Ms Katherine Elizabeth Ottaway

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

Overall summary

Blue Roof Bungalow is a small care home for three adults with a learning disability. At the time of the inspection there were three people living at the home. The unannounced inspection took place over two days on 17 and 19 August 2015. One inspector visited the home on both days.

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.

Summary of findings

Because of the nature of their learning disability we were unable to talk with people about their experience of living at the home, instead we observed how staff interacted with people over the two days.

We spoke with two relatives who were both very complimentary about the home. They told us their family member was safely supported for by staff who were skilled and caring. They commented on activities saying that people were supported to live full and interesting lives. They both commented on the leadership of the home. They said the manager was effective and accessible. Staff confirmed this. They all told us they were able to make suggestions and that the manager listened to them and acted upon their ideas wherever possible.

There were systems in place to make sure the service was safe for people. Staff had been trained in safeguarding adults and knew how to raise a concern. There were risk assessments in place that made sure risks to people were assessed and mitigated. Medicines were managed safely.

Staff had received the right support and guidance to ensure they understood how people needed or wanted to be supported. Staff told us that they received regular supervision and records confirmed this. The home had a training plan and staff told us the training they received was appropriate and helpful.

Staff were caring in their approach. People had good relationships with staff and freely approached them to ask for support, or to spend time with them. Staff consistently offered people choices, sought their consent and acted on what people told them they wanted or needed.

The home was responsive. People had care plans that provided staff with the right guidance. These were highly personalised and supported by other detailed plans such as communication guides.

The home was well led by a manager that staff and relatives thought highly of. There were systems in place to make sure the quality of care was good.

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?
The service was safe.

Staff were trained to recognise and act on signs of abuse. There was a whistle blowing policy in place and this had been discussed at a recent staff meeting.

Risks to people were assessed and plans put in place that protected people whilst enabling them to participate in their daily activities.

The home managed medicines safely.

The home had systems in place to make sure staff were recruited safely.

Good

Is the service effective?
The service was effective.

Staff were supported to understand their role, and how best to support people through training and supervision. All the staff we spoke with said they felt they had the right knowledge and skills to effectively support people.

People were supported to access healthcare professionals when they needed to. Some people had guidance from healthcare professionals which staff understood and followed.

Good

Is the service caring?
The service was caring.

Staff were caring in their approach. People had good relationships with staff and freely approached them to ask for support, or to spend time with them.

The home had policies to support staff to understand how people's privacy and dignity needed to be upheld. Staff had good insight and protected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People had care plans that provided staff with detailed guidance on how they wanted or needed to be supported.

People participated in a range of activities that they enjoyed.

There was an effective complaints system.

Good

Is the service well-led?
The service was well led.

People, staff and relatives were supported to express their views and the home acted upon these to make sure the service continuously looked for improvements.

The home had systems in place to ensure the service it provided was safe, effective, caring and responsive.

Good

Blue Roof Bungalow Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 19 August 2015 and was unannounced. One inspector visited the home on both days.

There were three people living at Blue Roof Bungalow at the time of the inspection and owing to their communication needs we were unable to talk with people themselves. Instead, we listened to, and observed how staff interacted with people. We spoke with two relatives, who were complimentary about the care and support provided to their family member. We also spoke with a social care professional and six members of staff including the manager.

We looked at one person's care and support records in full and sampled aspects of two other people's care and support records. These included daily monitoring records, Medicine Administration Records (MAR) and care plans and risk assessments. We also looked at documents relating to the overall management of the home including staffing rotas, recruitment, training and supervision records, and audits and maintenance records.

Before our inspection, we reviewed the information we held about the service including the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information about incidents the provider had notified us of, and information from the local authority.

Good

Is the service safe?

Our findings

People's relatives told us they felt their family member was safely cared for at Blue Roof Bungalow.

The home had policies on whistle blowing and safeguarding that provided staff with guidance and all the staff had completed safeguarding adults training. All staff we spoke with were aware of how to respond to and report concerns about abuse. There were also posters about whistle blowing and safeguarding adults displayed in the home. The home had pictorial information that explained bullying was wrong and described what someone should do if they felt unhappy about something.

