

Active Prospects

33 Blanford Road

Inspection report

33 Blanford Road
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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 11 September 2018 and was unannounced.

33 Blanford Road is a care home providing accommodation, personal care and support for up to six adults who have a learning disability, physical disability or mental health conditions. At the time of the inspection six adults were resident at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place at the service at the time of the inspection. 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.

At the last inspection, on 6 May 2016, the service was rated as good in all but one domain. This meant that the service was rated as overall good. At this inspection we found the service had remained Good.

The service was responsive and went above and beyond to meet people's aspirations and lifestyle choices. It was flexible and readily adapted to meet people's changing, diverse and complex needs. It was extraordinarily person centred and people were seen and responded to as individuals. Activity programmes were creative and designed to meet people's individual preferences and choices. Care planning was highly individualised and regularly reviewed which ensured people's current needs were met and their uniqueness and individuality was respected.

Policies, procedures and staff training were in place to protect people from avoidable harm and abuse. Staff had identified risks to people and these were managed safely. People were protected from the risk of infection. Recruitment processes were followed to ensure suitable staff worked at the service. Staffing levels were sufficient to ensure people's safety and the provider had thorough pre-employment checks in place to ensure staff were suitable to support people with a learning disability. Arrangements were in place to receive, record, store and administer medicines safely and securely.

Risks to people's safety were identified and action taken to keep people as safe as possible. Accidents and incidents were reviewed and measures implemented to reduce the risk of them happening again. People's care would not be interrupted in the event of an emergency and people were made aware of fire procedures.

People's rights under the Mental Capacity Act 2005 were respected. Staff understood the importance of gaining people's consent to their care and how people communicated their decisions. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe.

People were cared for by staff who had received comprehensive training, support and supervision in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to eat and drink sufficiently for their needs. Staff supported people to see a range of healthcare professionals in order to maintain good health and wellbeing. The home provided bright and spacious accommodation with access to large grounds and outside space. People had been encouraged to choose the décor and were able to personalise their bedrooms.

Staff treated people with kindness. Staff supported people to make choices about their lives. Staff treated people with respect and upheld their dignity and human rights when delivering their care. People had a comprehensive assessment of their support needs and guidelines were produced for staff about how to meet people's individual needs and preferences. Support plans were reviewed with people and their families and relevant changes made where needed. Staff encouraged people to be as independent as possible. People received a highly personalised service that was responsive to their changing needs. Staff encouraged people to connect with their local community on a daily basis. People had excellent access to educational and leisure opportunities that were bespoke to their preferences and interests.

Processes were in place to enable people to make complaints. The provider had effective governance processes in place. People, their families, staff and professionals were encouraged to be actively involved in the development and continuous improvement of the home. People benefitted from living in a well organised, forward thinking service where their needs were always at the centre. The culture of the service was open and people felt confident to express their views and opinions. The registered manager provided clear leadership and direction to staff and were committed and passionate about providing high quality services to people.

The provider had robust quality assurance systems which operated across all levels of the service. Staff had worked effectively in partnership with other agencies such as social workers, occupational therapists, physiotherapists, GP's, and pharmacies to promote positive outcomes for people.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service provided an outstanding responsive care approach.

People could play an active role in the organisation of the service and the provider's care

People could access individualised, meaningful activities and had the opportunity to learn and develop.

People's individuality and social needs were recognised and supported by staff.

There was a good complaints procedure in place.

No one was currently receiving end of life care at the service.

Is the service well-led?

Good ●

The service remains Good

33 Blanford Road

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.

The inspection took place on 11 September 2018 and was unannounced. The inspection was completed by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding, complaints and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider had 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 reviewed the PIR prior to our inspection.

During our inspection we observed care and support in communal areas of the home. Some people had limited verbal communication but were able to express their views by facial expression, body language or staff understood the meaning of their individual communication methods. We were only able to effectively speak with one person at the service. We spoke with the registered manager who is also the regional manager, the new manager and three members of staff. After the inspection we spoke with three relatives to obtain their views on the quality of the service.

We reviewed a range of documents about people's care and how the service was managed. We looked at two care plans, medicines administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits.

Is the service safe?

Our findings

People and their relatives gave us positive feedback about the safety of the service. A person told us, "I feel safe here. I like the staff. They work with me well." One relative said, "She's (person) very safe there. The house is very secure and the staff are good." A second relative said, "He (person) can wander around the house and the garden and he's always supervised."

