William Blake House Northants

Blakesley

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

Summary of findings

Overall summary

The inspection took place on 21 March 2016 and was unannounced. The service provides care for up to six people with learning disabilities or autistic spectrum disorder. There were six people living at the service at the time of the inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and protected from harm. The staff had a good understanding of what abuse meant and the safeguarding procedures to follow to report abuse.

Risk assessments were in place to reduce and manage the risks to peoples' health and welfare. Systems were in place to monitor accidents and incidents so that preventative action could be taken to reduce the number of occurrences.

Robust staff and volunteer recruitment systems ensured that staff were safe to work with people living at the service. The staffing arrangements ensured that people received one to one staff support to meet their care and support needs.

Robust arrangements were in place for ordering, storing and administering medicines.

Staff had comprehensive induction training and on-going training, which ensured that they had the knowledge and skills to meet the needs of all people living at the service.

Staff supervision and annual appraisal systems enabled them to reflect on their work practice and continually plan their learning and development needs.

The staff treated people with dignity and respect and ensured their rights were upheld. Consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were fully met.

People had a choice of healthy, nutritious food. Healthy eating was integral to promoting well-being. Appropriate referrals were made to health professionals where any health concerns were identified.

The staff were highly motivated and inspired to offer care that was kind, caring and compassionate. They worked in partnership with relatives, who felt informed and involved in their family members care and treatment.

People had individualised care plans in place that clearly detailed and reflected their needs and choices about how they preferred their care and support to be provided. The staff were observant to people's moods and behaviours and were proactive in following individual strategies to minimise people's anxiety. They followed the advice and support from other health professionals to minimise the risks of poor health.

People were encouraged and supported to engage in purposeful social, occupational and recreational activities to enhance well-being.

There were regular meetings for staff which gave them an opportunity to share ideas, and give information about possible areas for improvements to the registered manager.

People were encouraged to raise any concerns they had about the quality of the service they received and complaints were taken seriously and responded to immediately. There was an emphasis on the service continually striving to improve.

The vision and values of the service were person-centred and made sure people living at the service and their representatives were fully consulted, involved and in control of their care.

Robust quality assurance systems were carried out to assess and monitor the quality of the service. The views of people living at the service and their representatives were sought about the quality of the service and acted upon to make positive changes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow to report abuse.

Staff were trained to keep people safe and risk management plans promoted and protect people's safety.

Staffing arrangements ensured that people received the right level of support to meet their specific needs.

Safe and effective recruitment procedures were followed in practice.

People were supported by staff to take their medicines safely.

Is the service effective?

Good

The service was effective

Staff had the specialist knowledge and skills required to meet people's individual needs and to promote their health and well-being.

The staff were skilled in communicating effectively with people who had limited verbal communication.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat a healthy diet and to eat and drink sufficient amounts to meet their needs.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

The staff cared for people with kindness and compassion.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

The staff worked in partnership with relatives and supported people to maintain regular contact with their families.

Is the service responsive?

Good

The service was responsive

People's care was personalised to reflect individual needs and aspirations, likes and dislikes.

People were fully supported to engage with the local community and maintain relationships that were important to them.

The activities provided for people enabled them to continue with hobbies and interests and participate in new experiences.

Feedback from people and their representatives was actively sought, listened to and used to drive improvement.

Complaints and concerns were listened to, taken seriously and responded to promptly.

Is the service well-led?

Good

This service was well led.

There was a registered manager in post the style of leadership was open and positive and focused on meeting people's individual needs.

There was good links with the local community.

The manager operated an 'open door 'policy and welcomed suggestions made from people and staff on improvements to the service delivery.

The care provision was consistently reviewed to ensure people received care that met their needs.

Blakesley

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 visit took place on 21 March 2016. It was unannounced and carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (information about important events which providers are legally required to notify us by law) other enquiries from and about the provider and other key information we hold about the service such as previous inspection reports.

At the last inspection the service was meeting the essential standards of quality and safety and no concerns were identified.

People using the service had communication difficulties associated with complex learning disabilities and autistic spectrum disorder (ASD). We therefore observed the quality of interactions between people and their support workers. We also spoke with the registered manager, the chief executive, two support workers, one volunteer, the activity organiser, and the relatives of three people using the service.

We reviewed the care records for three people using the service, three staff recruitment files and other records relating to the running of the service, including management quality audits.

Good

Our findings

One relative said, "I wholeheartedly have every confidence [family member] is very safe, we could not have chosen a better place for [family member]. Another relative said, "The staff work as a team, they look out for everyone. If I thought [family member] was not safe I would say so, my [family member] has very limited verbal communication, but if they didn't like anyone they would say, 'I don't' like that person".