Risks to people were thoroughly assessed to make sure they were protected. For example, people had risk assessments in place for evacuation in the event of a fire. Staff had tested these out with people and found they were able to support people to leave the building in the event of an emergency. There was a range of other risk assessments in place including participating in community activities, specific health needs and accessing the kitchen or bathroom. Where there was professional guidance such as on safe eating and drinking, the person's risk assessment reflected this. We saw that staff supported people in accordance with their risk assessments.

The home assessed environmental and other risks to make sure people were protected whilst their freedom was supported and respected. Risks assessed included falls, accessing the garden, hazardous substances, night-time safety and driving vehicles. All the assessments showed that after risks were identified, staff had robust guidance which reduced the chance of harm occurring. Staff signed risk assessments to show they had read and understood them. We saw an example of staff following the guidance as there was a risk assessment on unexpected visitors. When we arrived unannounced to complete the inspection staff acted in accordance with the guidance for this risk assessment. The home also quickly responded to emerging risks. For example, there had been an issue in the driveway and one person's bedroom caused by a water leak. The home had immediately assessed the risks thoroughly and put in place actions to minimise the hazards, whilst ensuring people could continue with their day-to-day lives.

Staff told us there were enough staff on duty to ensure people could be supported to lead full and active lives. We observed throughout the inspection that staff were unhurried and relaxed with people. The manager showed us the staffing rota, which showed there were two staff on duty during the day and evening, and one waking night worker. There was also an on call system to ensure support could be accessed whenever it was required. We reviewed three staff recruitment records that showed recruitment practices were safe and that the relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at the home. The home had good continuity within the staff team, with most care workers having been at the home for several years. A relative said, "An important aspect is that staff stay; they have continuity".

Generally, medicines were managed well at the home. There were appropriate storage facilities with individual lockable medicine cabinets. Medication administration records (MAR) were well maintained with no gaps. Where medicines needed a date of opening on the packet these were in place although there were some gaps. The manager was addressing this at the time of the inspection. Allergies and a photo of the individual concerned were kept with people's MAR charts so that staff could identify people correctly and make sure they were not given any medicine to which they could have an adverse reaction. There were cream charts in place to help staff understand how and when to apply prescribed creams. Some people were prescribed 'as required' medicines to manage pain. Records showed how people would present if they were experiencing pain and provided staff with guidance on what they should do. Staff also described to us how a person would present if they were in pain. Unused medicines were taken to the pharmacist for disposal. Staff had been trained in administering medicines and the home had a system in place to check their competence to administer medicines periodically.

Good

Is the service effective?

Our findings

Relatives told us the staff team were skilled and knew how their family member wanted or needed to be supported.

People received effective care that met their needs because staff had the right skills to support them. Staff told us they were well trained and the manager showed us the training matrix. This confirmed staff had undergone training in areas such as manual handling, infection control, fire safety and health and safety. Where there was a particular need identified by the manager staff received additional training, a recent example being dementia training. The manager made sure staff were supported to understand best practice guidance and showed us information they had gathered to help staff understand recent developments. These included lessons learned from social care inquiries where services had not protected people from harm, new legislation, activity ideas and protecting people's health such as in a heatwave.

Staff told us, and records confirmed they received regular supervision and appraisals. These enabled them to discuss a range of topics such as issues relating to the individuals they supported, training and development needs, new guidance and any other issues they had. Staff said they could also get informal advice or guidance whenever they needed it. For example, staff told us, "You can bring up anything that bothers you" and, "They are always at the end of a phone to talk things through".

Staff had been trained in the Mental Capacity Act 2005 and adhered to the principles of the act. For example, people's consent was sought as a matter of course before staff helped or supported them. For example, staff said, "Can I change your scarf?" or, "Would you like a snack?" or, "Would you like a cup of tea?" People responded with their decision and staff acted on it. For example, one person wanted a coffee rather than tea and staff got this for them.

We discussed other requirements of the Mental Capacity Act with the registered manager, who acknowledged that further work was required. Staff had begun to complete mental capacity assessments and best interests decisions for people who lacked capacity to consent to specific decisions. The manager acknowledged further work was required to make sure staff were supported to work in accordance with the act.

