

Blue Sky Care Limited

Belmont Road

Inspection report

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Date of inspection visit: 10 March 2015
Date of publication: 03/06/2015

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 announced inspection of the service on 10 March 2015. Belmont Road provides accommodation and support for one person who was living with a mental health condition. This inspection was announced to ensure we were able to meet with the person who used the service and to observe staff supporting them.

On the day of our inspection there was a registered manager in place.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The risk of abuse to the person was reduced because staff were aware of the different types of abuse the person could face and knew who to report their concerns to. Risks to the person's safety were regularly reviewed, whilst ensuring that support plans did not unnecessarily restrict the person's freedom. There were enough staff to meet the person's needs and there were safe recruitment

Summary of findings

procedures in place that ensured new staff had been appropriately vetted prior to commencing their role. Medicines were handled, stored and administered safely, although the reasons for administering 'as needed' medicines on occasions did need to be more clear.

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 are implemented to maintain the person's safety.

The person's welfare was protected by staff who provided them with effective care and support. Staff received regular training and assessment of their work. Staff ensured that the person who used the service was encouraged to maintain a healthy diet and to make wise food choices that did not have an impact on their health. The person had regular access to external healthcare professionals such as their GP and dentist.

The person received support from staff who were caring and understood what they liked and disliked. There were processes in place that ensured the person's views were regularly listened to and acted upon. Information about how they could access local independent advice about the support they received was also provided in a format they could understand. The person's privacy and dignity was maintained at all times.

The person led an active social life, taking part in the activities that they wanted to do. They were encouraged by staff to meet new people and to attend local events to meet their friends. Adjustments had been made to the building to incorporate a massage room at the request of the person's relative. Support plans and other relevant records were written in a person centred way that focused on how the person wanted their support to be provided. The person's relative was happy with the complaints process and was confident that if they did need to make a complaint then it would be acted upon quickly.

The service was well led by the management team and staff understood their roles. The person who used the service, their relative and staff were encouraged to provide feedback on how the service could be improved. 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 person was protected from abuse because staff could identify the types of abuse and who to report concerns to.

Risks to the person's safety were regularly assessed and appropriate support plans were put in place to maintain their safety.

Medicines were handled, stored and administered safely.

Good



Is the service effective?

The service was effective.

The person received support from staff who were well trained.

The principles of the Mental Capacity Act 2005 had been appropriately applied when decisions were made for the person.

The person was encouraged to make wise food and drink choices and to maintain a healthy and balanced diet.

Good



Is the service caring?

The service was caring.

The person was supported by staff who cared about them and knew what they liked and disliked.

The person and their relative's views were regularly listened to and acted upon.

The person's privacy and dignity was maintained at all times.

Good



Is the service responsive?

The service was responsive.

The person led an active social life and took part in the activities that were important to them.

There was a complaints procedure in place and the person's relative felt if they needed to make a complaint then it would be acted upon.

Good



Is the service well-led?

The service was well-led.

The person received support from staff who were motivated and understood the values and aims of the service.

Staff understood their role and were led by a confident and effective management team.

Regular quality assurance reviews were conducted to ensure the person received a high quality of support.

Good



Belmont 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.

This inspection took place on 10 March 2015 and was announced.

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 the person who used the service. We also spoke with this person's relative, two members of the support staff, the service manager and the registered manager.

We looked at the support records for the person who used the service, 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 person who used the service told us, “I feel safe, yes.” Their relative told us, “My family member is safe; I have no concerns about that.”

The risk of abuse to the person 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. Staff had attended safeguarding of vulnerable adults training and could explain how they incorporated that training into their work. One member of staff said, “I know the types of abuse. If I thought this was happening I would speak to my manager. I would go higher than them if I needed to and would report it to the local safeguarding team.” The person’s relatives said, “I have never seen anything that would lead me to think my family member was being abused. They are well looked after.”

Information was provided for the person who used the service on how they could identify and report abuse. The information was provided in picture format to assist the person to understand it.