The staff were knowledgeable of how to protect people from abuse and how to report it. One member of staff said, "We have safeguarding training that is refreshed every year, I would never tolerate any form of abuse, the company take a very serious view on making sure people are safe from abuse". The staff training records showed that all staff had received training on safeguarding, that included how to recognise and report abuse, they also demonstrated that annual updates to the training were provided.

During the inspection we observed that people looked very relaxed and at ease with the staff. We saw that information about safeguarding was available in written and pictorial formats for people using the service and relatives. The information gave clear instructions on how to speak out if they had any concerns about their safety or welfare.

Risk assessments were in place and they identified areas of individual risk to each person. For example, when on outings and taking part in social and leisure activities and people with limited mobility. The risk assessments had been developed with the involvement of the person where possible, and or their representatives, and had been subject to regular reviews. They had sufficient information available to guide staff on how to promote and protect people's safety and individuality in a positive way.

Emergency procedures were in place, for use in the event of environmental incidents. For example, a breakdown with the heating, water, electrical and fire systems. A list of emergency contact numbers was available and contingency plans were in place in case of the home needing to be evacuated. Each person had an individualised Personal Emergency Evacuation Plan (PEEP) in place to assist the emergency services in the event of the home having to be evacuated. The staff told us that fire tests and fire drills were regularly carried out at the service; this was also support by records held at the service.

A staff health and safety representative carried out regular checks on the environment to ensure it was safe for people to live in. The registered manager also carried out routine health and safety checks as part of their monthly quality management program.

The support workers we spoke with were knowledgeable of their responsibility to report and record all accidents and incidents. We saw that accidents and incidents were recorded in line with the provider's accident recording policies and they were regularly monitored by the manager to identify any trends in accidents /incidents, so that suitable control measures could be put in place to minimise the risks of further incidents.

Each person received one to one staff support that ensured their support needs were continuously being met. One relative said, "It is wonderful the level of care and support for [family member] is constant". One member of staff said, "I couldn't believe it when I started working here that every person had full one to one support, I think it is fantastic. It's what makes this home so different".

We observed that each person received full one to one staff support, which increased to two staff when out in the community. Any staff absences were covered by relief 'bank staff' employed by the company; this meant that people continuously received care from a team of staff that knew them.

The provider operated a robust recruitment procedure based on equal opportunities. The staff confirmed they had to provide documentation to verify their identity and eligibility to work in the United Kingdom and that checks had been carried out on their suitability to work at the service. These included suitability checks through the government body Disclosure and Barring Service (DBS) and written references. The same levels of checks were also carried out on the volunteers working at the home.

People's medicines were safely managed. The medicines were administered by staff that had appropriate training and competency assessments, which involved observations of administering medicines. Close detail was given to training staff on the importance of keeping robust medicines administration records. We saw that records in relation to the receipt, storage, administration and disposal of medicines were well maintained, and that monthly medicines audits took place to check that stock levels and records were in order.

Good

Our findings

Relatives told us they thought the staff had the right skills to meet the needs of their family members. One relative said, "All the staff have the right attitude, you can have all the training you like, but if they don't have the attitude, you can't put it there". Another relative said, "All the staff seem very well trained and professional in how they care for people".

All the staff we spoke with confirmed they had been provided with initial induction training when they first started working at the home. They told us they also received regular update training to further develop and refresh their skills and knowledge. One member of staff said, "We have regular on-line training, e-learning and practical training such as, moving and handling that really needs to be hands on".

They confirmed they had completed health and safety mandatory training that had including safeguarding, moving and handling, fire awareness and food safety training. They said when first working at the service they had worked alongside an experienced member of staff until people felt comfortable.

The staff said they had been provided with specific training in order for them to understand the conditions of people living at the service, for example, learning disability, advanced communication skills, low level behaviour and equality and diversity. We observed staff using the skills to communicate with people, responding to sounds and gestures. The staff said the training was provided through a mix of face to face workshops and e-learning modules. We saw that records of staff training were maintained and evidenced when staff had attended training and when updates were due to take place.

People's needs were met by staff that were effectively supported and supervised. All the staff and volunteers spoken with told us they felt well supported and that the registered manager was very approachable. They said the registered manager was always available to offer their support, advice and practical help whenever needed. They confirmed that one to one (supervision) meetings took place with their line managers to discuss in confidence their work performance and any areas needed for further support and training. We saw that dates for the supervision meetings were planned in advance so that staff could prepare for the meetings.

The staff also told us that team meetings took place regularly to meet with their peers to discuss work related matters, plan share ideas for further development and received information from the provider. We looked at the minutes of the meetings and saw that regular items on the agenda's included discussions on health and safety, safe practices, accidents and incident monitoring, planning seasonal celebrations and

other activities.

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 so that they can 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 whether any conditions on authorisations to deprive a person of their liberty were being met. We also found that the provider had followed the requirements in the DoLS and was complying with the conditions applied to the authorisations.

