Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Blue Cedars

67 Avenue Road, Farnborough, GU14 7BH

Tel: 01252542138

Date of Inspection: 13 November 2013

Date of Publication: December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Congress House Limited
Registered Manager	Ms. Helen Jones
Overview of the service	Blue Cedars is a care home for up to six people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	12
Assessing and monitoring the quality of service provision	14
About CQC Inspections	16
How we define our judgements	17
Glossary of terms we use in this report	19
Contact us	21

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with two people who lived at the home and two relatives. They told us the home was good and the staff were supportive and they helped people to live full lives. We saw evidence that people were engaged in many activities of their choosing. Relatives told us the staff were "excellent" and very knowledgeable and well trained.

We looked at four people's records and found they were up to date and provided guidance to staff about the most appropriate ways to provide care and support. The records contained risk assessments which included clear guidance for staff regarding the steps they could take to ensure people's safety.

Relatives told us the staff were respectful of people's rooms and belongings. We found people were addressed by the name they had chosen and which was recorded in their care plans. When we observed staff supporting people they did not rush them and seemed to have good rapport with them. When people asked questions, the staff were respectful and friendly in their responses. The staff offered assistance to people when they requested it but did not take over. These measures ensured that people were supported to maintain and enhance their independence.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People's views and experiences were taken into account in the way the service was provided and delivered.

We saw the information that was given to people and their relatives before they made the decision to live at blue Cedars. We found it was comprehensive and up to date. There was a full version of information in an 'easy read' format. This ensured it was accessible to a wide range of people.

We spoke with one person who told us they really liked living at the home. They said there was a lot to do and they were able to choose their activities. These were personal to the individual and based on their personal preferences. Around the home were boards full of photographs of people, the staff and some relatives engaged in social events or visits to various locations. These photographs showed people smiling and looking happy. Staff told us the board was updated every three months which meant the photographs were current and topical.

We saw from records that people were supported to maintain their independence as far as possible and were involved in community activities. For example, people were supported to visit local shops and clubs. There were also communal activities which people discussed and agreed upon. These activities were discussed and agreed at regular house meetings. This showed people had choice about how they spent their time.

We looked at four care plans which included a great deal of information about people's likes and dislikes, in addition to their preferred activities. We saw there were sections about people's goals and aspirations and the ways staff could support people to achieve these.

Relatives told us the staff were respectful of people's rooms and belongings. We found people were addressed by the name they had chosen and which was recorded in their care plans. When we observed staff supporting people they did not rush them and

seemed to have good rapport with them. When people asked questions, the staff were respectful and friendly in their responses. The staff offered assistance to people when they requested it but did not take over. These measures ensured that people were supported to maintain and enhance their independence.

As a consequence of these measures the provider had ensured people were treated respectfully and in ways that maintained their dignity.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at four care plans which contained in depth descriptions of people's care and support needs. For example, when people had long term conditions such as epilepsy, their records contained up to date evidence based information about the condition. This provided clear guidance for staff to ensure that they knew how a person's condition could affect them.

Another example related to the signs staff should look for to recognise when people were becoming upset or agitated. Some of the guidance included subtle signs that would allow staff to anticipate people's care needs and provide early and preventative support. This meant staff had access to up to date research evidence that helped them understand how best they could support people to meet their needs.

Staff told us they used people's records to plan and implement care. They said it provided in-depth information about people, their lives and care needs in addition to the best ways for them to provide support. The records showed people had access to support from a wide range of external professionals, for example, community learning disability staff and the community nursing team.

The records we looked at confirmed staff worked with community based staff to ensure people's needs were met. However the provider might find it useful to note that when staff guidance was written by community teams for example relating to food and medicines which were administered through percutaneous endoscopic gastrostomy (PEG) tubes, a risk assessment was not conducted nor was a specific care plan created.

We spoke with staff about the processes they followed when they supported people to have food and medicines through percutaneous endoscopic gastrostomy (PEG) tubes. (PEG tubes are inserted directly into the stomach from the abdomen and are used to support people with swallowing difficulties). Staff descriptions reflected the guidance precisely. This meant staff were providing care and support that met people's needs.

During our visit we saw people were being supported to meet their continence needs. This support was regular and staff were discrete. However the provider might find it useful to

note that there were no continence promotion risk assessments or care plans, even when a person had a catheter. This meant staff may not have had appropriate instructions about the steps they should take to avoid the risk of urinary tract infection. We spoke to two staff who had an excellent understanding of their role supporting people to meet their continence needs and to prevent the risk of infection.

The provider had a 'read and sign' staff folder. This contained all information about people that had become relevant during the past week and all changes in risk assessments or care plans. Staff were required to sign they had read this information. The deputy manager told us this was to ensure all staff knew about the issues that may affect people's care and support. They told us the signatures were checked each week and any staff that had not signed were followed up. This process meant staff were up to date about people's care and support needs.

As a consequence of these measures the provider had ensured people received care and support that met their needs.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with two members of staff who demonstrated they understood their responsibilities in ensuring people were protected from abuse. They were clear about the meaning of abuse and said they were confident that the manager would ensure any allegation of abuse or suspected abuse was properly investigated and referred to the local authority safeguarding team.

The home had clear procedures for supporting people in managing their money. There were several checks to ensure that people were protected from financial abuse.