People were protected from abuse by knowledgeable staff and safe practice. Staff were confident about their role in keeping people safe and demonstrated that they knew what to do if they thought someone was at risk of abuse. Staff were able to talk about the different types of abuse and how they might recognise the signs. They also explained how they would appropriately report any concerns they had either internally or to outside agencies if necessary. Training records showed that staff received regular refresher training in safeguarding and policies and procedures were in place for staff to follow if they suspected harm.

Systems were in place to ensure the safety of people in the event of an emergency. The registered manager had created a 'grab bag' which included the necessary information to ensure the safe continuation of the service in the event of an emergency such as fire, adverse weather conditions or power outage. We saw this file contained copies of people's medicine records, hospital passports and care plans. There were clear business continuity plans in place to ensure continued care for people living at the service. Every person at the service had a personal emergency evacuation plan in the event of a fire which was accessible to staff.

Risks to people were identified and managed in a person-centred way. The registered manager continually supported staff to look at what was possible and not be risk averse. For example, in one person's care plan there was an updated risk assessment regarding the high risk of falls. There were clear guidelines for staff as to how to support this person when they wanted to go out for walks and it covered specifics such as uneven ground and hills.

There were sufficient staff to meet people's needs. People and their relatives told us that staffing levels were always sufficient to meet their needs. Dependency levels had been assessed and agreed with the respective local authorities who funded people's placements. Some people were funded for one to one care and we observed that this was provided. Staff told us that appropriate staffing levels were always maintained and the rotas confirmed the same.

Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, references and interview notes in staff files to show that staff were suitable to work in the service.

People received their prescribed medicines in a safe way because staff managed the medicines safely and appropriately. All medicine administration records had been filled out correctly and with no gaps. Where people had refused their medicines, staff had recorded this and noted the action taken as a result.

Medicines were stored safely and where liquid medicines had been prescribed there were open dates and expiry dates clearly labelled on the bottles which ensured they remained fit for use. There was a system for recording the receipt and disposal of medicines to ensure that staff knew what medicine was in the home at any one time. Staff also carried out regular audits of people's medicines and their medicines records. This helped to ensure that any discrepancies were identified and rectified quickly.

People were protected from the risk of infection. We observed staff wore aprons and gloves when preparing food or carrying out personal care. Staff were quick to wash their hands and any equipment used after completing personal care.

Lessons were learnt and improvements were made when things went wrong. There was an incidents and accidents folder which contained records of each persons' history along with an overview and analysis to spot patterns or trends. When one person had presented symptoms of an illness, staff had reacted quickly to contact the GP and obtain medicine. Relatives were positive about how staff handled accidents and incidents at the service and told us that staff were quick to contact them and update them with outcomes.

Is the service effective?

Our findings

People were supported to drink and eat enough to have a balanced diet. People were positive about the food they were served. One person said, "I like the shepherds pie here, that's my favourite and I like sausages and cheese sandwiches." We observed lunch being served and could see that every person was supported to eat their food by staff. One relative told us, "It's very nicely prepared, there's lots of vegetables. They also make sure to have a lot of fruit and drinks as well. It always looks like a good portion." Staff showed the menu with pictures to everyone in the morning so that they could select what they wanted to have. Everyone was able to either point or use a gesture to indicate their choice and staff were patient in waiting for them to make a decision. Throughout the day staff asked people whether they wanted a snack and ensured that everyone had a drink nearby.

People lived in a house that had been adapted to meet their needs. The corridors were wide and open for wheelchair access. The toilets and bathrooms had been designed with appropriate equipment for staff to use in supported and assisting people. There were signs on each person's door with their names, picture and a personal paragraph about them as people.

People's needs were accessed and analysed so that staff were able to give effective care. Each care plan had a detailed needs and support section which covered areas such as food/nutrition, communication, required support at night/in the home/out in the community, personal care and hygiene, lifestyle and emotions.

It was clear from the knowledge that staff had about people and the way they interacted with them that the training they received was reflected in their practices. Staff were exceptionally skilled at communicating with people and recognising their individual behavioural triggers which in turn enabled them to effectively deescalate people's anxieties and frustrations.

