

Blue Sky Care Limited

Richmond Lodge

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 an unannounced inspection of the service on 12 June 2015. Richmond Lodge is registered to accommodate up to five people and specialises in providing care and support for people who live with a learning disability.

On the day of our inspection there was not a registered manager in place, however prior to the inspection taking place an application had been received from the current manager.

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.

Staff could identify the different types of abuse and knew the procedure for reporting concerns. Staff had attended safeguarding of vulnerable adults training and could explain how they incorporated that training into their work. People had the risks and implications of decisions

Summary of findings

they may take explained to them. Where appropriate people's relatives and other healthcare professionals were involved in discussions about the care and support provided.

Regular assessments of the impact decisions could have on people's freedom were carried out by the manager, and assessments of people's ability to access the local community alone had also been conducted. Accidents and incidents were investigated and used to reduce the risk to people's safety. Regular assessments of the environment people lived in and the equipment used to support them was carried out and there were personal emergency evacuation plans (PEEPs) in place for each person who used the service.

People were supported by an appropriate number of staff because the manager regularly assessed people's needs to ensure there were enough staff to reduce the risk to people's safety. Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role. People were supported by staff who understood the risks associated with medicines. People's medicines were stored, handled and administered safely.

People were supported by staff who completed an induction prior to commencing their role and had the skills needed to support them effectively. Regular reviews of the quality of staff member's work were conducted and staff felt supported in carrying out their role effectively.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager was aware of the principles of DoLS and how these were implemented to maintain people's safety.

People told us they liked the food and drink at the home and records showed people were supported to follow a healthy and balanced diet. People were provided with the

information they needed to maintain a healthy weight. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

People were supported by staff who understood their needs and were kind and caring in their approach. Staff used a variety of techniques to communicate with people in a way that showed their views mattered to them and they were interested in what they were saying. Staff responded quickly to people who had become distressed.

People were provided with the information they needed that enabled them to contribute to decisions about their support. People were provided with information about how they could access independent advocates to support them with decisions about their care. People were supported to carry out their lives as independently as they wanted to and people's ability to be independent was continually reviewed.

People were treated with dignity and respect and staff spoke respectfully to each other about the people they supported. People's rights were explained to them and how they could raise concerns if their rights were not respected.

People were involved with planning the support they wanted to receive from staff and people's wishes were continually reviewed to ensure they met their current needs.

People's support plan records were written in a way that focussed on their wishes and preferences. Staff understood people's personal histories and preferences and used that information when supporting people. People were able to do the things and follow the hobbies and interests that were important to them. They were also encouraged to contribute to the upkeep of the service by carrying out domestic activities.

People were provided with the information they needed if they wished to make a complaint.

There was a visible management presence at the service. The manager led the service well and understood their responsibilities. Staff understood their roles, were accountable for them and understood how they could contribute to reducing the risks to people's health and safety. People were encouraged to provide feedback and

Summary of findings

this information was used to improve the service. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support 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.

The risk of abuse was reduced because staff could identify the types of abuse and who to report concerns to.

Risks to people's safety was reduced because appropriate support plans were in place to maintain their safety and there were enough staff to support them.

Medicines were handled, stored and administered safely.

Good



Is the service effective?

The service was effective.

People received support from staff who had completed an induction, were well trained and the quality of their work was regularly assessed.

The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been appropriately applied when decisions were made for people who could not make them for themselves.

People were encouraged to make healthy food and drink choices and to follow a balanced diet.

People were able to see their GPs and other external professionals when they wanted to.

Good



Is the service caring?

The service was caring.

People were supported by staff who respected their wishes, were kind and caring and provided support in a patient way.

Staff understood what people liked and disliked and their views were listened to and acted upon. Access to independent advocacy services was provided.

People's privacy and dignity were maintained at all times.

Good



Is the service responsive?

The service was responsive.

People were able to take part in the hobbies and interests that were important to them.

People's support plan records were written in a person centred way that focussed on how people wanted staff to support them.

People were provided with information on how to make a complaint.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People received support from staff who enjoyed their job and understood the values and aims of the service.

