Voyage 1 Limited

The Cedars

Inspection report

High Pitfold
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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

This inspection took place on the 29 November 2016 and was unannounced.

A registered manager was in post. 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.

The Cedars provides accommodation and personal care for up to 14 people who have multiple and complex learning and physical needs. People are accommodated in three bungalows on one site. On the day of our visit there were 14 people at the service.

During our inspection of May 2015 the provider was found to be in breach of two Regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found that effective infection control systems were not in place and the quality audits undertaken were not robust.

We carried out this fully comprehensive inspection to see what action the provider had taken in response to the shortfalls we had previously identified. We found during this inspection that the provider had made the improvements needed and was now meeting the regulations.

People's relatives told us they felt the service was safe. Relatives told us that staff were very kind and they had no concerns in relation to the safety of their family member. Staff understood their responsibilities in relation to keeping people safe and they had received training in relation to safeguarding. Staff were able to describe the types of abuse and the processes to be followed when reporting suspected or actual abuse.

There were enough staff to ensure that people's assessed needs could be met. It was clear that staff had a good understanding of how to attend to people's needs.

Accidents and incidents were recorded and monitored by staff at the service to help minimise the risk of repeated events.

Staff had received training, supervisions and annual appraisals that helped them to perform their duties

Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way; however, the registered manager, whilst being knowledgeable about the MCA, had not followed the guidance and recommendations of the Mental

Capacity Act 2005 Deprivation of Liberty Safeguards. DoLS applications had been sent for approval, but the MCA assessments for specific decisions had not been undertaken for all applications before they were sent. We have made a good practice recommendation in relation to this.

People were not prevented from doing things they enjoyed as staff had identified and assessed individual risks for people.

The provider ensured that full recruitment checks had been carried out to help ensure that only suitable staff worked with people at The Cedars.

People lived in a homely environment that had been adapted to the needs of people. People's bedrooms were personalised with family photographs and their personal belongings.

People were encouraged and supported by staff to be as independent as they were able. Staff supported people to eat a good range of foods. Those with a specific dietary requirement were provided with appropriate food.

People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health.

Staff showed kindness and compassion and people's privacy and dignity were upheld. People were able to spend time on their own in their bedrooms and their personal care needs were attended to in private. People took part in a variety of activities that interested them.

Documentation that enabled staff to support people and to record the care they had received was up to date and regularly reviewed. People's preferences, likes and dislikes were recorded.

If an emergency occurred or the service had to close for a period of time, people's care would not be interrupted as there were procedures in place to minimise the disruption to people.

A complaints procedure was available for any concerns. This was displayed in a format that was easy for people to understand.

Staff and the provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were attended to by staff.

Relatives and associated professionals had been asked for their views about the care provided and how the service was run. Regular staff meetings took place.

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.

Staff were aware of the signs of abuse and the process to be followed if they suspected abuse.

There were enough staff deployed to meet people's needs.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out appropriate checks to ensure staff were safe to work at the service.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Where people's liberty was restricted or they were unable to make decisions for themselves DoLS applications had been submitted.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

People were involved in choosing and preparing the food they ate.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Good

The service was caring.

Staff showed people respect and made them feel that they

mattered.

Staff were caring and kind to people.

People were supported to remain independent and make their own decisions.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were person centred.

People had opportunities to take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well led.

The registered manager created an open culture in which staff told us they felt well supported and involved in running the home.

Quality assurance checks were completed by the provider and staff to help ensure the care provided was of good quality.

Staff felt the registered manager had a good management oversight of the service and supported them when they needed it.

The 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 was planned to check whether the provider was 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 was an unannounced inspection that took place on the 29 November 2016. The inspection was undertaken by two inspectors and an 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.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR). This 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 reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

During the inspection we were unable to speak to all people as they were unable to communicate verbally with us. We used observations to help us understand the experiences of people.

As part of the inspection we spoke with the registered manager, the provider's area manager, five members of staff and a visitor. We had telephone discussions with two relatives. We looked at a range of records about people's care and how the home was managed. We looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records, five recruitment records and internal and external audits that had been completed.

We last inspected The Cedars in May 2015 when we identified two breaches of Regulations.

