Blair House Care Home Limited

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Inspection report

18 Roe Lane
Southport
Merseyside
PR9 9DR

Tel: 01704500123

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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 9 December 2016 and was unannounced.

Blair House provides nursing and personal care for people who have mental health needs. It is registered to provide 41 places. The home is a large detached property set in a residential setting fairly close to Southport Town Centre.

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 home was last inspected in September 2015. The home was rated as 'requires improvement' and we found a breach of regulation relating to staffing as staff were not always trained and supervised appropriately. We told the provider to take action. The provider wrote to us following this inspection and told us what action they were going to take to ensure they met this breach.

We saw during this inspection, the provider developed and implemented a new system of training and induction which all staff had undertaken. We saw that staff had been trained to support people with mental health conditions, and all staff had been regularly supervised and had had an appraisal. The provider was no longer in breach of this regulation.

We found during the last inspection that the registered manager had not always informed CQC when reportable incidents had occurred, however they had agreed to do this at the last inspection in September 2015. We saw during this inspection CQC had been advised of all reportable incidents

Everyone told us they felt safe living at the home. People told us the staff made them feel safe as they knew the staff team well.

Medication was managed safely within the home.

Risk assessments were detailed and informative. Risks to people and any triggers were described along with the course of action the staff were required to take to help keep the person safe.

Staff we spoke with were able to describe the course of action they would take if they felt someone was being harmed or abused in anyway.

Recruitment procedures were robust to ensure staff were suitable to work with vulnerable people. Systems

were in place to maintain the safety of the home. This included health and safety checks of the equipment and building

People had a plan of care in place which was personalised and contained information such as their likes, dislikes and backgrounds. This was as well as other information relevant to their needs ensuring they received care which met their needs.

The registered manager and the staff had knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. We saw that capacity assessments had been completed for people which were decision specific and showed how the least restrictive option was chosen.

The home had aids and equipment to meet people's needs and staff would encourage people to do things for themselves when it was appropriate to promote their independence.

We found the home to be clean, spacious and well decorated.

Food was fresh and home cooked. Everyone we spoke with told us that they enjoyed the food and got enough to eat and drink.

Staff referred to outside professionals promptly for advice and support.

A process was in place for managing complaints and the provider's complaints procedure was available so people had access to this information.

People and relatives were complimentary about the registered manager, the directors, and the culture of the home in general.

Staff were aware of the provider's whistleblowing policy and told us they would not hesitate to report any concerns or bad practice.

Systems were in place to monitor the standard of the service and drive forward improvements. This included a number of audits for different areas of practice

There were a new group of directors who had taken over management of the home since our last inspection in September 2015, and staff told us there had been positive changes.

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.

Risk assessments were in place which contained an appropriate level of information.

Recruitment procedures were robust and checks were undertaken on any new staff members.

Medication was managed safely within the service by staff who were trained to do so.

Regular checks were undertaken on the environment in the home.

Is the service effective?

Good

The service was effective.

Staff were trained and we saw a system to ensure that staff were regularly supervised and trained had been implemented.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People got plenty to eat and drink, and we received positive comments about the food.

People received access to health professionals when they needed to.

Is the service caring?

Good

The service was caring.

People said that the staff cared about them and were very obliging. We observed staff speaking to people with respect.

Staff were able to describe how they promoted people's dignity and respected their privacy.

People told us they were routinely involved in decisions concerning their care and support.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and contained information about people's likes, dislikes and preferences.

There was a complaints procedure in place and it was accessible for people who lived at the home. People told us that they knew how to complain.

There were activities and people could choose what they did with their time

Is the service well-led?

Good

The service was well-led.

The registered manager was aware of their role and had reported all incidents to the commission as required.

People and staff told us they felt the home was well-run, and they liked the registered manager and the provider.

There was regular auditing taking place of care files, medication and other documentation relating to the running of the service.

There were quality assurance systems in place and people were regularly asked for feedback to help improve the service.

Blair House 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 9 December 2016 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience.
An expert-by-experience is a person who has personal experience of using or caring for someone who uses mental health services.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A 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 the statutory notifications and other intelligence which the Care Quality Commission had received about the home.