People received effective care because staff were well supported with induction, training, supervision and appraisal. From when new staff joined the service their development was made a priority. All new staff completed an induction programme at the start of their employment which followed nationally recognised standards. Staff confirmed that during their induction they had been given sufficient time to shadow other staff, get to know people and read their care records so they understood how to support people well.

Staff worked effectively across the organisation to deliver good care and support. Staff had access to easy read guides for all training documents along with detailed guidance of how to support specific people. One person required specific moving and handling procedures and the provider arranged for a specialist trainer to come in and assist staff with this. The person's care plan contained a detailed step by step photograph process for staff to follow along with a video for them to watch. This meant that staff could always easily understand and see how to move and handle this person appropriately.

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).

We checked whether the service was working within the principles of the MCA and found that staff had an excellent understanding about how to support people in a way that both promoted and protected their human rights. The registered manager understood her responsibilities in relation to the MCA and DoLS. She had submitted DoLS applications to the authorising authority as required. As part of this process mental capacity assessments had been completed and best interests meetings held and recorded. People were routinely asked for their consent by staff. Staff knew people well and understood their individual communication systems. We heard staff offering people choices about their daily lives and allowing them the time to express their views. Staff were able to tell us how they knew when people were giving their consent or not, either verbally, or through facial expression, body language and gesture.

People were proactively supported to maintain good health and had access to external healthcare support as necessary. Staff ensured people had access to other healthcare professionals and records showed that appropriate referrals were made to professionals such as doctors, dentists, opticians and dieticians. One relative told us, "She (Person) has seen her doctor and dentist frequently as well as a physiotherapist. At one stage they were also getting a masseuse in to help her."

Is the service caring?

Our findings

People and relatives told us that staff always treated them with kindness and compassion. One relative said, "They always listen to her (person) and try to read her as to what she needs or wants. They always help her to go to her bedroom to watch her TV on her own as she likes that." A second relative told us, "They always have a laugh in there with the residents. They do everything for them." A third relative said, "The staff are very caring. They always answer my questions and treat (Person) with respect."

Staff treated people with respect, kindness and dignity. Staff introduced every person that entered the service throughout the day to all of the people living there so that they knew and understood what was happening. Where a person was a wheelchair user and unable to be independently mobile, staff made sure that they accompanied this person throughout the day regardless of their work to make sure that they were not alone.

People's privacy and dignity was respected by staff. We observed that staff discussed private or confidential matters with people by whispering to them. Staff were also knowledgeable of how to ensure people were treated with dignity. On staff member said, "If I am doing personal care I close the door. If they need the toilet I whisper it to them as a question I don't shout it across the room." A relative told us, "It's always very private when they take her to her bedroom or to the toilet. She's never exposed. They have always treated her with dignity."

People's independence was respected and promoted. One person told us, "They always make sure I can be independent." Two people had regular trips to town and to the local pub with staff members. One relative told us, "If they are buying something for (person) they will show her pictures and colours for her to choose. They can read her reactions. They use cards to enable her to communicate with them her choice." One person had requested a fish tank to look after and the registered manager had got one for them. The fish tank was in the lounge for everyone to enjoy and was cared for consistently by this person being supported by staff.

People are supported to express their views consistently by staff and the registered manager. Each week there was a house meeting for the residents with staff held on Sundays. This enabled people to find out what was happening that week and to be updated with any changes in the house. Staff ensured that people were treated as individuals and could choose how to spend their days. For example, one person liked a specific genre of music to be played every morning and evening in their bedroom. The registered manager had made playlists for this person to have in their bedroom. This person regularly smiled and talked about their music with the registered manager and other staff throughout the day.

Is the service responsive?

Our findings

The registered manager and staff were exceptionally responsive in meeting people's complex and sometimes rapidly changing needs. Surrey County Council had complimented the service in feedback stating, "There was a lovely atmosphere and it was lovely to see staff supporting people." Staff knew individual's different methods of communication and responded quickly to people who were showing they needed help or assistance. They were also able to respond without delay to any signs of distress or anxiety. One relative said, "When (person) fell off his chair, staff were there immediately to help him. If he can't find his magazine they always make sure he has it."