Good

Is the service safe?

Our findings

People felt safe living at the service. Through our observations we noted that people were relaxed and interacted positively with staff who were aware of their individual communication methods. Relatives told us that their family members were kept safe at The Cedars. One relative told us, "My [family member] is very safe, they have never been mistreated." Another relative told us, "Staff have very close relationships with all people at The Cedars and they know people well. My [family member] has never been mistreated by any member of staff."

At our inspection in May 2015 we found a breach of Regulation 12 in relation to infection control. At this inspection we found the provider had made the required improvements and the infection control standards were being maintained which meant people lived at a service that was clean and free from odour.

Infection control audits were regularly undertaken and a daily cleaning schedule was used to make sure all areas of the service were cleaned properly. The audits included monthly checks on the bedding and mattresses where we found issues at our last inspection. The audits monitored the state of these including checks for tears, stains and odours. Staff were wearing personal protective equipment whilst carrying out their duties. Mops and buckets were colour coded and all staff were able to explain which colours were used for the different areas of the service. Staff were aware of who the lead person for infection control was. The environment was very clean.

People benefit from a safe service where staff understood their safeguarding responsibilities. The provider told us in their PIR that all staff were trained in safeguarding and policies and procedures were in place and we found this to be the case. Staff knew the different types of abuse and what to do if they suspected or witnessed abuse. They were aware of the local authority safeguarding procedures and how to contact them if they felt it was necessary. One member of staff told us, "If I did not think that the registered manager or the provider had taken the appropriate action about safeguarding then I would report my concerns to the local authority. I am confident that the registered manager would take the right action." Staff told us they had received training in relation to safeguarding people and this was confirmed in the training records. Information about what to do if people, staff or visitors witnessed or suspected abuse was clearly displayed in all three bungalows.

People were kept safe because potential risks had been identified and assessed and staff knew what the risks were and the appropriate actions to take to protect people. Risk assessments were based on daily living activities such as moving and handling, medicines, falls and choking. One person had epilepsy and was at risk of seizures. This risk assessment identified the severity of the risk and how this person's breathing could be affected by epileptic seizures. The risk assessment identified that this person was to have emergency medicine straight away. Staff were aware of this risks and what they needed to do should a seizure happen.

People were cared for by a sufficient number of staff to meet their needs. Staff were able to take time to attend to people's needs. When people asked for help staff were able to respond quickly. The registered

manager told us that there were fourteen staff on duty during the day and five waking night staff deployed throughout the three bungalows. This was confirmed through viewing the staff duty rota and discussions with staff and relatives. Throughout our visit we were able to see that there were sufficient staff on duty in each of the 3 bungalows to meet the needs of people.

People were protected for unsuitable staff because safe recruitment practices were followed before new staff were employed. The provider had told us in their PIR that Disclosure and Barring Service (DBS) checks and references were sought for all staff before they commenced their duties at the service and we found this to be the case. The provider had obtained appropriate records as required to check prospective staff were of good character.

People received their medicines when required as there were safe medication administration systems in place. People's medicines were stored and disposed of appropriately and securely. We looked at the Medicine Administration Records (MARs) for people. The MARs had been completed and no omissions had been noted. All medicines received into the service were clearly recorded and records of medicines returned to the pharmacy were maintained

Interruption to people's care would be minimised in the event of an emergency. The provider had an emergency contingency plan, a copy of which was in each of the three bungalows. These were detailed and provided information and guidance about how the service was to be operated in case of an emergency, such as fire or loss of gas and electric. Staff told us they had read and understood this document and that they had the emergency telephone contact numbers to use. Records contained personal emergency evacuation plans for each person (PEEPs.) One person had specific needs during the day and night and staff knew how to assist them and equipment they needed was available. The PEEP detailed how staff were to provide reassurance as this person was afraid of alarms.

When people had accidents or incidents these were recorded and monitored at the home. Staff knew the procedures for reporting accidents and incidents. Staff told us they reported all incidents and accidents to the manager and these would be discussed during staff meetings to identify patterns and to prevent them being repeated.

Good

Is the service effective?