The person had risks to the support they received regularly assessed; with the person, their family and external professionals involved when decisions were needed to be made. Decisions such as how to safely use a vehicle and supporting them when they accessed the local community had been agreed to ensure that they had as limited an impact on the person’s freedom as possible. A member of staff we spoke with told us, “They need a routine. However we do ensure they have the freedom to contribute and tell us what they want to do.”

Accidents and incidents were investigated and recommendations made by the registered manager were implemented. Learning logs were in place that enabled the registered manager to identify any risks to the person’s safety and how the quality of the support they received could be constantly improved.

The person’s safety was maintained because regular assessment of the environment they lived in and the equipment they used was carried out. There was a personal emergency evacuation plan (PEEP) in place that enabled staff to ensure in an emergency they were able to evacuate the person in a safe and timely manner.

There were an appropriate number of staff in place to meet the needs of the person at all times. The registered manager had assessed the person’s needs and ensured they had the right numbers of appropriately trained staff to support them. We asked the staff whether they thought there enough staff to meet the person’s needs. One member of staff told us, “There are plenty of staff here to do what we need to do to support them.” The person’s relative said, “There is a consistent team of staff now. It is much improved.”

The person was protected against the risk of receiving support from staff who were unsuitable for their role. This was because the registered manager ensured that before staff were employed, criminal record checks were conducted to assist them in making safer recruitment decisions. Once the results of the checks have been received and staff were cleared to work, they could then commence their role. The service manager told us they carried out further checks of people’s criminal record every three years to ensure they were still suitable to carry out their role, then they would become aware of this. This ensured the on-going safety of people who used the service.

The person was protected from the risks associated with medicines because there were processes in place that ensured they were handled, stored and administered safely. Staff had received the appropriate training to administer medicines safely and their competency in doing so was regularly assessed. The person’s medicine administration records (MAR), used to record when a person has taken or refused their prescribed medicines were completed. The person’s relative told us, “Their medicines are checked and ordered by the staff. There is a strict routine which they follow to ensure they get their medicines. They are stored safely. I have no concerns about them accessing the medicines.”

There were processes in place to protect the person’s safety when ‘as needed’ medicines were administered. ‘As needed’ medicines are administered not as part of a regular daily dose or at specific times. The reasons these medicines were administered were recorded on the person’s MAR. This enabled the registered manager to review and assess the reasons why these medicines had been administered and whether had been done so

Is the service safe?

appropriately. The person's relative said, "I have no concerns about these types of medicines. They are there just in case, as a last resort. I am also informed if they are ever used, but it has been a while since they were."

We did identify one example where the reason for these medicines being administered was limited. The registered

manager told us they would speak with their staff to ensure they were aware of the importance of always recording in sufficient detail the reasons the medicines were administered to ensure the person received a safe and consistent level of support from all staff.

Is the service effective?

Our findings

The person who used the service was supported by staff who told us they felt appropriately trained to carry out their role effectively. Staff received an induction, regular training and assessment of their work. Records showed staff training was up to date in areas such as safeguarding of vulnerable adults, managing behaviours that challenge and communication. The person's relative said, "The staff know how to support my family member and they do so really well. There is a good mix of staff."

Staff felt supported by the management team. They were encouraged to undertake external qualifications such as diplomas in health and social care to help them develop in their role and to help them to provide effective support for the person who used the service. A member of staff we spoke with told us, "I feel supported in my role. If I have any concerns I can raise them." Another member of staff said, "The training is on-going. I do e-learning or on the job training. There is an abundance of training available."

Staff communicated with the person in an effective way. We observed the staff use verbal and non-verbal methods to communicate with them. The person's communication support plan had guidance for staff to follow and we saw them do this. The staff were able to identify through the person's use of body language and facial expressions what they wanted. For example, we observed the staff talk with the person to compile their shopping list. They were calm and patient in their approach and the person responded positively to them. A member of staff described to us how they communicated with the person; "Communication is really important. If you take the time to listen to them then you get to know the person really well. Knowing what they want is then quite easy." The person's relative said, "They [staff] can read my family member really well. They know how to calm my family member down and use good communication and distraction techniques."

We reviewed the person's support plan 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 medicines. This meant the person had decisions made in their best interest and the provider had done so by following the appropriate legal processes.