The provider has properly trained and prepared their staff in understanding the requirements of the MCA in general, and also the specific requirements of the DoLS. The registered manager and staff were aware of their responsibilities under the MCA and DoLS codes of practice. The care plans contained MCA assessments of people's capacity to understand and make specific decisions about their care and treatment. We observed that staff were skilled in communicating with people to determine whether people gave their consent to their care. The staff read people's body language, sounds and gestures.

People were supported to eat a varied, balanced diet that met their preferences and promoted healthy eating. There was an emphasis on using organic vegetables, and growing their own vegetable produce. People were supported to prepare snacks and meals; the mealtimes were seen as a social event where people living at the service and staff took their meals together. In keeping with the philosophy of the service blessings were also said before each meal.

People were supported by staff to choose what they wanted for their meals through the use of food picture cards and the staff took into account people's individual dietary needs and any food intolerance's.

The care records contained nutritional assessments that were regularly reviewed and staff tactfully monitored the food and drink intake of people at risk of not receiving sufficient food and fluids. One relative said, "[Family member] is on a high calorie diet, and has lots of chocolate, cheese, eggs, crisps, biscuits and pasta dishes. [Family member] has put on weight, when [family member] is hungry, they signal to the staff by touching their chin. The staff are very good at reading and responding to the signals". We saw records that demonstrated that the staff worked in collaboration with other health professionals, such as the speech and language therapist and dietitian.

The staff confirmed they had a good working relationship with other healthcare professionals that were involved in people's care. The care records contained information that demonstrated people's physical and mental health conditions were regularly monitored and reviewed. We saw within people's records when staff had contacted health professionals in response to any deterioration or sudden change in people's health and acted on the instructions of the health professionals. We also saw that family representatives were kept informed.

Good

Our findings

All of the relatives we spoke with gave praising comments about the care their family members received at the service. For example, "The staff are so caring and compassionate", "I can tell [family member] is so happy living at the home", "Blakesley is truly an unbelievable place" and "I am so thrilled with the home, it is not institutionalised, there is a lovely homely atmosphere".

Discussions with the staff indicated they had the right skills and attitude to care for people using the service; they spoke of people with warmth and affection and had a detailed knowledge of each person respecting their individuality. For example, one person had specific daily routines that had to be carried out, to help them feel relaxed and reassured; the staff were very aware of the importance of ensuring that they were followed. The staff were also aware of the impact any change their appearance may have, such as, wearing their hair in a different style, as the difference in their appearance could cause anxiety for some people.

We observed interactions between people using the service and the staff and it was evident that the staff were supportive, kind and friendly to people. People were treated with dignity and respect and their personal care was attended to with discretion.

People were supported to maintain relationships with people that mattered to them. Relatives were encouraged to visit as often as they were able to and staff supported people to visit their families and friends on a mutually agreed basis. One person from another home managed by the provider passed away last year, the people using the service had built strong friendships with the person, we saw that they and the staff often visited the person's grave, to place flowers and take time to reflect and remember the friendships they had with the person.

The staff told us that people and their representatives were involved in making decisions and planning their own care. We saw within people's care records people were asked whether they wanted to share information about the things that mattered most to them and other important milestones, events and people in their lives. The information went towards building life profiles so that support could be tailored to meet their specific needs and preferences. This helped ensure consistency of care and daily routines and activities matched people's individual needs and preferences.

Residents told us they could visit whenever they wanted. One relative said, "I visit at different times of the day/ week I am always made welcome, whatever time I visit". There was information available about advocacy services; however at the time of the inspection no people required the use of an external advocate.

Staff respected people's confidentiality. They treated personal information in confidence and did not discuss people's personal matters in front of others. Information about people's care was stored securely.

Good

Our findings

The care provided at the service was based on the Rudolf Steiner model of care, which focused meeting people's physical, spiritual and emotional needs and valuing the uniqueness of each individual. Relative said this was the reason why they had chosen the service. Relatives told us that their family members had attended schools based on the Rudolph Steiner education system and moving to live at service was a natural progression, supporting people into adulthood.

The chief executive officer told us that before people came to live at the service the ethos and model of care was fully explained to people and their family representatives. We also that saw information about the service was available in written and 'easy read' widget, pictorial formats.

We saw that people's care plans were detailed and contained specific information to assist the staff to provide personalised care and they were regularly reviewed and updated, as and when people's needs changed. We observed the staff worked with people using their preferred methods of communication, such as, simple Makaton, picture cards or objects of reference.

People were fully supported by staff to engage in their choice of social, occupational and recreational activities. The ethos of the service was on promoting people to lead active lifestyles and the care records contained information about people's individual interests and hobbies. This was so that activities could be tailored to suit people's individual tastes, capabilities and preferences.