Staff understood their role and how they could reduce the risks to people's health and safety.

Regular quality assurance reviews were conducted that ensured people received a high quality of support.

Richmond Lodge

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 12 June 2015 and was unannounced.

The inspection was conducted by one inspector.

To help us plan our inspection we reviewed previous inspection reports, information received from external

stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted Commissioners (who fund the care for some people) of the service and other health care professionals and asked them for their views.

We spoke with two people who used the service, four members of the support staff, the manager and a registered manager from a different service from within the provider's group.

We looked at parts or all of the support records for all five of the people who used the service at the time of the inspection, as well as a range of other records relating to the running of the service such as quality audits and policies and procedures.

Is the service safe?

Our findings

The people we spoke with told us they felt safe. One person told us, "I feel really safe living here; the staff are great with me." Another said, "I am safe, I am happy." The staff we spoke with all told us they thought people were safe living at the home.

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter and they knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. We saw a safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff had attended safeguarding of vulnerable adults training and could explain how they incorporated that training into their work.

One member of staff said, "If someone was being abused I would report it to my manager and make sure the person was safe and if needed, would report it outside of the home as well."

The manager told us they were in the process of providing information for people about how they could report any concerns they had about their or other people's safety if they did not wish to discuss this with a member of staff.

People who used the service and, where appropriate, their relatives and external healthcare professionals were involved in discussions about the risks they may wish to take. The manager ensured that the risks people faced were explained to them and ensured they were aware of the impact on their safety if they chose to take those risks. In one support plan that we looked at we saw an example where the manager and external healthcare professional had met with the person to explain the impact certain choices they were making could have on their safety. The person had listened to their concerns and made changes to their lifestyle with the support of the staff. We spoke with this person and they told us, "They [staff] have really supported me to understand what I was doing was bad for me."

Regular assessments of the impact decisions could have on people's freedom were carried out by the manager. We saw assessments of people's ability to access the local community alone had been conducted and the risks had

been explained to them. We observed one person tell the staff they were going to buy a newspaper. We asked a member of staff about this and they told us the person was aware of the potential risks and understood how to keep themselves safe.

We looked at records which contained documentation that was completed when a person had an accident or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the manager and recommendations made by them were then reviewed to ensure they had reduced the risk to people's safety.

The risk to people's safety had been reduced because regular assessment of the environment they lived in and the equipment used to support them was carried out. Records showed external contractors were used to test equipment such as fire detector equipment and gas boilers. There was a personal emergency evacuation plan (PEEP) in place that enabled staff to ensure in an emergency they were able to evacuate people in a safe and timely manner.

People were supported by an appropriate number of staff to meet their needs and to keep them safe. Regular assessments of people's support needs were carried out and the manager ensured the required number of staff were available. We saw people who required a certain number of staff to support them safely in the community had been provided with the staff they needed. We observed the staff supporting people throughout the inspection and each staff member showed they had the skills to meet people's needs.

We asked the staff whether they thought there were enough staff to ensure people were supported safely. One member of staff told us, "There are enough staff. We are a tight team. There is always someone willing to cover if needed." Another member of staff told us, "There are enough staff here. I do feel we help people when needed."

The risk of people receiving support from staff who were unsuitable for their role was reduced because the manager had ensured that appropriate checks on staff member's suitability for the role had been carried out. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could

Is the service safe?

then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the manager in making safer recruitment decisions.

People were supported by staff who understood the risks associated with medicines. Medicines were stored and handled safely. A person who used the service told us, “They [staff] look after my medicines for me. I am happy with that.” Staff had received the appropriate training to administer medicines safely and their competency in doing so was regularly assessed. We looked at the medicine administration records (MAR) of three people. These are used to record when a person has taken or refused their medicines. All of the records had been completed correctly.