Our findings

Relatives told us they believed staff had received training due to how they carried out their roles. A relative told us, "They [staff] always know what they are doing." Another relative told us, "They are all very professional. I know they have had training to help people who have specific needs."

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. The provider told us in their PIR that all staff received all the mandatory training. We found this to be the case in the training records. Staff confirmed that they had received this training which included safe management of medicines, safeguarding, moving and handling, first aid, food hygiene, health and safety and infection control. Other training undertaken by staff included allergen awareness, nutrition, equality and diversity, epilepsy and percutaneous endoscopic gastrostomy (PEG) feeding. Staff were able to describe what they had learned from their training and how they put this into practice.

New staff were supported to complete an induction programme before working on their own. The provider told us in their PIR that new staff completed induction training and worked with experienced staff until they were competent to work on their own. We found this to be the case. One member of staff told us, "The induction helped to me carry out my duties and understand the needs of people we looked after."

Staff were provided with the opportunity to review and discuss their performance. The provider told us in their PIR that staff received supervisions and an annual appraisal and we found this to be the case. Discussions with staff and records maintained at the service confirmed that these were taking place regularly. Staff told us these enabled them to discuss their roles, the needs of people and training.

Decisions were made in people's best interests and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards.

DoLS were being applied for, but MCA assessments had not been undertaken in two instances before they were sent. There was not an assessment or a record of best interest decisions in these two documents. However, the impact on people was minimal and we observed people coming and going throughout the day. There was a 'decision making profile' page in the records that outlined different decisions and who was able to make it. The registered manager told us that they would ensure that all MCA assessments would be undertaken as part of the DoLS process. Staff demonstrated a good knowledge of the MCA and how to

promote choice for people.

We recommend that the registered provider checks that in every instance the guidance and recommendations of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards are followed when making specific decisions in people's best interest.

Staff told us they had received training in relation to the MCA and DoLS. Staff told us people made choices about everything they wanted to do. One member of staff told us, "We always offer choices to people. For example, they can choose their bedtimes and the clothes they want to wear. They can choose what activities they want to join in with." We observed people making choices and staff respected these. One person was being supported to eat by a member of staff. The staff member asked the person discreetly, "Would you like to feed yourself," but the person declined. The staff member continued to ask from time to time whether it was "okay" to continue to help them. The person continued to give their consent but occasionally reached out for the spoon which was given to them so they could be independent if they choose but staff continued to offer support. Another person made it known that they wanted something from their bedroom and the member of staff asked, "Is it okay for me to go into your room and get it for you?" and the person said 'yes' which showed their consent had been sought.

People's dietary needs and preferences were documented and known by staff. One person had seen the speech and language therapist (SALT) team and required 'mashable' food and thickened fluids. This information was clearly recorded in their care plan. They were also at risk of choking and a risk assessment identified measures to minimise the risk. Staff supported the person to to sit in the right position to eat their meal. People were in the kitchen whilst food was cooked to involve them in food preparation even where they were not physically able to join in.

People were supported to have a meal of their choice by organised and attentive staff. There were two main meals to choose from at lunchtime. Staff told us that if people did not want what was on offer then other meals would be provided. The choices people made were respected by staff. Meals were nutritious and included fresh meat, vegetables, pasta and fresh fruit. All food was freshly cooked each day. Relatives were complimentary about the food provided. They told us that the food always looked appetising and was freshly cooked. We observed one person being offered an apple, yoghurt or a banana and these items were put in front of them to enable them to make their own choice. Staff told us that people were involved in planning the menus. Every weekend staff sat with people and used photographs of foods to help make a choice of what they would like to be included on the menu for the following week.

People had access to health and social care professionals. The PIR informed that external healthcare professionals were involved with people and we found this to be the case. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals such as opticians, dentists or hospital appointment. Clear records in relation to people's healthcare needs were kept in people's care plans. These records were used to monitor people's health and to inform staff so care could be offered that was relevant and appropriate. Each person had hospital passports in their files that provided information about the person and their medical needs. This would be sent with the person if they attended hospital for any reason.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. Relatives and visitors told us that staff at the service were 'excellent' and very caring people. They told us that their family members were cared for by friendly and attentive staff. One relative said, "Staff are very caring and compassionate. A lot of the staff have been at The Cedars for a long time and know people really well. My [family member] has their favourite but all staff are very good at caring."

