Congress House Limited

Blue Cedars

Inspection report

67 Avenue Road
Farnborough
Hampshire
GU14 7BH

Tel: 01252542138
Website: www.downingcare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Blue Cedars is a care home registered to accommodate six people with Learning Disabilities. There were six people living there at the time of our inspection. The home had two floors; each person had their own bedroom and en suite bathroom. On the ground floor there was a kitchen, dining room and lounge. All doors were wide enough to accommodate wheelchairs, and people had access to a rear garden.

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

Why the service is rated Good.

The home continued to ensure people were safe. There were enough suitable staff to meet people's needs. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely. People were protected from abuse because staff understood how to keep them safe, including more senior staff understanding the processes they should follow if an allegation of abuse was made. All staff informed us concerns would be followed up if they were raised.

People continued to receive effective care. People who lacked capacity had decisions made in line with current legislation. Staff received training to ensure they had the skills and knowledge required to effectively support people. People's healthcare needs were met. People were supported to eat and drink in line with their nutrition assessments. People were supported to have maximum choice and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home continued to provide a caring service to people. We observed that staff were kind and patient. People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People were involved in decisions about the care and support they received. People's choices were always respected and staff encouraged choice for those who struggled to communicate with them.

The home remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. People were supported to follow their own activity programmes. These considered people's interests and reflected people's preferences. Relatives told us they knew how to complain and there were a range of opportunities for them to raise concerns with the registered manager and designated staff.

The home continued to be well led. Relatives and staff spoke highly about the management. The registered manager continually monitored the quality of the service and made improvements in accordance with people's changing needs.

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**

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.
This comprehensive inspection took place on 15 January 2018 and was unannounced. The inspection was carried out by one adult social care inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at information we held about the provider and home. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We were unable to speak with most people using the service due to their highly complex needs. We therefore spoke with one person, people's relatives, staff and healthcare professionals to help form our judgements. We observed the care and support provided and the interaction between staff and people. We spoke with the registered manager and five staff members. We looked at three people's care records and associated documents and observed interactions between staff and people in communal areas. We looked at two staff files, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from staff meetings and a selection of the provider's policies.

Good

Is the service safe?

Our findings

The service continued to be safe.

Relatives told us people were safe and said, "I'd give them ten out of ten, [name] is really safe and is having 24/7 care", "[Name] is very safe and well looked after" and, "They're well clued up on anything medical and health and safety." Staff told us, and records seen confirmed, that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff said, "We know the process to follow" and "'There's a poster with the number to call if we're worried about anything." All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. There had not been any safeguarding incidents, however the registered manager had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected in the past and was aware of the process to follow.

Risks to people were identified using assessments. For example, risk assessments were in place relating to people's diet, mobility, fire safety and medicines. The assessments we looked at were clear. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly.

People were supported by sufficient numbers of staff with the right skill mix to meet their needs in a relaxed and unhurried manner. Relatives told us there were always enough staff and said, "There's always at least three or four during the day and two at night." The registered manager produced staff rotas based on the number of hours care each person required. The rotas showed the required numbers of staff were provided. The registered manager ensured there was always a senior care worker on duty.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. People were supported by a consistent staff team. Some staff had been employed since the home first opened, which meant they knew people very well. At the time of the inspection, there were no staff vacancies.

Peoples' medicines were managed and administered safely by staff that had their competency assessed on an annual basis to make sure their practice was safe. There were suitable secure storage facilities for medicines. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked records against stocks held and found them to be correct. One relative told us, "They've been very good at making sure they get their medicines."

People were protected from infection. The premises were clean and fresh. A coloured coded system was used for mops and cutting boards and staff had personal protective equipment, such as gloves, to reduce any possibility of cross contamination. Laundry equipment was suitable for the needs of people using the service. For example, washing machines had a sluicing and hot wash cycle. There was an infection control

policy and the staff received appropriate training in infection control and food hygiene.

Staff had clear guidelines for reporting and recording accidents and incidents. There was a clear process for reporting accidents and incidents; staff were aware of these.

There was equalities and diversity policy in place and staff received training on equalities and diversity. Staff understood their responsibility to help protect people from discrimination and ensure people's rights were protected. For example, they included people in decision making where this was possible.

Major incident contingency plans were in place which covered disruptions to the service which included fire, loss of gas, oil, electricity, water or communications. Business continuity plans were also in place for severe weather. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP), which gave staff the information they needed to support people.

Good

Is the service effective?

Our findings

People continued to receive an effective service.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff received training to support people's individual needs and had access to information about complex needs such as here people needed specialist feeding through a tube or the administration of rescue medicines. Staff told us they could ask for specialist training if they wished and said, "A speech and language team provided training to help us communicate with people."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff were supported to complete training which met the standards required by the Care Certificate, which is a nationally recognised standard which gives staff the basic skills they need to provide support for people.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us they felt supported by the registered manager, and other staff. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required. This helped to make sure staff had the required skills and confidence to effectively support people.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff said, "We always seek consent before we do something for the resident." Where people were unable to talk staff told us they would, "Read body language and note the sounds that the person makes." Staff said they spent time with people and got to know them well. These comments showed staff worked in accordance with the principles of the MCA to ensure people's legal rights were respected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had submitted applications for everyone living in the home and was awaiting the outcome. There were systems in place to record expiry dates and any conditions attached to the DoLS.

