

# Blake Court Limited

# Blake Court

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

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 and to pilot a new inspection process being introduced by Care Quality Commission (CQC) which looked at the overall quality of the service.

We undertook an unannounced inspection to Blake Court on 11 July 2014. Blake Court Limited is a supported living

service. The service consists of seventy three flats. People are given varying levels of support with their personal care dependent on their needs. At the time of our inspection seventeen people were using the service.

At our last inspection on 3 July 2013 the service met the regulations inspected.

The service had a registered manager who had been in post since December 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

# Summary of findings

People were kept safe. People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified. Care plans were developed with people who used the service to identify how they wished to be supported.

Staff had the skills and knowledge to support people who used the service. Staffing levels were flexible to meet the needs of people, and could be increased to support people who used the service.

The management team was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provided feedback on the service. The manager undertook spot checks to review the quality of the service provided.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People were kept safe and free from harm. There were processes in place to ensure people were protected from abuse and staff were aware of safeguarding vulnerable adults procedures. Staff were aware of the requirements under the Mental Capacity Act 2005.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



### Is the service effective?

The service was effective. There was an on going programme of training for staff to ensure they had the skills and knowledge required to meet people's needs.

People had access to food and drink of their choice.

Staff liaised with other healthcare professionals as required to ensure people's health needs were met.

Good



### Is the service caring?

The service was caring. People, their relatives and others involved in their care were complimentary about the care and support provided. They told us that staff were kind, caring and respected their privacy and dignity.

People told us they were involved in making decisions about their care and support needs.

People's privacy and dignity were maintained.

Good



### Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

The service had a system in place to gather feedback from people and their relatives, and this was acted upon.

Good



### Is the service well-led?

The service was well-led. Staff told us they were supported by their manager. The culture of the service was open and transparent.

The manager regularly checked the quality of the service provided and ensured people were happy with the service they received. Audits and checks were undertaken and improvements made as a result.

Good



# Blake Court

## Detailed findings

### Background to this inspection

We undertook an unannounced inspection to Blake Court on 11 July 2014. The inspection was carried out by an inspector and a specialist advisor who was nurse with knowledge of the needs of older people.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider before our visit about the service, the staff and the people who use the service. Before the inspection the provider completed 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 spoke with the local safeguarding team, a chiropodist and a GP to obtain their views.

At our last inspection on 3 July 2013 the service met the regulations inspected.

During the visit, we spoke with 13 people using the service, three relatives, four care staff, a cook, the duty manager and the senior service manager. We also looked at a sample of 17 records of people who used the service and five staff records and records related to the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

There were arrangements in place to protect people from the risk of abuse. People who used the service told us that they felt safe and could raise any concerns they had with staff. One person said, "I feel safe, if I am concerned about anything I can call the office." Information regarding who to contact if people or their relatives had concerns about the way they were treated by the service was available.

Staff we spoken with understood the service's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and to external authorities such as the local safeguarding team and the Care Quality Commission. Staff had received training in safeguarding vulnerable adults. Health professionals told us that staff were very trustworthy and responded to any concerns they raised. No safeguarding concerns had been raised in the last year.

We found that the service had policies and procedures in place that ensured staff had guidance if they needed to apply for a deprivation of liberty for a person who used the service. Relevant staff had been trained to understand when an application should be made, and how to submit one. At the time of the inspection no one required the use of the Deprivation of Liberty Safeguards (DoLS). The manager had attended a forum run by the local authority on the recent legislation regarding DoLS. They said they had considered people's needs in regard to this legislation, and were liaising with the local authority to establish if people needed to be assessed. People's records showed they had powers of attorney and living wills in place, and staff were aware of these.

Risks to people were managed appropriately. Assessments were undertaken to identify any risks to people who use the service and staff. People and relatives told us that risks arising from the care they received were monitored and addressed. One person said that they had recently needed more support to move around their flat and staff had carried out a risk assessment to make sure that this was done safely. The person's risk assessment and care plan identified how they should be supported to move safely and transfer from chair to bed. Staff spoken to understood

the possible risks when providing care to people who used the service. Risk assessments identified the action to be taken to prevent or reduce the likelihood of risks occurring. Where necessary professionals had been consulted about the best way to manage risks to people. An occupational therapist had been consulted by the service regarding a person who needed equipment and adaptations to their flat so that they could retain their independence and be self-caring with some staff support.

