

Coveberry Limited

# Cedar Bungalows

## 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 ●

# Summary of findings

## Overall summary

### About the service

Cedar Bungalows is a residential care home providing personal care to up to four people. There were two people living at the service at the time of the inspection. There are seven individual bungalows, of which a maximum of four are lived in at any one time. The service supports people with mental health and behavioural support needs, learning disabilities and / or autism who are transitioning from acute or secure services.

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

People were supported to stay safe. Potential risks to people's health, safety and welfare, including COVID-19, were identified and there was guidance, followed by staff, to mitigate risks. People's medicines were safely managed, and they received them as prescribed.

People were supported by a core team of staff who knew them well. Staff were kind and compassionate. Staff completed regular training to keep up to date with best practice.

Care was planned with people, their relatives and health care professionals. Assessments considered people's protected characteristics, such as sexuality, disability, religion and culture.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain contact with their loved ones. Relatives spoke positively about the support their loved ones received. A relative said, "[My loved one] is doing a lot more than he was a year ago. He is really happy and definitely settled there."

Checks and audits were completed to monitor the quality and safety of the service. There was an open culture where people and staff were valued as individuals. The management and staff worked as a cohesive team. Staff said, "[The service manager] is firm, fair and friendly. A brilliant corrective coach."

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Each person lived in a bungalow and was supported by a small, consistent team of staff who knew them well. People had built strong relationships with the staff. People's relatives spoke positively about the changes in their loved ones since moving to the service. There was clear leadership at the service.

#### Right support:

- Model of care and setting maximises people's choice, control and independence. People were supported to stay active and follow their interests both at the service and in the wider community.

#### Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People were supported by staff who knew them well and treated them with kindness. Staff showed genuine compassion for the people they supported.

#### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The management and staff worked as a cohesive team. People's relatives, staff and health care professionals worked collaboratively to ensure there were good outcomes people.

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

This service was registered with us on 30 November 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the length of time since the service registered with CQC.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Cedar Bungalows

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 one inspector.

#### Service and service type

Cedar Bungalows is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. The provider was not asked to complete a provider information return prior to the inspection. This is information we require providers to send to give us some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We observed staff engaging and supporting people. We spoke with six staff, including the service manager who managed the service on a day to day basis.

We reviewed a range of records. This included two people's care records, risk assessments and medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with one person's relative about their experience of the care and support provided. We spoke with the registered manager. We sought and received feedback from health care professionals who worked with the service. We continued to seek clarification from the provider to validate evidence found. We looked at two more recruitment files, training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, discrimination and avoidable harm by staff who understood how to keep people as safe as possible. A relative told us, "[My loved one] is very safe there. He is safer at Cedar Bungalows than he has ever been. He has really bonded with the staff."
- Staff completed training about how to keep people safe. They were able to describe types of abuse, signs they would look for and the action they would take. Staff told us they were confident the management team would take appropriate action when concerns were raised. Staff understood the whistle blowing process and how to report any concerns outside of the provider, such as to the local authority safeguarding team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and welfare were assessed, monitored, managed and regularly reviewed. Care plans were detailed and included how to keep people safe and how to mitigate risks.
- Staff knew people well and understood how to manage risks in the least restrictive way. People's protected characteristics were considered, and their independence promoted when managing risks. For example, one person enjoyed gardening. Whilst it would not have been safe for them to have direct access to the tools, which were locked away, they were able to unlock the garden gate and garden shed. They were then supported by staff to access the tools safely.
- People's bungalows were decorated and furnished to make sure they remained safe. Potential triggers in the environment which may cause challenges to behaviour were managed. People had access to their own outdoor space to reduce risks to others or staff.
- Staff were trained to monitor and observe changes in people's behaviour. There were strategies in place to protect people, including those with complex needs who experienced behaviours which may challenge. Staff were competent at using de-escalation techniques and other strategies to reduce people's anxieties. For example, supporting people with breathing exercises, or using a weighted blanket to provide comfort.
- Accidents and incidents were recorded and analysed to identify any patterns and to see if there were lessons to learn.
- Each day the management team met with health care professionals to discuss any incidents from the previous day. This allowed clinical psychologist input to assess if changes were needed in a person's support.