People moved freely around the home, they could go wherever they wanted and staff supported them where this was required. The home had some restrictions, for example the front door was alarmed to alert staff if somebody tried to leave, and people wore wheelchair belts when using their wheelchairs outdoors. The manager understood these were a form restraint and had ensured their action was proportionate and in people's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which apply to care homes. People living at Blue Roof Bungalow were not free to leave and subject to continuous supervision, which is the test for a deprivation of liberty. The manager confirmed they had submitted DoLS applications for all of the people who lived at the home to make sure that they were following the legal procedures correctly.

Staff had received training in nutrition and food hygiene, and supported people to maintain a balanced diet. Staff told us that people could choose from a variety of meals and could also have an alternative if they did not want the food on the menu. One staff member said, "They have very good meals here". Staff said that if a person had tried a new type of food, for example during a pub meal, and enjoyed it they would add it to the menu at home. Our observations showed that people were supported to eat the food they enjoyed. For instance during the inspection one person was having some lunch but they indicated they did not want it. The staff member respected their decision and asked them again after a few minutes whether they wanted to eat their lunch. Because the person still did not want it the staff member made them an alternative, which was more to their liking. Another person was having a hot drink. Staff supported them to sit in an upright chair and gently encouraged the person by sitting with them but enabling them to drink independently.

Staff had received training in emergency first aid and knew how to respond in the event of a medical emergency. For example, one person who lived at the home was diagnosed with diabetes. Staff understood what signs there might be that the person was becoming unwell and knew what action to take. People were supported to see a range of healthcare professionals as they needed to including, their GP, district nurse, diabetic nurse, podiatrist and dentist.

The home had been adapted to meet the needs of the people living there. A member of staff told us, "It's more like

Good

Is the service effective?

a family home". There was level access throughout and rooms were well designed and homely. The living room had sensory equipment such as music, lighting and activities that people could use for relaxation or as part of an activity. People also had the equipment they required to maximise their independence and staff understood how it needed to be used. People's bedrooms were highly personalised to their hobbies, interests and taste and there was a family home feel to the environment.

Good

Is the service caring?

Our findings

Relatives told us staff were caring. One said, “They are all excellent, lovely, approachable, friendly and helpful. [The person] gets on with them all really well”. Another relative told us, “We have confidence that [the person] is well cared for and enjoys an interesting life”.

Staff told us, “It’s a nice home, its cosy, it’s a home from home” and, “It’s their home and that’s how it should be”.

Staff knew people well and cared about their welfare. One staff member said, “Everyone who works here genuinely cares, people get the best care we can possibly give”. Staff told us they had time to read people’s care plan and that they helped them to understand the person. This meant they were able to develop relationships based on what they knew about people’s personality, preferences and needs. People approached staff readily to ask for help or to be with them. We saw that all the staff approached people in a warm, caring and compassionate manner”.

People’s facial expressions indicated they felt comfortable, happy and relaxed in the company of staff. We observed an activity and saw that the staff member was interested in the person and involved them in understanding what they were trying to do. The staff member was focused on the individual using effective facial expressions and body language to indicate their respect and interest in the person. They explained the activity in a way the person could understand and had a very person centred, kind and fun approach.

One of the home’s aims was to empower and encourage people to actively participate in daily life activities. Our observations showed staff used every opportunity to provide people with choice, and encouraged people to make their own decisions. Staff knew people well and understood their likes, dislikes and what they enjoyed doing. We saw people responded positively to the staff approaches and made choices, for example over what they wanted to wear, or eat or drink. Where people made a choice staff listened to them and acted on it.

The home had a policy on dignity and privacy which stated, ‘The purpose is to uphold the dignity of anyone in our care’, and ‘Those in our care expect to enjoy the same standards of privacy we all generally expect to enjoy’. Staff had good insight into respecting people’s privacy and dignity, staff gave us examples of how they would do this such as closing doors and curtains when they were supporting people with intimate care, explaining what they were doing and supporting people in an unhurried manner. During the inspection we noted that staff closed doors when they were helping or supporting somebody. We also saw staff all rang the front door bell when arriving at the property. The manager told us this was because they were entering the people’s home and needed to respect that it was their environment.

Good

Is the service responsive?

Our findings

People's family members told us the service responded to family members needs promptly.