Relatives told us they felt confident the staff would protect people from abuse. They said the staff knew their relative very well and knew the areas they were most vulnerable. For example, they told us when staff accompanied people when they went out to shops or events, a risk assessment had been conducted beforehand. One relative said "this meant they knew about dangers in advance and made sure they were avoided". This meant staff anticipated situations where people might be at risk and took steps to ensure these were avoided.

Staff knew about the provider's safeguarding policy and knew how to access the local authority guidance. They told us they were up to date with their training and the issue was frequently brought up during supervision. Training records provided evidence that all staff had received recent training in safeguarding.

We saw from information displayed in the main hallway which showed how people could raise concerns. It was in an appropriate format and provided guidance about how people or relatives could raise concerns or make complaints.

In addition to safeguarding, the staff had received training on the deprivation of liberty standards, equality and diversity and mental capacity. Staff demonstrated a clear understanding of their learning and they said everyone was assumed to have capacity unless there was proven evidence to the contrary.

Staff explained the provider's Whistle Blowing Policy which demonstrated they understood the process to follow in the event of concern. They told us they would not hesitate to follow the policy in the event of concerns.

We also saw information displayed in a main corridor informing people about how they could access external agencies or advocacy services. This meant people were provided with access to organisations and other people they could raise concerns with or act on their behalf.

These measures ensured the provider had taken steps to protect people from abuse and the risks of abuse occurring.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard.

Reasons for our judgement

We spoke with two staff who told us they enjoyed working for the provider. They said the staff worked together as a team to ensure people received the care and support they needed. One staff member said they loved going into work because they liked the other team members and enjoyed being able to support people to achieve their goals and ambitions.

There was an induction programme for staff which covered all the areas in the Skills of Health workbook. Staff told us the induction programme gave them an excellent preparation to be able to provide safe and appropriate care that met people's needs.

We saw training records for all staff. These demonstrated they took part in a wide range of training courses. The training covered the health conditions and support needs experienced by people in addition to more generic issues, such as health and safety. The manager had a system for identifying when refresher courses were needed which were then organised for staff to attend.

In addition to formal training and education, courses were provided on a range of practically based topics such as record keeping. Staff competence was also ensured through an assessment process which covered key areas such as moving and handling. This was undertaken through direct observation of staff engaged in moving and handling and a knowledge test. This meant staff were well trained but also competent to provide care safely and to an appropriate standard.

Staff we spoke with said they were very happy with the amount and content of training. They said training helped them to understand and meet people's needs. Staff we spoke with said that the manager was supportive of training and ensured they were up to date. They told us this meant they were able to offer the best in care and support because their knowledge was good.

We spoke with two relatives who told us that they knew the staff were well trained because this was demonstrated in the ways they provided care and support. They said the staff always knew what to do and this came from their knowledge, experience and the

leadership provided.

Staff said they received regular one to one supervision sessions every six weeks. They said the sessions were helpful and they felt well supported. They also had almost daily contact with the manager and the two deputies, who knew the staff and people living at the home very well. The staff told us they often worked alongside the manager and were able to extend their knowledge through informal coaching. Staff said annual appraisals were conducted by the manager but we could not evidence these at the time of our visit.

Staff told us they were able to raise concerns and issues with the manager or senior staff. They said they had monthly staff meetings where they set the agenda for discussion.

As a consequence of these measures the provider had ensured staff received training and support to enable them to meet people's needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had systems in place to assess and monitor service quality.

People who use the service completed feedback survey forms which had been designed in an appropriate read and pictorial style. In addition the same questions were asked during regular meetings. These included such questions as "are you happy with the food"? and "would you like to try anything else"?

Two relatives told us they would not hesitate to raise concerns and one gave a good example of a minor issue they raised which was resolved promptly. They told us they were very satisfied with the response. They said that this example together with others gave them confidence that their concerns would always be addressed quickly. This meant they were assured their issues were important to the manager and staff.

The relatives said the manager frequently asked them if they were happy with the support provided. They said there were regular surveys sent out and they were informed of the results, which they knew to be positive.

We looked at the register of incidents and accidents which were very low in number. The manager had a clear process for responding to adverse events. In addition the staff said they completed a notification form in the event of an accident or other incident but they also immediately made the senior person on duty aware of the issue. They said this monitoring led to discussions at house meetings to help prevent or reduce the incidence of these events in future.

The provider had up to date policies and procedures about all topics relating to the care and support of people. Staff were also required to sign a form to state they had read the policy. This system was applied to all information relating to people's care. The signatures were monitored and any missing would be followed up with the person concerned.

We found in the July minutes of staff meetings the manager had identified there has been

some gaps in daily records. The actions in response to this were agreed and recorded in the minutes and included a date for completion. We saw this action had been completed and on the day of our visit the daily records had been consistently completed. In consequence when an issue was identified it was discussed with staff, a plan agreed and implemented. This meant the provider had a process to continually improve care and support at Blue Cedars.

The provider had a quality file which included publications about how care quality could be assured and maintained. This was available to all staff. The file included research based information and statements of good practice. The deputy manager told us this was to extend staff knowledge so that everyone understood the basics of care quality and how it affected the care and support people received.

As a consequence of these measures the provides ensured that people who used the service and their relatives were asked for their opinions about how the service was provided and these were acted upon.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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