear guidance for staff.
- Staff who administered medicines had received up to date medicine training and had their competency checked.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA.

#### Preventing and controlling infection; Learning lessons when things go wrong

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.
- The provider was following current government guidance in regards infection prevention and control and visiting in care homes. Visitors to the home were unrestricted at the time of inspection.
- There was a clear procedure in place for reporting and recording accidents and incidents. The registered manager reviewed accidents and incidents which allowed for emerging trends or patterns to be highlighted. This ensured incidents were responded to appropriately.
- Where appropriate, the learning from these events was shared with staff at team meetings, handovers and supervision sessions.



## 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff and relatives told us they felt the service was well-led, with an open, honest, friendly and supportive culture and a clear management structure. We received many positive comments about the registered manager. One relative provided written feedback that stated, "The home is efficiently run and the registered manager is most approachable and readily responds to any matters raised. They are hands on and with the staff and know each person well, together with their needs and wishes and tries to meet them. The registered manager has steered the home through the pandemic admirably following the safety provisions with good effect."
- We received written feedback from a relative that stated, "I have been impressed in the way that the good standard of care has been maintained. it is a small home with a friendly environment, and all staff are most welcoming to visiting relatives."
- Staff told us the registered manager operated an approachable, open door policy and were always available for advice and guidance. A member of staff said, "We have team meetings regularly. I feel confident to chat with the registered manager and as staff we are quite transparent with each other. I definitely feel supported. I like it here a lot... I would say the culture at Blue Roof Bungalow Care Home is calm, homely, friendly and supportive. We all work well as part of a family." Another member of staff said, "Our team works well together. We understand each other and make sure we help each other at the same time... I feel very supported and the training is good, it's working well."
- Another member of staff told us, "The strengths of Blue Roof Bungalow as a home, are making it a home for the people that live here, that's the best thing about here. Everything is perfect for them and everything suits their needs. It all benefits them, that is the most important thing. There are so many activities for them to do, it's amazing."
- People were supported and encouraged to lead active, healthy lives that enabled them to live fulfilling,

independent lives as far as was possible for them.

- The registered manager understood their responsibilities to be open and transparent with people and their families. The registered manager understood their responsibilities under the duty of candour and promoted an open and honest culture. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- Staff spoke knowledgeably about their responsibilities within their roles and told us they worked well together as a team.
- There were effective systems for the registered manager to monitor the quality of service provided. There was a process of continual improvement and quality assurance with a variety of audits completed to ensure the quality of the provision was maintained.
- Staff were confident in the quality of care, support and guidance they were able to offer people which gave a strong focus on person centred care. Staff felt valued, respected and well supported.
- Providers are required to notify CQC of significant incidents and events. We reviewed the notifications the service had completed and found notifications had been sent to external agencies and CQC as required.
- The registered manager had a commitment to learning and making improvements to the service people received. Regular spot checks and observations were conducted on staff to ensure they were following their training and meeting people's needs.
- There was a process of continual learning in place. Incidents and accidents were discussed during team meetings, supervisions and hand over sessions. This ensured learning from these events would be gained and appropriate changes implemented to prevent future re-occurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were regularly asked for their views on the service and felt fully involved with the care of their relative. Staff told us communication within the service was effective and worked well.
- Staff gave us examples of individualised care and support they had given people. This had led to people having an improved level of independence, communication and sense of well-being whilst still respecting people's choices and preferences.
- A member of staff told us, "We all make sure the people live full lives and that families are involved and people receive person centred care. We aim to maintain people's independence. [Person] can eat at the dinner table... Sometimes they eat their whole meal themselves, we can support them if needed."
- Staff team meetings were held regularly and provided staff opportunities to discuss all aspects of working at Blue Roof Bungalow Care Home. Staff told us they felt valued, were always respected and their views listened to.
- Staff and relatives were asked to complete quality assurance questionnaires to enable the service to gain their views on all areas of care and support provided. The last ones had been completed during December 2022, with positive comments received throughout.
- The service worked collaboratively with health and social care professionals, such as GP's, physiotherapists, speech and language therapists, members of community learning disability teams and relevant external stakeholders to ensure people received the care, treatment and support they needed. The registered manager told us they had received effective and good support from a variety of health and social care professionals.
- When changes to people's health needs or conditions were identified, appropriate and timely referrals for external professional support were made.