Staff told us they treated people as individuals. They told us that people were involved in making decisions about their care and support and we saw this happened in practice. The provider told us in the PIR that individual guidelines were written to capture how people would like to be supported and we found this to be the case. One person's records stated, 'What People Like and Admire About Me: I'm sociable, I smile a lot, and I'm friendly.' One person's records stated, 'What is important to me' and one of the things was 'Freddie the cat'. We observed this person spending time with Freddie (The house cat). Care plans contained details of people's life histories, where they've lived before and information on their personalities.

People received care and support from staff who had got to know them well. Staff told us they got to know people through regularly reading the care plans and spending time with people. One member of staff was able to fully describe the care needs for one person, their likes and dislikes and how to attend to their personal needs. Staff knew people's individual communication skills, abilities and preferences and how each person communicated through body language, hand and facial expressions. Care records contained information on how to communicate with people. One person's records stated that they reacted in a specific way when unhappy. Another person's records stated that they would change the way they reacted when unwell. Staff had noticed them behaving like this recently and had contacted the GP, as outlined in their care plan. During our observations it was clearly evident that staff knew people well enough to anticipate their needs and understand their feelings and respond to these appropriately.

Staff told us that they operated a key worker system whereby they had a holistic view of certain people's care and support, but this did not prohibit them from caring for other people. Staff told us that, although people have difficulty understanding the concept of care plans, they had monthly key worker meetings with people to discuss their care plans with them. Records of these meetings were maintained in peoples' care plans.

The relationships between staff and people demonstrated dignity and respect at all times. The provider told us in their PIR that staff were aware of their responsibilities in relation to privacy and dignity and we found this to be the case. Staff told us that they attended to the personal care needs of people in the privacy of bedrooms and bathrooms with the doors and curtains closed. During our visit we observed this practice taking place. One member of staff supported someone to move to a private place to help them with their personal care. Relatives and visitors were complimentary about how staff respected people's privacy and dignity at all times.

There were relaxed and positive interactions between people and staff. Staff had a special relationship with

people that showed compassion, care and kindness. Staff said they enjoyed spending time with people.

A visitor told us they felt the staff were, "Very diligent, caring and all had the ability to empathise with people". They also said, "The staff work hard and are prepared to do what is required of them to ensure the people are safe." Relatives and a visitor told us they were made to feel welcome and were able to visit the service at any time.

People were encouraged to be as independent as they were able. Staff told us that they encouraged people to do as much as they were able to for themselves such as washing and dressing. We saw people were in the kitchen when staff were cooking meals. Staff told us that although people could not physically take part in cooking meals, they liked to be in the kitchen watching and having interaction with staff. One member of staff with one person contacted the hairdressers to book an appointment. They put the phone on speakerphone and sat next to the person speaking on their behalf. The person was fully involved in choosing the date and time of the appointment.

People lived in an environment that was homely and included adaptations to meet individual people's needs. People's bedrooms were personalised to them with televisions, pictures and their personal possessions. The environment was very clean and tidy and all three bungalows had recently been redecorated with colours that people had chosen.

Good

Is the service responsive?

Our findings

Relatives told us they were aware of the care plans for their family members and that staff kept them informed of any changes made.

People's needs had been assessed before they moved to the service to make sure their needs could be met. Care plans had been produced from the assessments. Care plans included how people wished their personal care needs to be attended to, their communication needs, how to assist the person with their routines and how to help them make choices every day. Information in the care plans was person-centred. Care plans also included details of what people enjoyed and what activities they wished to take part in.

Care plans were personalised and information on what was important to people was clear. People's photographs were in their records and details of care plans were in a pictorial format to assist peoples understanding of what was written about them. One person's records stated 'Looking beautiful' was important to them. Staff understood this and the person was dressed in glamorous clothes and had make up on. They also regularly had their hair dyed by a member of staff. A member of staff told us that this person liked wearing jewellery and they always made sure they were supported to do so. Another person's records stated that their routine was very important to them. Staff followed this routine carefully as it was detailed in their plan. Daily notes demonstrated that this person received care at the times they wanted and attended outings and clubs on the days they were supposed to. Another person's care records stated, "I can be very choosy so please give me choices of things to eat." We observed staff supporting this person to choose their lunch. People were supported to have the care they needed in a way that mattered to them and staff responded to each person's individual needs and wishes.