Staffing and recruitment

- Staff who had been recruited by the new provider had been recruited safely. Disclosure and Barring Service criminal record checks had been completed to make sure staff were safe to work with people. Two references had been obtained, one of which was from the most recent employer. A full employment history was requested and gaps in employment were explained.

- However, a number of staff had been recruited by a previous service provider. They had only been asked to provide a ten-year employment history. This was not in line with current recruitment guidance. Following the inspection, the registered manager confirmed a full audit of all staff files had been completed to identify and address any further shortfalls. Staff had been asked to provide additional employment history. We will follow this up at our next inspection.
- People were supported by small consistent teams of staff. There were enough staff at all times of day and night. Staff levels considered when people went out or had appointments. A relative told us, "The consistency of staff is brilliant. There is true dedication from the whole staff team. They really understand [my loved one]".
- Staff told us they worked flexibly to make sure people were supported by staff who knew them well. One member of staff said, "The staff all work flexibly together. It is a good staff team. We genuinely care about each other."

#### Using medicines safely

- People were supported to have their medicines safely and as prescribed. People's medicines were regularly reviewed by health care professionals.
- Medicines administration records were complete and accurate. There were best practice guidelines, followed by staff, to administer 'as required' medicines, for example medicines to reduce anxiety. When these were used, staff recorded whether the medicine had the desired effect.
- There were systems in place to manage ordering, storage and disposal of medicines. Temperatures were recorded to make sure medicines remained effective. Regular audits were completed to make sure people received their medicines as prescribed.
- Staff were confident about administering medicines. They completed regular medicines management training and their competency was assessed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Best practice tools were used to ensure care and support was delivered in line with guidance. Each person had a Short-Term Assessment of Risk and Treatability (START). START is a clinical assessment used to evaluate a person's level of risk for aggression and likelihood of responding well to treatment. These were regularly reviewed by the person's responsible clinician, psychiatrists and psychologists.
- People's care and support needs were assessed before they moved to Cedar Bungalows. The assessments included people's health care professionals, such as clinical psychologists, and people's relatives. The assessments gathered information to make sure the staff were able to meet people's needs and provide the right support.
- People's physical, mental health, social and emotional needs were holistically assessed and regularly reviewed to achieve positive outcomes. Care plans were detailed and centred on the person's individual needs.
- People's protected characteristics, under the Equality Act 2010, were protected by the provider. Care and support considered people's disability, culture, religion and sexuality.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and shadowed experienced colleagues to get to know people. Staff completed regular training. Refresher training was planned to make sure staff kept their skills and knowledge up to date. Staff were trained in positive behavioural support and received training in physical interventions. A relative said, "The staff definitely know what they are doing. The staff all work so well together, and they want the best for [my loved one]. The communication is exceptional, it's fantastic."
- Staff told us they had regular one to one meeting with the service manager to discuss their performance and their personal development. Records confirmed this.
- Staff said they had opportunities to gain additional qualifications and they felt valued. One staff told us, "At Cedar Bungalows it is inclusive. I feel valued and part of the team. Here I feel so supported. We have staff team building days which are great".

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

- People were supported to eat healthily and drink plenty. When possible, people chose what they would like to eat. Staff used pictures to support people with their choices. Staff cooked meals for some people and supported others to prepare their own.
- Staff knew what foods people liked and disliked. A relative commented, "[My loved one] never used to like eating or eating very much. Now when I go and see him, he says to me he wants a take-away. He made me cry one time I visited. He actually said, 'What do you want Mum' – he has never asked me if I wanted to eat a

take-away with him before."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with people's health care professionals, including speech and language therapists, psychiatrist and psychologists, to make sure people received consistent, effective, joined-up care and support.
- When people were moving into the service, this transition was done slowly with health care professionals' input to make sure there were positive outcomes for people. For example, one person was moving from hospital to the service and they began by visiting for a day, then staying one night a week. This had slowly increased and there were plans for the move to become permanent.
- When some people had moved to Cedar Bungalows from a hospital setting also run by the provider, their support staff had transferred to work at the service. Staff said, "When [person] was moving here it was really important they knew who would be supporting them. The consistency of staff is very important to them. I wanted to continue to support them."