There were processes in place to protect people when ‘as needed’ medicines were administered. ‘As needed’ medicines are not administered as part of a regular daily dose or at specific times, but are given when required. We saw processes were in place that ensured when these medicines were administered the reasons for doing so were recorded on people’s records. We were told by the manager that authorisation from a team leader was given before these types of medicines could be administered. This enabled the team leader to be confident that other methods to support people had been attempted first, ensuring there was a consistent approach from the staff when administering these types of medicines.

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. A person who used the service told us, “I feel comfortable with all of the staff.”

Staff received an induction prior to commencing their work and the staff we spoke with told us they felt the induction equipped them with the skills needed to carry out their role effectively. Training records showed staff had received training in key areas that enabled them to carry out their role. The safe moving and handling of people, dignity awareness and mental capacity were some of the areas of training staff had completed. A staff member we spoke with told us, “I have had lots of training. I really feel supported to do what I need to do for people.”

The manager had ensured that they were aware of when each member of staff was required to carry out a refresher of the training they had completed or if training in new areas was needed when people’s needs had changed. Staff were offered the opportunity to complete external qualifications such as diplomas in adult social care. This ensured people were supported by staff whose training needs were continually reviewed and updated, enabling them to meet people’s needs in an effective way.

Staff received regular reviews of the quality of their work to ensure the support they gave people was effective. The manager told us formal reviews of staff members’ work was carried out approximately every two months. The staff records we looked at supported this.

We observed staff communicate with people in an effective way. They used a variety of different techniques which included the use of pictures, changing the tone of their voice or using sign language. It was clear the staff had the right skills to communicate with people. We also saw speech and language therapists had been consulted where people were having difficulties with communicating. Guidance provided by them was then recorded in people’s support plans that enabled staff to communicate with people effectively.

We reviewed people’s support plans to check whether the provider had ensured that where required an assessment of the person’s capacity to make and understand decisions relating to their support was undertaken as required by the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed

decisions on their own about the care and support they received. We saw assessments had been completed in a number of areas such as managing their own finances and medicines. This meant, where appropriate, people had decisions made in their best interests and the provider did this by following the appropriate legal processes.

We spoke with a person whose finances were managed by the staff. They told us they had difficulty in managing their own money and were pleased the staff did this for them. They also told us, “They [staff] keep my money safe and I ask for what I need each day. It works well for me that way.” The staff we spoke with could explain the principles of the MCA and the decisions made for people who used the service.

The manager could explain the processes they followed when they applied for authorisation for Deprivation of Liberty Safeguards (DoLS) to be implemented to protect people within the home. DoLS aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We reviewed the documentation and saw that staff were supporting people in line with the requirements of the DoLS. The staff we spoke with had a good knowledge of DoLS and were able to explain how they ensured people’s freedom was not unlawfully restricted. We observed people who did not have a DoLS in place leave the premises when they wished to.

People told us they liked the food and drink at the home. We observed people making their own choices of the food and drink they wanted. A staff member consulted people on the food they wanted before they went shopping. The kitchen was stocked with a variety of healthy foods and snacks which were stored in a safe way. Records showed staff had completed food safety training which enabled them to prepare food safely.

People’s nutritional needs were assessed and people were supported and encouraged to make healthy food and drink choices. Support plan records showed the types of food and drink people consumed were recorded. This included fruit and vegetables, dairy and fat. The manager told us this enabled the staff to monitor the types of food people consumed and to assist them in providing information to people about their food and drink choices. We saw one person had been supported to reduce the amount of fizzy drinks they consumed each day. Records showed their daily consumption had reduced by half. Records also

Is the service effective?

showed that a person had requested assistance in trying to lose some weight. They had been provided with guidance on healthy ways to lose 100 calories. This included the length of time they needed to go for a walk or run. Records showed this person's weight had reduced as a result of this assistance.

Food diaries were kept for people to record the amounts of food and drink that they consumed. This enabled staff to identify if people were refusing to eat at certain times of the day or if they were not consuming enough fluids. However we did see some examples of these forms that did not

always record the amount people had consumed. The manager told us they would remind staff of the importance of recording this information in order for people to be effectively supported.