One relative said, "[Family member] has lots of energy and they are 'the life and soul of a party'; I get copies of [family member's] activity schedule sent to me. My [Family member] is incredibly sociable, and loves taking part in the drama, music and singing groups and the story telling sessions. [Family member] also helps out a local garage, washing cars, sweeping up, that sort of thing. I received a letter from the garage owner saying how much they enjoyed [family member] being there and that their friendliness and sociability had increased the number of people who used the garage!" The relative also confirmed that the staff regularly kept them in touch with what their family member had been doing by receiving letters with photos of the different activities they had participated in.

We saw that people using the service were actively involved in recycling all waste products. 'Hint and tips' guidance was available to remind people of what items were recyclable. Staff said they helped people recycle things such as, old clothes, cans, glass and plastic bottles and food waste went to compost to be used on the vegetable allotments. The staff said people took pride in helping make positive changes to the

environment through effective recycling.

On the day of the inspection we saw that people were engaged in activities of their choice, some people were looking after, grooming and feeding the resident Shetland pony (Georgie), whilst some people visited a local spa to use the Jacuzzi, sauna, steam rooms and have pool therapy sessions. People also helped out at a local farm caring for the animals and on an allotment growing their own vegetables.

Other activities that regularly took place included trips out to a trampoline park and horse riding sessions. One relative said "[Family member] used to do riding for the disabled and loves horse riding, it's something they have always done". Relatives told us they were confident their family members enjoyed taking part in the variety of activities available. Photographs of people engaged in activities were held within their care files and it was evident from the smiles on people's faces that they clearly enjoyed the activities.

The registered manager said promoting artistic activity and developing the imagination was integral to the Rudolf Steiner model of care. We spoke with the activity person who said the purpose of the story telling sessions were to help people explore their imaginations. They explained the story themes were based on kindness and caring for each other and celebrating the changing of the seasons. All relative spoken with commented that their family members looked forward to and enjoyed the story telling sessions.

The service routinely listened and learned from people's experiences, concerns and complaints. We saw that information on how to complain was available in both written and pictorial formats. All the relatives we spoke with were very positive of how the registered manager listened and took immediate action on anything they brought to their attention. One relative said, "A long time ago, there was something I wasn't too happy about, I had a word with the manager and it was all dealt with and sorted very quickly. I have never had the need to raise any concerns since". We also saw that staff regularly facilitated house meetings to take place, during which concerns or complaints were a set item on the agenda.

Good

Our findings

People and staff were involved in developing the service. Relatives told us they had completed satisfaction questionnaires, we saw the responses that had been received by the service, of which all comments were positive. One relative said, "You can talk to the manager or any of the staff they always take time to listen and do whatever they can to improve on people's care, it's a wonderful home".

The registered manager was open and transparent in their management style and worked in collaboration with other health and social care professionals. The registered manager had appropriately notified the Care Quality Commission (CQC) of all 'notifiable' events as required by the registration regulations.

We saw that regular house meetings took place during which people discussed with the staff things such as, daily activities, items to go on the food shopping lists, household chores and recycling. The staff always asked people if there was anything else they wished to discuss.

The service played a key role in the local community. The service is set in a small rural village; people were encouraged and supported to participate in a range of outdoor activities, such as, helping out on local farms and voluntary work at local businesses.

The culture and vision of the care provided at the service was integral to daily living. Information on the Rudolf Steiner model of care was fully explained to people and their relatives before moving into the home. Relatives told us this was the main reason they chose the service as a home for their loved ones.

The staff were supported to question practice. They were knowledgeable of the safeguarding and whistle blowing procedures, which meant they knew what to do if they were concerned that the provider did not ensure people were cared for safely.

The vision and values of the service were fully promoted and understood by staff. The registered manager and the chief executive operated an open door policy, and the staff commented they were both very approachable and they could speak to them about anything at any time. All of the staff and volunteers spoken with were committed to working in line with the model of care promoted by the provider. One relative said, "It's good to see the Rudolf Steiner ethos carried on, such as using homeopathy, alternative therapies and using organic foods". One member of staff said, "I have never worked anywhere like this where people are genuinely at the heart of the home. I absolutely love working here, I feel so supported, I call it my little piece of heaven". We observed there was a calm, homely atmosphere at the service, people appeared

very relaxed and at ease with each other and the staff.

There was an established registered manager in post and quality monitoring management systems were in place to regularly monitor the care provided for people using the service. The registered manager was fully aware of the needs of all people using the service and of any changes to their care. We saw that quality monitor audits were carried out on areas such as, care plans, risk assessments, accidents and incidents and health and safety. The audits were also overseen by senior management written up in a report and any areas identified for attention had action plans put in place with realistic timescales for completion.