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

- People's bungalows were clean and personalised. One person who was moving into the service had worked with maintenance staff to decorate and hang pictures. Staff told us the current project was the person being supported to build a breakfast bar.
- People had access to the garden. One person, who enjoyed gardening, had a secure garden where they spent time planting trees and plants.
- There were times when people damaged their furniture and property. Staff supported people to replace items and redecorate as needed. Some items, such as a television, were in protective cabinets to reduce the risk of damage and reduce the risk of the person harming themselves.
- The provider had a maintenance plan to refurbish other bungalows which needed decoration. There were also plans for the garden space to be improved.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay as healthy as possible. Staff were knowledgeable about stigmas associated with mental health conditions and learning disabilities. Staff spoke with us about the small changes in a person's behaviour which may indicate a decline in their mental health. A relative said, "There is a very good health team. The support from the clinical psychologist has been great."
- People's health and well-being were promoted. They were supported to see health care professionals, such as GPs and dentists, as needed.
- People with mental health conditions were regularly reviewed by behavioural and psychiatry professionals and supported to keep as healthy as possible.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a

person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected by staff who understood the importance of interventions being the least restrictive possible. One staff said, "It is about redirecting him in a positive way." When conditions were applied to an authorised DoLS, these were reviewed to ensure the requirements were being met.
- People were encouraged and empowered to make choices and decisions. When people were not able to make specific decisions, staff made sure their capacity was assessed and that decisions were made with relatives and health care professionals in the person's best interest.
- Some people were supported by the number staff to help keep them safe. Staff spoke passionately about positive behavioural support and knew how to support people in the least restrictive way.
- When people displayed behaviours, which may challenge staff used various methods to reduce people's anxiety. Positive behavioural support guidance included proactive interventions, such as re-directing and distraction through to staff withdrawing from the room for a short time. The service manager said, "We constantly reassure people. It is often about giving them time and space, but they always know someone is always there." One person used to regularly have medicines to reduce their anxiety. Staff had worked with the person and offered herbal teas instead. The number of times the person had these medicines had been reduced. A relative commented, "The calming tea is great. I know [my loved one] will sometimes ask for it."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a consistent staff team who knew them well. A relative said, "Since moving to [Cedar Bungalows] [my loved one] has done so well. I think he has thrived."
- Staff were kind and caring. They engaged meaningfully with people, spoke in a respectful way and treated them with compassion.
- A relative commented, "I love going to visit. There's a lovely atmosphere and the staff are all so friendly. I used to only be able to see [my loved one] for 20 or 30 minutes before he said it was time for me to go. Now I am there for four or five hours. We spend time together in his garden. He has even agreed that when I next visit that I can help him with the weeding. That's another first – he doesn't even let the staff help with the gardening."
- Staff spoke passionately about the care and support they provided. They showed a genuine interest in people's well-being. Staff said, "We provide a good quality of care and support" and, "I have seen a big change in [person]. He has a big smile on his face and looks so happy."

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

- People's relatives and health care professionals were involved in the planning of their care and support. A relative told us, "I am involved every step of the way. [The service manager] is wonderful. We talk monthly but sometimes more often." A member of staff told us, "I am [person's] key worker. I make sure his care plans are kept up to date with any changes. I always involve his [relative]."
- Staff understood people's ability to make decisions and were careful not to overload people with too much information. For example, some people were able to make decisions when shown two objects or pictures.
- People were also supported by health care professionals, such as their responsible clinician, to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted. For example, staff spoke with people about fulfilling their sexual needs in the privacy of their own bedroom and encouraged them to close the door to protect their dignity.
- One person didn't want to sleep on their bed and kept moving their mattress to the floor. Staff arranged for the person to have a tent in their bedroom over their mattress. A relative told us, "The way they got the tent for him was amazing. He sometimes moves it into the lounge. It's up to him, it's his home."
- People were encouraged to do as much for themselves as possible to maintain their independence. There was guidance for staff about what people could do themselves.