People's day to day health needs were met by the staff and external professionals and where needed referrals to relevant health services were made. A person told us they were going to the dentist on the day of the inspection. They explained the reasons they were going and a member of staff went with them to support them. Records showed that people were involved with reviewing their health and the consequences of choices they made about their health were explained to them.

Is the service caring?

Our findings

People told us the staff supported them in a caring and friendly way. One person told us, “I get on really well with all of the staff.” Another person told us, “The staff like me.”

We observed staff interacting with people and it was clear people were supported by staff who understood their likes and dislikes. We observed one member of staff talking to a person about their favourite football team and the person seemed to enjoy the conversation. The interactions between the staff were calm and friendly and it was clear that the staff and the people they supported got on well together.

Staff communicated with people in a way that showed they had a genuine interest in the things that were important to them. We observed staff respond quickly to a person who had become distressed and provide reassurance to them in a kind and caring way.

The manager told us that people who currently used the service did not have any specific religious or cultural needs that they wished to have support with. They went on to explain that people’s needs and wishes were reviewed on a regular basis and they would ensure required support was in place if needed.

There were processes in place that ensured people were provided with information about their support which also enabled people to contribute to the decisions made. A process called ‘Talk Time’ was in place. This enabled people to discuss their support needs with their key worker, the manager and where appropriate relatives and external professionals. Actions from the meetings were agreed and the manager then made the required changes to the person’s support. These actions were then reviewed in subsequent meetings to ensure they had been completed.

Information was available for people about how they could access and receive support from an independent advocate

to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. However the information for people was not easily accessible. The manager told us they would review how they displayed information for people within the home to ensure people had all of the information they needed.

People were supported to be as independent as they wanted to be. We observed people leaving the premises when they wanted to and people were encouraged to carry out a variety of tasks within the home. People’s support plan records showed people’s ability to carry out certain tasks independently of staff had been assessed and were regularly reviewed. The staff we spoke with could explain how they supported people’s right to independence.

People told us the staff respected their privacy and our observations supported this. A person told us, “I can go to my room if I want to, they [staff] will leave me alone.” We observed staff knock and wait to be given permission before entering people’s room. When a person was watching the television and they said they wished to be alone, the staff respected their wishes.

People were treated with dignity and respect. We observed two staff members discuss an issue about a person’s personal care. They lowered their voices and talked discreetly, ensuring the person’s dignity was maintained. A dignity champion was in place. A dignity champion takes responsibility for ensuring that people are treated with dignity at all times.

People were provided with a ‘charter of rights’. It provided people with information about their rights and what level of support they should expect from the staff. It also contained information about how they could report any concerns if they felt their rights were not being respected.

Is the service responsive?

Our findings

People were involved with decisions about the planning of their support and they contributed to the decisions about the ongoing support they received from staff. The support records we looked at reflected this, showing people, and where appropriate their relatives, had been consulted when decisions were made.

The manager told us they were currently reviewing a person's ability to return to a supported living environment. Their ability to live more independently of staff was continually assessed. Records showed that the person had been involved with this process and had made specific requests from the staff to support them to enable them to gain the confidence to live a more independent life.

People's support plans contained information which showed their likes and dislikes and personal preferences had been considered when support was planned for them. We saw documents such as; 'How best to support me', 'What is important to me' and 'The things I need support with', had been discussed with people. These documents were reviewed and updated to ensure staff provided support that was responsive to people's current preferences.

People were supported by staff who understood people's personal histories and preferences and used that information when supporting people. The staff we spoke with could explain in detail the things that were important to the people they supported. Our observations of staff interacting with people throughout the inspection showed staff had a good understanding of people's preferences and how they put that knowledge into supporting people.

People led an active social life and took part in the activities that were important to them. One person told us, "I'm going to the pub later and then for a walk around the shops." Records showed that one person had been supported to take their motorcycle test and was now saving to buy a bike. During the inspection we saw people return from a holiday they had been on. Records showed they had been involved in deciding where they wanted to go. The manager had provided an information pack for people on places they may wish to visit when they were on holiday. This information was provided in a format that would be easily understandable for people who used the service.