People's needs were assessed before they came to live at the home so that staff understood what help and support they needed, and were sure they could provide care that met their needs. From people's assessments and risk assessments the home developed detailed care and support plans to guide staff in how the person wanted or needed to be supported. For example, people had 'communication passports'. These helped staff get to know the individual and, as well as essential information about what staff needed know, included aspects such as, 'what I like to chat about', 'who my friends are' and how you can help me'. There was also detailed guidance for staff on aspects of people's care needs such religion, mobility, personal care and safety needs, what people liked to do, and what they didn't like. The manager commented on the care plans saying, "All the care is around them. Care plans are written from the person's point of view. It is very much geared towards what the person wants". We saw that staff followed people's care plans and that people were supported in the way they wanted to be. For example, one person had specific guidance on how to prepare for going out and another person had specific cultural needs. We saw staff followed the guidance in both instances.

Staff had up to date guidance on issues that affected the people they supported such as oral healthcare or high risk foods. One person had a sensory impairment and staff followed detailed guidance that supported them to understand how they could interact with the person. Staff also had daily handovers. This made sure people were supported by staff who knew how their day had been and what help or support they needed. Staff worked with people to create memories of their activities and events. These were highly personalised and were used to share with families and the person, which helped staff understand what people had enjoyed doing.

There was a range of activities people participated in such as, going to the pub or a café for lunch, going to the hairdresser, visiting local tourist attractions or the beach and going for walks. Some people also attended a local day centre. There were lots of activities at home which included sensory based or relaxation activities, baking and BBQ's. On the first day of the inspection the person had chosen to go trampolining; and when they returned staff told us the person had enjoyed this. We saw that people had pictorial activity planners and this person had their trampolining activity displayed on their pictorial planner so they could be reminded of what they were doing. Staff confirmed that people lived full and active lives. One said, "We have a range of activities, they are really good", and another told us, "They do a lot of activities, they have a varied lifestyle". The manager explained how they matched staff strengths and interests with people, for example one care worker liked being active and supported people with exercise related activities, whereas another staff member took the lead with cooking and baking.

The home had a complaints policy that was displayed in the home in both written and pictorial format. The manager told us they had not received any complaints in 2015. They told us about a concern that a family member had raised and explained the action they had taken to resolve the problem. We could see they had acted in accordance with their complaints procedures.

Good

Is the service well-led?

Our findings

People were supported to express their views. For example, there were resident meetings and the home had been audited by a self-advocacy group for people with learning disabilities. The report showed that people felt safe, happy and well supported by staff who understood their needs. People had told the auditors they had choices over activities and food and that they liked the staff who worked at the home.

We saw results of a recent quality assurance questionnaire that had been sent to both relatives and staff. The results showed that respondents felt the service was either good, or very good in most areas.

The home had an annual service development plan that was formulated from responses to the quality assurance feedback. They displayed this in the home with the actions they had taken to improve the quality of care people received. The manager told us, "It's about making it work for people".

Staff were supported to share ideas and concerns. One said, "We have staff meetings and can always bring up anything". Records showed a range of topics were explored including feedback on activities, new guidance and training. For example, staff had completed a fire safety quiz at one meeting and a physiotherapist had attended another to share guidance about how one person needed to be supported. Staff also told us the manager had an open door policy and that they felt listened to. They told us that when they made suggestions these were acted on if possible. A member of staff told us the manager was, "Open to things", and other staff members said, "She's a very good boss" and, "A good manager". A relative confirmed this saying the manager was, "A very good leader".

At the time of the inspection the manager was reviewing all the home's policies and procedures to make sure best practice guidance and new legislation were underpinning the service that was provided. The manager told us, "I need to make sure I know what is happening so I can cascade that knowledge".

There were a variety of checks and audits in place so that the home knew the service they offered was safe, effective, caring and responsive. For example, staff had detailed guidance on night routines such as the health and safety of the building, which made sure they were aware of what they needed to do to keep people safe. There were also daily cleaning checks and weekly checks of the environment including fire safety, medicines and the first aid kit. The manager checked on accidents or incidents every month. This enabled them to detect any patterns or trends and take action to mitigate the risk of a reoccurrence.