During the inspection, we spent time with seven staff who worked at the service, including two RMN's, (registered nurses who specialise in mental health) the registered manager and one of the directors. We spoke with seven people who lived at the home.

We looked at the care records for the three people using the service, four staff personnel files and records relevant to the quality monitoring of the service.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt the home was safe and they felt safe. One person said, "I feel safe here people don't fight like they do in other places. The staff and residents all get on." Another person told us, "It's [the home] a nice place to live. I have lived in other places, but I like this one the best." Other comments included, "Oh yes it's very safe, I know who the staff are, and they know me," and "I like it here."

We looked at the procedure in place for the administration and storage of medication. We saw that medications were kept securely in a temperature-controlled room. Staff kept a daily recording of the temperatures. This is important because if some medications are stored at the incorrect temperature this can effect how they work. We spot checked the MAR [Medication Administration Records] sheets for three people living at the home and counted their loose medications. We could see that all totals corresponded to the totals recorded on the MAR sheets. The MAR contained a plan for each person, a photograph of the person on the front and a list of the medication and what it was used for. People prescribed PRN (medication when required) had a detailed protocol in place which explained when the PRN was needed and why.

Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range.

Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Some people were prescribed topical medicines (creams). These were stored safely and body maps were routinely used to show where topical creams should be applied.

We observed people being given their medication. Medication was being given as directed and the staff member spoke to the person who was receiving the medication to explain what they were doing and what the medication was.

We looked at the adult safeguarding policy for the home and asked the staff about their understanding of their roles in relation to safeguarding. Staff were clearly able to describe the procedures they would be expected to follow to keep people safe from abuse. One staff member said, "I would go to (registered manager) and tell them."
We also asked staff about whistleblowing. All of the staff we spoke with told us they would not hesitate to use this policy if they felt they needed too.

We checked to see if the relevant health and safety checks were completed on the building. We spot checked some of the certificates, such as the gas, electric and firefighting equipment. We checked when the last fire evacuation test was and saw it had been completed recently. Everyone who lived at the home had a personal evacuation plan (PEEP) in place that was personalised to suit their needs and included an explanation of their diagnosis and how this could affect them during an evacuation.

The environment was clean and people's rooms were decorated according to their own taste. People had been fully involved in the décor of the homes communal areas, such as the dining areas and lounges.

We reviewed three files relating to staff employed at the service. Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the registered manager to assess their suitability for working with vulnerable adults One staff member we spoke with confirmed they were unable to commence employment until all checks had been carried out. They told us they completed an application form and attended an interview. They could not start work until they had received clearance from the DBS. This confirmed there were safe procedures in place to recruit new members of staff.

Risks assessments were completed in a way that maximised people's independence and we saw that people had signed their risk assessments to show that they agreed with them. Risk was assessed prior to control measures being put in place and then reassessed after the control measures had been implemented. Each risk assessment included a full descriptive account of what the staff should do to help support that person. For example, we saw that one person would become upset if they were reminded or prompted by staff to maintain their personal hygiene, so we saw that the service had implemented a strategy that certain staff members would remind the person of their hygiene needs who they had a good relationship with as this would cause them less distress due to the close relationship with the staff member.

There was a process in place to record and monitor incidents and accidents. Once the incident/accident had been documented by staff, they would send them to head office for a further investigation and analysis and any emerging patterns or trends would be fed back to the registered manager who would cascade this to the nurses in charge and the support staff.

We observed there were enough staff on duty to be able to meet people's required needs. Rotas showed that care was delivered by a consistent staff team. People told us there was always enough staff to meet their needs and they knew who the staff were.

Good

Is the service effective?

Our findings

During our last inspection in September 2015, we found the provider in breach of regulations associated to staffing. This was because staff did not always have the right skills to support people with mental health conditions, and staff were not regularly supervised or appraised. We found during this inspection that they provider had taken action to address these concerns. This included staff completing a new programme of training, some of which focused on the needs of people with mental health conditions to enable staff to gain a better understanding of how to support people. We spoke to staff regarding their recent training and staff were positive about it. One staff member said, "Since the other company have taken over we have all been enrolled on training, it is very good training."