People were encouraged to attend college and also to take part in activities that would give them access to people in the local community and avoid becoming socially isolated. People's records showed they had requested support to attend local swimming pools, bowling alleys and a day centre. They were able to meet with friends and family there if they wanted to.

One person we spoke with told us the staff did not force them to do anything they didn't want to. They also told us, "I don't go out a lot but that is my choice. If I do go out they [staff] take me to the cinema. They have also arranged for me to visit [a popular attraction] and have even offered to pay for me."

People were encouraged to contribute to the domestic activities around the home. Support plan records showed people were supported to keep their rooms clean and other parts of the home on a regular basis. One staff member told us they tried to support people to live as independently as possible and explained to people that carrying out domestic activities formed part of this process. One person's records showed a person had made a request for staff to help them to tidy and clean their room. The staff had responded to this and supported them in doing so.

People's needs were regularly reviewed and assessed and the reviews focused on what was important to each person. External professionals and relatives were included in the reviews when appropriate. People's behaviour was monitored on a daily basis and when they presented behaviours that challenged, the reasons for this had been recorded. The information was then analysed to determine any learning points for the staff. We saw the manager regularly reviewed these records and made recommendations for staff to implement when needed.

People were provided with the information they needed if they wished to make a complaint. The people we spoke with said they had not had any reason to do so but felt comfortable if they needed to. The manager had the processes in place to deal with complaints in a timely manner. Records we viewed supported this. They also told us they used any complaints received to drive improvements at the service. Staff could explain how they would deal with a complaint if a person raised one with them. The processes described were in line with the complaints policy.

Is the service well-led?

Our findings

People were involved with the development of the service and contributed to decisions to improve the quality of the service they received. There were a number of processes in place that enabled people to talk with staff privately or in a group about the service they received. Staff told us they felt their opinions were respected and welcomed and the manager told us they used this information to develop and improve the service.

The manager showed us records which showed people's feedback had been used by them during discussions with other managers within the provider's group of services and senior management. Action plans were then put in place to ensure that the feedback received from people, staff and their relatives were addressed. They were then discussed at later meetings to ensure actions had been completed.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place.

Staff understood the values, aims and ethos of the service and could explain how they incorporated these into their work when supporting people. One staff member told us, "Our aim is to provide people with the support to be as independent as possible and to make decisions about their own life." The manager told us before staff began working at the service the aims of the service were discussed with them and then reviewed during future assessments of their work and during staff meetings.

People were supported by staff who told us they enjoyed their job. One member of staff told us, "I enjoy my job. I like who I support and who I work with. It is a challenging job, but rewarding. It is about recognising what people want and helping them to transform their lives." Staff received constructive feedback on how they were performing and spoke positively about the manager. One staff member said, "The manager is good, very approachable and easy to talk to."

There was a visible management presence at the service and the manager interacted with people and staff in a calm and comfortable way. We observed the manager support people and they assisted a person with attending an appointment they needed to attend.

The service was led by a manager who understood their role and responsibilities. They had an open and transparent approach to managing the service and ensured the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service. The manager was not registered with the CQC at the time of the inspection, but they had submitted an application to become registered.

People were supported by staff who understood how they could contribute to reducing the risk to people's health and safety. Staff attended regular staff meetings. Records showed that risks were discussed with the staff and how they could each contribute to reducing the risks to the service as a whole and to people individually. Staff were advised of their own personal accountability for their actions and also the accountability of the staffing team as a whole. Our observations showed the staff interacted with each other and people who used the service well and there was a calm, friendly and jovial atmosphere in the home.

The risk of people experiencing harm was reduced because the manager had robust quality assurance processes in place. Records showed a number of audits were conducted at varying levels of management to ensure the service provided met the expectations of the provider and that people received a high quality of service. We saw audits were conducted in areas such as staff competency in administering medicines, the safety of the environment people lived in and support planning documentation. Where improvements were required these were monitored to ensure that recommendations made were completed and then reviewed to ensure they had been effective.

The manager had a clear understanding of the risks faced at the service. They addressed these risks ensuring the quality of service people received continually improved.