There were sufficient staff as people who use the service and relatives told us that the availability of staff was tailored to meet their individual needs. One person said, "Staff come to my flat in the morning at the time I have agreed and help me with the things I had asked for help with." A relative confirmed that, "Staff do what they agreed to do. I asked that my relative gets their pain medication regularly as she needs it and the staff are doing this." The duty manager explained that as part of people's assessment before they use the service it was agreed with them how much staff support they needed each day. We looked at eight care plans and these identified when and for how long staff would visit people's flats. Care plans also specified the care needs that staff would support people with. One person told us that they had recently requested more support with personal care first thing in the morning. The service had provided extra staff time so that the person had the care they wanted. The person told us, "I asked for more help and the duty manager came and discussed this with me." We looked at the person's care plan it showed that these changes had been recorded. Staff spoken to felt that sufficient staff were available to meet people's needs. Staff told us they could ask for more support if people's needs had changed.

Safe recruitment procedures were in place that ensured staff were suitable to work with vulnerable adults as staff had undergone the required checks before starting to work at the service. We looked at three files of staff who had recently been recruited to work with people who used the service. These files contained disclosure and barring checks, two references and confirmation of the staff's identity. We spoke with one member of staff who had recently been recruited to work at the service they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

# Is the service effective?

## Our findings

People who use the service received effective care as staff had the necessary knowledge and skills to meet their needs. People and relatives told us that staff understood and knew how to meet their needs. People said, "The staff know how to help me," and "The staff are really good at their job." Staff said that the training they received enabled them to meet people's needs effectively. A member of staff who had recently started to work at the service confirmed they had received a detailed induction. The training matrix showed that all staff had completed the necessary mandatory training (for example, infection-control, food hygiene and first aid). Refresher training had also been planned so that staff maintained their skills and knowledge in these areas. All staff had also completed the Health and Social Care Diploma.

The manager explained that staff received supervision every two months. This was in line with the service's policy on supervision. The five staff records we looked at showed that staff had received regular supervision. This had focused on their developmental needs and the work they were doing with people who used the service. Staff confirmed that they had regular supervision and this enabled them to better understand and meet the needs of people. One member of staff said they were "well supported" through their regular supervision sessions.

People told us that they liked their meals. A person said, "The food is nice." Staff spent time explaining what was available for lunch. Where people did not want what was

on the menu an alternative meal was provided. We asked people about the variety of food provided and a person said, "I can choose something different if I don't like what is on the menu."

People's nutritional needs were assessed and when they had particular preferences regarding their diet these were recorded in their care plan. The cook explained that they were told about each person's dietary needs. For example, the cook was able to explain the dietary needs of people who had diabetes or were on low fat or high protein diets. People could choose where they wished to eat their meals. One person said, "I recently decided not to go down to the dining room for my lunch. Now the staff bring my meal to me in my flat."

Where necessary we saw that people had been referred to the dietician or speech and language therapist if they were having difficulties swallowing. People's weight was being recorded in their care plans. Three people who use the service needed support with their nutritional needs so their fluid and food intake was being monitored.

People told us that they had been able to see their general practitioner when they want. When they asked staff to contact their GP this was done quickly. Staff gave clear information about the needs of people to the GP. A person told us, "they told me my doctor was coming and I can see them in my flat."

People were able to access the medical care they need. Care records showed that the service liaised with relevant health professionals such as GP's and district nurses. People's care plans showed that they had access to the medical care they needed.

# Is the service caring?

## Our findings

People and their relatives said that staff were caring and supported them to express their views about how their needs should be met. One person said, "Yes, the staff are respectful and very friendly as well." They told us that when staff cared for them they were always, "kind" and "helpful." "They listen to what I have to say." Staff spoken with knew the preferences and personal histories of people who use the service. This included whether or not they wanted same gender care. A person told us that they had asked for same gender care and that, "I asked for a female care worker and they got one for me." The duty manager explained this was a question asked to all clients at the beginning of their stay.

We observed staff were very polite and respectful in their manner when speaking to people who use the service and their relatives. People told us that staff did not enter their flats without first knocking and asking their permission to enter. People and relatives confirmed that they had been

involved in the planning of their care. One relative commented that they met monthly with the duty manager to discuss her mother's care, and these meetings were recorded in the person's care plan.

People and relatives told us that they understood and had been involved in making decisions about their care and support. All the care plans we looked at had been signed by either the person or their relatives.