Staff were committed to supporting people to pursue their interests. People were offered a wide variety of flexible and interesting activities that were meaningful to them as individuals. Individual activity plans were developed according to people's choices and needs. They were designed to increase people's experiences and enhance their choices of how they wished to spend their time. Photographs were kept of people participating in specific activities so they could choose from pictures what they most enjoyed doing. People communicated to us that they had recently enjoyed a large barbeque event at the service with people from other linked services. A musician sang and played guitar with three people during the day of the inspection. Each person was given a musical instrument to play with if they wanted to join in with the songs. People were supported with personal technology such as handheld devices to use for amusement, interest and development.

People were actively involved in expressing their wishes in their care and support. The registered manager had created a unique committee called the 'Proactive Committee' which was formed of different people from different services. This committee won two awards in 2018, a National Learning Disabilities and Autism Award (The People Award) and an award from Surrey Care Association for 'Most Innovative Activity Programme Involving Service Users'. The committee enables people to be involved in the running of events, activities and general organisation of services. Everyone is invited to take part in the committee regardless of their communication abilities. Although we had limited communication with people at the service, they were able to clearly communicate that they were part of the Proactive Committee and that they enjoyed taking part. The committee had its own finances which have been fundraised using peer support. One project which people at the service were directly involved in was an environmental project to place ecological representatives in each service to support recycling. The events this committee had created included litter picking in a park in Reigate in October, a bake off in August, friendship building groups every month at different services, joint service meals called "The last Supper" for foreign food tasting and fancy-dress parties. At the time of the inspection the committee had plans to arrange an old-fashioned sports day fundraiser, flower planting for the provider Prospects 30th birthday and a cake sale tent at a street party in Oxted.

People received personalised care that was tailored to their needs and preferences. Every person's bedroom door included a smiling photograph of them along with a description of their personality and preferences. Inside their rooms each person had many personal belongings which related to their families, culture or religious beliefs. The registered manager had consulted each person on how they would like their rooms

refurbished in the last year. She had done this by showing each person pictures of the flooring, walls and curtain decorations they could choose between. People were proud to show us around their personalised bedrooms. This meant that each room was unique to each person.

Care plans were highly person centred. Each care plan contained a photograph of the registered manager or key worker sitting with the person and their care plan to show that they had gone through every page with them for their input. Care plans were kept in peoples' bedrooms so that they could access them directly when they wanted. Each care plan included very specific details of how each person liked to be communicated with. For example, one person mostly used facial expressions or pictorial reference cards. The care plan also stated that this person could understand simple instructions that were limited to three to six clear words. Staff used pictorial reference cards and simple instructions throughout the day with this person. The person frequently laughed loudly or used facial expressions to express their reactions to questions and conversations with staff.

People's care plans considered their life experiences to date and reflected their individual life journey. The plans helped staff to be responsive and flexible to people's needs, and make sure they could help people to be as independent, calm and happy as possible. Staff used the information they knew about people to provide effective and responsive support. For example, one person had a complex background and this had impacted in the way they maintained their personal space. It was evident that staff had spent considerable time and effort supporting this person to make their room a place they could call home. It was evident that the person was now not only proud of the way they lived, but happy to share it with us.

The management of risks to people were well documented and regularly reviewed. We read how one person sometimes demonstrated challenging behaviour at meal times. There was clear guidance for staff about how to recognise possible triggers, the preventative measures they should take to reduce the person's anxiety and the necessary interventions if this escalated. The registered manager took proactive steps to create awareness about people's triggers. For example, on our arrival, they shared information to minimise the impact of our own behaviours on people. Since the creation of the preventative measures there had been a marked decrease in challenging behaviour from this person which had improved meal times for everyone.

Staff used digital tablets with special interaction applications on them to communicate with people. The application included photographs of different objects, places or feelings which people could touch in order to communicate. Staff used these to find out what people wanted to do. For instance, one person wanted to listen to the radio and pointed at the picture so that staff understood to turn it on for them. Staff had enabled people to take photographs of their own possessions as icons on the tablets so that they could point to their own items for communication purposes. People were also involved in the service's Facebook page where they could upload pictures and communicate messages to followers of the group such as other services.

The service made particular efforts to involve families (where agreed by people) with aspects of the care provided. This enabled them to see the work that went on with other professionals and to provide their input. This had proved invaluable and helped the staff team to develop close relationships with everyone concerned. For example, families were invited to multi-disciplinary meetings where specific issues around people's specialised care were discussed. This created an environment where everyone involved could discuss and decide on the best way to support the person consistently.