Care plans were reviewed regularly and changes brought in as a result. One person had been going to the hairdressers frequently and staff identified a care plan was needed to help staff support this person to go and have their hair cut. This was added following their review. Another person had identified at their review that they enjoyed the activity club that they attended and would like to go more often. This was arranged by staff.

People had a range of individual and group activities they could be involved in and people were able to choose what they took part in. People were able to maintain hobbies and interests and staff provided support as required. Activities included attending day centres, out for lunch, multisensory and music and head massages. Lots of people attended The Grove, a local activity club nearby. One person had an interest in music and they were supported to go to a music group as well as to be supported by staff at home to listen to songs. Records contained activity timetables and we observed people being supported to go out for walks on the day of our inspection. Relatives told us that their family member always had activities they could choose to attend.

There was a complaints procedure available to people in a format that they could understand that used pictures and symbols. The complaints procedure was displayed in all three bungalows. It included the timescales for responding to complaints and who to contact when making a complaint. At the time of our

inspection the service had not received any complaints.

Relatives told us they were aware of how to make a complaint. They said they found staff approachable and if they had any concerns they could discuss them with staff or the registered manager. The registered manager told us that any complaints would be discussed at staff meetings as an opportunity for learning or improvement.

Good

Is the service well-led?

Our findings

Relatives told us that they thought the service was managed well as their family members were cared for in a respectful and dignified way by staff. One relative told us that the registered manager was 'approachable and always available to talk to them'.

At our inspection in May 2015 we found a breach of Regulation 17 in relation to the lack of robust audits to monitor the quality of service provided. At this inspection we found the provider had improved the way they audited the quality of the service and improvements had been made as a result of the checks.

Quality assurance systems were in place to monitor the quality and running of service being delivered. Audits undertaken included weekly and monthly audits on the environment, health and safety, infection control, daily cleaning schedules and the medicine administration records. Action plans for identified issues had been put in place. A recent quarterly audit identified that the decoration at the home was 'not of a high quality'. In response, the registered manager had arranged for the home to be decorated. Another audit identified that medicines audits were not happening monthly as stated in the providers' policy. The registered manager introduced a tracker and medicines audits were up to date.

The staff promoted a positive culture. Staff told us the registered manager had an open door policy, was approachable and they could talk to them at any time. Staff spoke very highly of the registered manager and knew what was expected of them in respect to their roles and responsibilities. They felt the registered manager was "fair and approachable" and would not hesitate in speaking to him "if they felt something was not right".

Staff were empowered to contribute to improve the service. Staff meetings took place regularly. At the last staff meeting staff discussed infection control and the importance of using yellow bags for clinical waste. Staff raised that medicines stocks were running low without new medicines being ordered. Staff discussed this and were reminded to check all stocks when administering people's medicines. Staff discussed training that was due as well as any areas of learning they might have. Staff could raise any suggestions that would improve the lives of people living at the service. One staff member had discussed the need for a house meeting with people and this had been actioned. Regular house meetings took place with people and minutes of these were recorded.

The provider had a set of visions and values for the service displayed in the bungalows. Staff were knowledgeable about these and how they performed their duties in line within these, such as 'passion for care.' Staff spoke enthusiastically and were passionate about the people they cared for. People were at the centre of everything that was considered and done at the service.

The registered manager used a software system to analyse incidents, accidents and safeguarding. This helped to identify any patterns, ensure deadlines were met and relevant people contacted in the event of accidents.

The registered manager told us that as part of continued improvement they had undertaken a survey to ascertain the views from relatives and stakeholders about the care and treatment delivered by staff at the service. The last survey was undertaken in May 2016. On the whole comments received were all positive about the care and treatment provided at The Cedars. The registered manager had produced a summary of the findings and an action plan had been developed and completed for issues that had been identified.

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the service. We found that when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.