There were also Do Not Attempt Resuscitation (DNAR) forms for eight people who use the service. These were signed appropriately by either relatives or people who use the service as well as the medical professionals. People who used the service and their relatives had been consulted about the DNAR form and the appropriate professional advice had been taken before they were put in place. Staff spoken to knew which people had DNAR's. People were involved in decisions about their care and procedures were in place so that the appropriate professional advice could be sought if they were not able to make decisions for themselves.

# Is the service responsive?

## Our findings

People and their relatives told us they were involved in planning and reviewing of their needs. One relative said, "they were meticulous and did a detailed needs assessment, and if there are any changes to what we need these are dealt with." Care plans were detailed and gave staff information about people's care needs and their preferences regarding how they wanted to be supported. Staff were able to explain the cultural and religious needs of people who used the service and how they supported them to meet those needs. One person's care plan showed that they were taking Warfarin (a medication that controls the clotting of blood). The person's records showed that the service had made sure this was regularly reviewed and changes to the dose of this medication had been addressed.

People were able to choose if they wished to participate in meaningful activities. We observed that people were listening to music from the 1940's. A book club and regular film evenings were organised by people who used the service. Activities were planned based on people's interests as identified in their care plans.

Care plans reflected the needs of people, and these were linked to risk assessments. Care plans and risk assessments were reviewed regularly. Staff understood the importance of recording changes in people's needs. We found that timely and appropriate referrals were made to health professionals this ensured that changes to people's needs were addressed.

People and relatives told us that they had regular meetings with staff to discuss their needs and so that they could be involved in the development of the service. People's care records showed that they were regularly consulted about their needs and how these were being met. One person said, "I have recently attended my review and discussed changes I wanted made to my care plan."

People were also involved in wider decisions about the service through the owners committee, which had representation from people who use the service. Minutes of these meetings showed that people were able to make their views known about how they wished the service to be managed. Staff made sure that the people were able to share their concerns and they acted quickly to resolve any issues.

People and their relatives knew how to make a complaint about the service. One person said, "The staff and management here are very open to communication and want to know if things are not right. If you do complain they take it seriously and try to put things right." Copies of the complaints policy were available on notice boards for people and their relatives to consult. Staff told us that the complaints policy had recently been updated with the involvement of people who used the service. People and their relatives had been given a copy of the updated complaints policy so that they knew what to do if they wish to make a complaint about the service. The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of on going learning by the service and so that improvements could be made to the care and support people received.



# Is the service well-led?

## Our findings

We observed that there was an open and positive culture in the service. Staff, people and relatives told us that the service had a management team that was approachable and took action to address any concerns that they raised. One person told us, "You only have to call the office and the manager comes up and sees you." Staff were approachable and engaged positively with people and relatives. One person highlighted that, "Staff read the care plans and ask you what you need." Staff told us that they worked together as a team. Monthly team meetings were held so that staff were given an opportunity to discuss changes in practice. Minutes of the last meeting showed that topics such as what to do when people were not eating and drinking enough and guidelines for DNAR were covered. Staff worked together to improve practice.

Supervision records showed that staff training and development needs had been identified. Any issues identified in staff supervision were discussed in the management team and plans were put in place to address these issues. Staff told us that the supervision they received enabled them to understand and improve the way we met people's care needs.

People and their relatives were consulted about decisions on how the service should be developed. A survey had been carried out and responses were generally positive regarding how the service listened to people's views and involved them in decisions about their care. People were also involved in decisions about the service through their

representation on the board of directors. Five of the people who used the service had been elected to this committee. Minutes showed that they were able to share their views of the service and that action had been taken to address any issues they had raised. A catering committee which made decisions regarding the meals provided by the service also involved people who used the service. People and relatives were supported to share their views of the service and how it could be improved.

Staff knew where and how to report accidents and incidents. There had been four incidents in the last two months. These had been reviewed by the manager and action taken to make sure that any risks identified were addressed. Two of these accidents showed that, where necessary, people had been referred to their GP or the district nurse for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.

Regular auditing and monitoring of the quality of care was taking place. This included spot-checks on the care provided by staff to people in their flats. These checks were recorded and any issues were addressed with staff in their supervision. Quarterly audits were carried out across various aspects of the service, these included the administration of medication, care planning and training and development. Where these audits identified that improvements needed to be made records showed that an action plan had been put in place and any issues had been addressed.