There were end of life care plans in place for everyone at the service. These had been created with the people and their families. No one was receiving end of life care at the time of our inspection.

The complaints policy was clearly presented on the wall of the reception next to the front door. There was also a complaints process simplified for people in their care plans. Staff had access to communication books which included pictures of processes such as complaints which would enable people to make a complaint if they wanted to. There had not been any complaints logged at the time of the inspection.

Is the service well-led?

Our findings

Feedback from relatives, people and staff was good about the management of this service. People had excellent relationships with the registered manager and it was obvious that they trusted her and felt safe in her care because we observed people approach her and her interactions were positive and friendly. There was a new manager currently being trained to become the registered manager and people gave us positive feedback about him. The service ran a year long training programme for new managers which included consistent coaching and mentoring. One person said, "I like (new manager) he makes me laugh and chats to me a lot." One relative said, "It is a well-managed home. Its clean, safe and communicative. They always tell me I am welcome to come in and speak to them."

People, relatives and staff were engaged and involved with the service in many ways. There was a monthly newsletter sent out to everyone and their relatives. This included the most recent activities, photographs of people, events the following month and changes being made at the service. The newsletter was created by one staff member and one person each month so that people were involved in taking photographs and planning the newsletter. There were annual surveys completed by relatives, people and staff. We saw the analysis of this feedback which was positive. One relative said, "They (management) always tell us about changes. I also get the newsletter every month with the updates. There's also photos in there of the activities that happen." A second relative told us, "We normally get an annual review where we answer questions and offer feedback to them. They ask us for input." Relatives told us that whenever a new keyworker was assigned to a person they invited them into the service to hold a meeting with them so that they could get to know them.

People benefitted from an open and inclusive culture as everyone employed by the service lived by the provider's philosophy of care. Expert guidance and support was provided to staff by the registered manager. The services' policies and procedures referenced relevant national guidelines, professional codes of conduct and countywide policies to ensure that staff were always delivering care to current best practice. This included up to date legislation and publications from CQC, National Institute for Health and Care Excellence (NICE) and the Health and Safety Executive. Through the process of effectively supervising and engaging with staff, reflective learning was encouraged and staff were motivated to continually provide and develop high standards of care. Staff were also members of the 'GR8' movement which is a network of support workers in the UK. This enabled staff to learn and share experiences along with the registered manager about national best practise.

The registered manager and training manager were excellent role models and every person we spoke with praised the way they led the service. The registered manager's passion and enthusiasm for providing high quality care was embedded in the culture of the service as staff were constantly driven towards excellence. Through the process of supporting staff it was clear that her leadership style was one of high support and high challenge. As such people were confident to express their views and staff felt able to challenge each other within a context of support and learning.

There were robust and detailed quality assurance processes in place to comprehensively check and improve

the entire service. A full report was created with the results which demonstrated that management were improvement and performance focussed. This culture of improvement was supported by frequent visits from senior management and board members of the provider. Record keeping was accurate and contemporaneous which provided a clear audit trail in respect of all aspects of care and service delivery. Information was stored securely and in accordance with data protection.

The registered manager was aware of her legal responsibilities in respect of documentation and the need to report significant events. Notifications had been submitted to CQC in a timely and transparent way. Through the completion of the provider information return (PIR) the registered manager demonstrated a good overview of the service and how it continued to meet and exceed the required standards.

There was an annual 'Stop Over Medicating People' (STOMP) audit completed by staff at the service. This ensured that people were not remaining on medicines for prolonged periods of time. This had successfully resulted in two people being brought off of unnecessary medicines.

There was a clear organisational and service business plan based on the key values of the organisation. This plan had also been written in co-production with staff and people living at the service. This plan was comprehensive in driving improvement and it was also reviewed quarterly.

There were quality checkers created by the registered manager to audit the overall quality of services provided by this service. This was created by the 'Proactive Committee'. Quality checkers are chosen from people at services who then objectively rate theirs and other services from a service user perspective. This happens every six weeks and the information is analysed and used to implement changes and improvements. For example, the last quality checker identified that new curtains were needed at the service and as a result of this feedback new curtains were installed. The feedback from these audits was also published on the Facebook page along with photographs that were taken.

The service worked in partnership with other agencies in the local community. For instance, a local company recently volunteered at the service. They painted the garden fences, planted flowers and interacted with people during the summer months.