We saw that staff had been supervised. All supervisions had taken place recently and there was an ongoing schedule in place for staff to be supervised at least every eight weeks. We saw that staff had had an appraisal. We looked at the induction of new staff and saw that it was in line with the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Most staff employed had completed a nationally recognised qualification in care. The provider was no longer in breach of this regulation.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

All the staff team had received training in the principles associated with the MCA and DoLS. We found staff understood the relevant requirements of the MCA and put what they had learned into practice. Records showed two applications had been authorised, were being managed and were being kept under review. We saw for one person, there was 'refused to sign' on their care plan, however, there was no mental capacity assessment completed to determine if the person had capacity to understand their care plan. We raised this with the registered manager at the time who advised us the person had 'varied capacity' however this was not documented clearly. The registered manager took action straight away to address this.

Staff understood the importance of gaining consent from people and the principles of best interest decisions. Care records showed people's capacity to make decisions for themselves had been assessed on

admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records that people's capacity to make decisions was being continually assessed on a monthly basis which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members.

We looked at the arrangements for planning and provision of food and drink. We ate lunch with the people who lived at the home and found it was an enjoyable experience. The lunch was well presented and tasted flavoursome and people told us they enjoyed the food. People had regular access to drinks throughout the day. We observed the staff asking people throughout the day if they would like anything to drink. We saw from looking in people's care plans that anyone who was required to have their food and drink intake monitored for health reasons had a suitable tracking tool in place which the staff were completing.

We saw people were supported to maintain their physical health and there was documentation which showed that a range of healthcare professionals regularly visited people. People were supported by staff to attend regular appointments and check-ups.

Good

Is the service caring?

Our findings

We asked people if they felt the staff were caring. One person said, "They [staff] are excellent." Someone else said, "They [staff] are marvellous." Other comments included, "They are really nice," and "Can't fault the staff." Also, "The staff will go out of their way to make sure you are happy."

We observed kind and caring interactions between staff and people who lived at the home. This included staff knocking on people's bedroom doors and asking for permission before they entered.

We asked staff how they offered individualised support. One staff member said, "I get to know each person, and then offer them the support that is right for them." We saw an example of how one person was supported to buy a Christmas present for their family member. The staff member was sitting with the person helping them to wrap the Christmas present . We observed the person was laughing and chatting kindly to the staff, thanking them for their help.

We also saw numerous examples throughout the duration of our inspection where staff were interacting kindly with people who lived at the home.

For example, we saw that one person was asking the staff if they could be any help to them, so the registered manager asked the person to give them a hand to carry to files to one of the other rooms. The person said they would love to help and completed this task with the registered manager, who thanked them kindly afterwards.

We also saw another person sitting chatting with a member of staff, they asked the member of staff if they could help them with something in their room, which the staff member replied "Of course I will."

Someone else was asking the staff in the lounge if they liked their new bag, we heard the staff answer politely to this person that they did and they were complimentary about the handbag, which the person thanked them for.

We saw another staff member supporting a person to ensure they were dressed weather permitting in a scarf and hat before they went out, they asked the person if they would like help to put their scarf on, and the person replied they did, and thanked the staff.

We asked staff to give us examples of how they protected people's dignity and privacy. One staff member said, "We ask people if they would like help, instead of just presuming they do." Other comments included, "[When we support people with personal care] We close doors and cover them up with something, towels or blankets." One staff member said, "I think of how I would want my family member treated if they were in a home." We heard staff addressing people by their preferred title throughout the day. A staff member told us, "We never discuss other residents in communal areas in case someone over hears us."

People told us they were involved in their care plans. One person said, "Yes I know about my care plan, the

staff have been over it with me."

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw that no one was accessing these services during our inspection

Good

Is the service responsive?

Our findings

Everyone had undergone an initial assessment process before being offered a place at the home. We saw that the initial assessment process captured the views preferences, wishes, aspirations of the person before they came into the home. For example one person suffered with low mood and certain conversation topics could trigger this. This was well documented in the person's support plan. This meant that the information in people's care plans was person centred. Person centred means based around the needs of the person and not the service. We saw that people were free to come and go as they pleased at the home and choose how they spent their day.