Families where possible, were involved in person centred planning and 'best interest' meetings. A 'best interest' meeting involves relevant people where a decision about care and treatment is taken for a person who has been assessed as lacking capacity to make the decision for themselves.

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. Relatives we spoke with confirmed they were involved in best interests meetings and said, "They phone me constantly to let me know what's going on, and always ask permission before doing anything or making any changes" and, "I'm always involved in meetings and decisions."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. People were able to choose what they wanted to eat from pictures if they were unable to say what they would like. Staff said, "All the meals are freshly cooked, and people can choose what they eat and drink and when." We observed people were offered a choice of different flavour milkshakes and different flavours of squash. Staff told us how they had referred one person to a dietician and the person was gaining weight as a result of having their diet changed. Staff said, "We have a good relationship with the dietician" and, "We have to watch [name] very carefully when feeding them, to make sure they don't choke." On the day of the inspection, two people went to the pub for lunch and two people were going out for dinner later in the day.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People had annual health checks and medicines reviews.

People's diverse needs were being met through the way the premises was used. The home was accessible by wheelchairs throughout. People had a variety of spaces in which they could spend their time, including an open plan sitting room and dining room. The garden had a seating area with a patio and a barbeque area. People had chosen the colours of the communal areas and the soft furnishings. People's bedrooms were decorated according to their choice. Each room had an en-suite bathroom which was adapted for each person's specific needs.

Good

Is the service caring?

Our findings

The service continued to be caring.

From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people. Relatives told us, "Staff are fantastic, they do absolutely everything", "They take very good care of [name]; their every day care is excellent" and, "I don't know what I'd do without them." Other comments included, "They (staff) are very kind and caring; I've never known anyone like them. The only reason they're there is because they care."

The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

There were ways for people and their relatives to express their views about their care. Each person had their care needs reviewed on a regular basis.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Staff told us how they promoted people's privacy and dignity and explained how they covered people and ensured curtains and doors were closed. Relatives said, "They definitely respect people's privacy and dignity; [name] is taken to their room and changed in private", "[Name] is fine, their privacy and dignity is respected" and, "[Name is always very clean. Standards of personal hygiene are very high."

People's bedrooms were personalised and decorated to their taste.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. Relatives said, "I'm involved in every meeting and I can say what [name] wants" and, "I'm involved in care planning meetings, I say what what's needed." Other comments included, "Staff know [name] really well." Staff said, "We understand people's body language, gestures and noises."

People's relatives told us they were involved in developing their care, support and treatment plans. People's care and support plans were detailed, person centred and in regular use. Plans included detailed protocols to protect people, for example, with regard to supporting people with epilepsy and the use of medicines.

From our discussions with staff, it was clear they were knowledgeable about the people they were supporting. For example, they told us about objects of reference one person used to communicate. Staff told us how they recognised when another person was in pain, but wouldn't talk, and how they managed this. Relatives we spoke with all confirmed the staff knew their relatives well. The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed.

There had been one complaint in the past year which was on-going; the registered manager was dealing with this. Other relatives told us, "I've no complaints, I'd say so if I had" and, "I wanted a carpet cleaning – it was done straight away." Relatives told us they knew how to make complaints if they were concerned about anything.

People were able to take part in a range of meaningful activities according to their interests. The service offered internal and external activities such as bowling, ice skating and visiting the cinema. People's care plans recorded the activities people enjoyed and staff we spoke with knew about these.

Staff were able to attend monthly meetings where they were encouraged to share what was working or not working. The agenda covered topics such as health and safety, the individuals living in the home, infection control, incident reporting and any other topics as necessary. This meant staff were able to keep abreast of any changes.

Good

Is the service well-led?

Our findings

The service continued to be well led.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. A variety of monthly, quarterly, six-monthly and annual checks took place including medicines and care audits. We saw that where shortfalls in the service had been identified action had usually been taken to improve practice and standards of care for people.

The provider had effective systems in place to monitor the quality of care and support that people received. People were able to take part in annual surveys where they were asked what they would like to change.

Staff were reminded of the vision and values of the organisation, which the registered manager said included, "Providing a level of care that people want; to be inclusive and to see the person, not their disabilities." Staff told us about the vision and values of the organisation and said, "We look after people the way we would want to be looked after." This vision was put into practice, as people were supported to do as much for themselves as possible.

Surveys giving families, staff and other stakeholders the opportunity to give their views of the service had not been undertaken for over a year. The last surveys were completed in December 2016; however the registered manager told us surveys were ready to be sent out. Results of the previous survey showed a high level of satisfaction with the service. Relatives told us they were able to be involved in discussions about the service during review meetings. Relatives said, "We feel really lucky to have found Blue Cedars; I gave the home a good going over before [name] moved in and it's a good home" and, "They've really stepped in to help us out."

There had not been any accidents or incidents in the past year. However there was a process in place which would be followed. The regional manager reviewed accidents and incidents; this meant any emerging trends could be spotted and actions taken to ensure people received safe support.

The registered manager regularly worked alongside staff which gave them an insight into people's changing needs. The registered manager said, "I like to develop staff to ensure they've got everything they need." Relatives told us, "The management is fantastic, they're always available." Staff told us they felt the service was well-led and said, "I feel it is very relaxed and I feel at home here" and, "I have been here 11 years and if I wasn't happy, I wouldn't be here."

People had been supported to maintain links with the local community through attending a day service and local facilities such as pubs, the park and shops.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The home is managed by the registered manager who is supported by the senior carer staff who work together to lead the staff team. 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.