- Staff and the management team spoke proudly of people's achievements. A member of staff told us, "I have worked with [person] for about six years. I would never have believed he would be here living in his own bungalow with support. I feel he has the best quality of life he could have." The service manager told us, "It is a credit to the staff team. It is key to [person] being here. It amazes me to see his transformation."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was tailored to and responsive to their individual needs. Care plans were written and regularly reviewed with people's relatives and health care professionals. Changes to people's support were recorded and staff were kept up to date with any changes.
- Staff had spoken with people and their relatives about things they would like to achieve. A relative said, "Everything with [my loved one] has to be in tiny steps to do new things. I would love to get to the point where they can go out more, maybe to a garden centre to look at some plants. I have been talking to [the service manager] and the staff about it. It will take a long time because it will need to be so gradual."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed as part of their initial assessment and these were regularly reviewed.
- Important information, such as explaining COVID-19, were produced in an easy to read pictorial format.
- Staff communicated effectively. They were patient and took their time when talking with people to make sure people understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests. A relative said, "[My loved one] loves his garden. Having his own space and being able to work in the garden has been fantastic for him. I love the way they have supported him for what is right for him. They put a fence round the outside of the bungalow so he can't see anyone out there – this is perfect for him because seeing people there would cause him real distress". Staff said, "[Person] really looks forward to going out. We went to the woodlands today and then had fish and chips because that was what he fancied."
- People were supported to have regular contact with their relatives. Government guidance about visiting the service were followed. A relative commented, "After a year at Cedar Bungalows the difference is incredible. I visit monthly and talk to [my loved one] on the phone every week. I cannot rave about this place enough. Now I wish it had been sooner."
- People were supported to try new social or leisure activities. Staff were supporting a person, who loved animals, to buy a fish.

#### Improving care quality in response to complaints or concerns

- People's relatives told us they did not have any complaints about the support their loved ones received. They felt confident the management team would take action if they had any complaints.
- The provider had a clear complaints process. This was available in an easy to read pictorial format. People and their relatives were given a copy of the complaints process when they began using the service.

#### End of life care and support

- Care plans included information about what people would like towards the end of their life, for example, who they would like with them and who they would like to organise their funeral.
- People's religious and cultural needs were discussed with them and / or their relatives.
- At the time of the inspection, the service was not supporting anyone at the end of their life.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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

- Relatives and staff felt the service was well-led. Staff told us, "[The service manager] provides good leadership and direction. [The registered manager] is here once a week and is approachable."
- There was an open, transparent and inclusive culture at Cedar Bungalows where people and staff were valued and treated as individuals. The management team promoted an open-door policy and worked as part of a cohesive team, coaching and mentoring staff.
- Staff worked closely with people, their relatives and health care professionals to achieve good outcomes for people and improve their quality of daily life. A health care professional told us, 'I have found them great to work with. They have supported [person] in very complex needs and managed to reduce levels of support'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their regulatory responsibilities, including in relation to duty of candour. This is a set of legal requirements that services must follow when things go wrong with care and treatment.
- The management team understood when they needed to inform the Care Quality Commission or local authority safeguarding team of incidents or concerns.

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

- Regular, effective checks and audits were completed to monitor the safety and quality of service provided. When shortfalls were identified, action was taken to address these.
- The registered manager had continued to use their own systems to make sure audits were completed. The provider was due to implement their corporate auditing systems shortly after the inspection.
- The whole team reflected on incidents to see if they could learn any lessons or do things differently.
- Staff spoke proudly of the work they carried out and spoke compassionately about the people they supported. One staff commented, "Cedar Bungalows is an excellent place to work. We have mature, experienced staff. It is a loyal and honest team."

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



- Relatives felt they and their loved ones were involved, as far as possible in their care and support. Relatives met regularly with management and staff.
- Staff were invited to regular meetings to discuss the service and the people they supported.
- Staff felt valued and part of a close-knit team. They told us, "It is well organised here. There is a supportive environment. I feel valued", "If you feel valued, you do more and take ownership of what you do" and "It's a good team with good morale. It feels like family and we support each other."
- Staff worked collaboratively with people's health care professionals, Meetings were held daily to make sure people were receiving the right support and to see if any part of their support needed to be reviewed.