The registered manager was keen to show us a new system which had been implemented since the last inspection which was designed to ensure people received more person centred support. This involved groups of people having a lead Nurse (RMN) who checked additional records each day such as personal care, engagement, and diet. For example, If people had not engaged in personal care for a number of days the RMN would arrange a meeting with the person and the support staff to make sure everything was okay and discuss any additional steps which needed to be taken. The registered manager wanted to be sure everyone was being consistently supported, and no one was being 'left out.' We saw these records were being used for their intended purpose, and had triggered a care plan review for one person who had not engaged with staff for a few days. The RMN in charge had taken action to address this.

Information such as what people did for a job, and what music they liked were also documented in their care plans. Staff were knowledgeable regarding people's care needs and how people wished to be supported. People told us they had no issues with regards to the gender of their support worker, however, we could see that this choice was documented in the person's care file. People's care plans were signed to show that they had contributed to the assessment and planning of their care. Care plans were reviewed every month for changes.

People told us they were supported to do things that were important to them. For example, one person told us how they enjoyed going for a pint every day. Another person told us how the registered manager and the staff team at the home had supported them to contact the provider and ask for permission to keep a pet. Someone else told us went shopping every Wednesday as this is was something they enjoyed doing, and wanted to carry this on.

The home arranged activities. People told us about the activities and that they enjoyed them. We observed the home had a large activities room were people had been engaged in various artwork, some of which was displayed around the home. One person told us how they were encouraged to pursue their passion of creative writing and we saw pieces of the person's work displayed around the home. We also saw that people had been making Christmas decorations to hang around the home, one person told us they had enjoyed doing this.

Another person told us how they had been encouraged to decorate the Christmas tree at the home. They said, "They [staff] know I am perfectionist and love doing things like that, it took me a while, but I really

enjoyed it."

We looked at complaints and how the complaints procedure was managed in the home. We saw that the complaints procedure was displayed in the hallway of the home and was accessible for people to view. People and relatives we spoke with told us they were aware of the complaints procedure and knew who they would go to if they wanted to complain. The procedure clearly explained what people had a right to expect when they raised a complaint and the timescales as to when they should expect their complaint to be responded to. Everyone in the home told us they knew how to complain, most people said they had never had a cause to complain. One person told us, "I would just go to the manager, they are all nice in here, I know they would listen."

We saw that meetings for people living at the home were taking place every month and the next one was planned for the next few weeks.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been at the home for a long time.

During our last inspection in September 2015, the registered manager was not always notifying CQC of reportable incidents. We saw however, that they had been doing this since the last inspection and there was nothing outstanding which needed to be reported. We spoke to the registered manager and they were aware of their role and responsibilities regarding this. We also saw that the ratings from the last inspection were clearly displayed as required.

The culture of the home was warm and friendly. Staff and people who lived at the home were complimentary about the registered manager and the provider. One staff member said, "[Registered managers name] is great, they always get stuck in and are approachable."

The registered manager told us that they felt well supported by the directors of the home. They explained that all of the registered managers in the company now have the chance to meet up and discuss ideas, which was helpful.

One member of staff told us that there is good management support in the home. They said, "The registered manager was away on leave and one of the directors was here everyday making sure we were okay and the deputy was okay."

We saw that team meetings were taking place every month, the last one had taken place in November and we viewed the minutes of these, as well the previous months. We saw topics such as safeguarding, training and health and safety were discussed.

There were audits for the safety of the building, finances, care plans medication and more regular checks like the water temperatures. We saw any recommendations were being followed up with a plan of action by the registered manager. The registered manager did their own weekly audit of the building and regular care plan checks. We spoke to one of the directors who explained how they were changing the auditing process to become even more robust. This included an external auditor coming into the home to audit the information and provide compliance action plans where needed. This shows that the provider was looking for ways to continuously develop their approach to quality assurance.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance. We saw that the polices had last been reviewed in 2016.

We looked at how the manager used feedback from people living at the home and their relatives to improve the service at Blair House. We saw that the manager had sent out multiple choice questionnaires. The

results had been analysed. We saw 100% of people said they liked living at the home.