The staff we spoke with could explain the principles of the MCA and the decisions made for the person who used the service. A staff member we spoke with said, "The MCA is all about ensuring people who are unable to make decisions for themselves have them made for them, but always in their best interest."

The registered manager could explain the processes they followed when they applied for authorisation for Deprivation of Liberty Safeguards (DoLS) to be implemented to protect the person within the home. DoLS aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. 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.

The person who used the service was not unlawfully restrained. The person's relative said, "I have no concerns that the staff use inappropriate methods when helping my family member." The person's support plan gave guidance for staff to use alternative methods other than the use of restraint. All of the staff we spoke with were aware of these methods. A staff member said, "We never use restraint. The support plan tells us how to manage difficult situations, but as you get to know the person you can identify the signs and address the issues quickly."

The person was supported to maintain a balanced diet. Support plan records showed the person's nutritional needs had been assessed and the staff we spoke with were aware of what they needed to do encourage them to make healthy food and drink choices. The registered manager told us staff were not permitted to consume fizzy drinks in front of the person to reduce the risk of the person becoming agitated by choosing drinks that were not healthy for them. The appropriate MCA assessments had been conducted to support this process. The person enjoyed making drinks for people and they were supported to do so safely. The person told us, "I like making drinks." The person's relative said, "My family member gets a good choice of food and lots of healthy options. The staff encourage my family member to choose healthy things."

Is the service effective?

The person's day to day health needs were met by the staff and external professionals. The person relative said, "My

family member visits the dentist regularly and her GP when they need to. If they have a hospital appointment I am notified." The person's support plan showed referrals to external professionals were made when required.

Is the service caring?

Our findings

The person who used the service told us, “The staff are great. They help me a lot.” Their relative told us, “The staff are wonderful with my family member, they all seem to care.”

We observed staff interact with the person throughout the inspection. They supported the person in a calm and caring way showing a genuine interest in them. The interactions were friendly and relaxed and it was clear that the person got on well with the staff who supported them.

The person received support from staff who understood what they liked and disliked. They treated the person with kindness and were supportive and encouraging when they wanted to do things throughout the home. The person was keen to show us their laptop. The staff supported the person in doing so, but ensured the person was able to do so independently if they wished to.

The staff could explain how they would respond to the person if they became distressed. The registered manager told us that prior to a new member of staff commencing their role; they met with the person to ensure they were comfortable with the new member of staff. This reduced the risk of the person becoming distressed by receiving support from staff who they were not happy with.

There were processes in place that ensured that the person and their relative were provided with information about the support received. ‘Talk Time’ was a process set up that enabled the person to speak with their key support worker or the manager to discuss their support needs. The issues raised were then reviewed, and wherever possible changes

to the person’s support were implemented. ‘Circle meetings’ were also used to enable the person, along with their relatives to meet and discuss the person’s support. We saw requests made by the person’s relative in respect of the activities the person was undertaking had been implemented. The person’s relative told us, “Lots of us attend these meeting, me, my family member, the care staff, the manager and we talk about what my family member wants. We discussed them going swimming and horse riding and they have sorted this for us. They really do listen. The agenda is my family member’s agenda.”

The person had been provided with information in picture format about how they could access and receive support from an Independent Mental Capacity Act Advocate (IMCA) to make major decisions where needed. IMCAs 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.

Staff respected the person’s privacy. Support plan records showed and staff told us that there were processes in place for staff to follow should the person request to be alone. A staff member told us, “We respect their privacy. If they are in their room, we will always knock and wait for them to allow us to enter.” The person’s relative said, “Their privacy is respected. They can be on their own if they want to be.”

Staff treated the person with respect and maintained the person’s dignity at all times. They respected the person’s freedom to make their own choices and to be as independent as they wanted to be. The person did not raise any concerns with the way staff treated them. The person’s relative said, “I have no concerns about my family member’s dignity.”

Is the service responsive?

Our findings

Support plans were in place that assessed the person's ability to undertake tasks independently of the staff and to make choices about how they would like their support to be provided. For example we were told the person was encouraged to choose the clothes they wanted to wear. Staff ensured that if inappropriate clothing was chosen for the weather or the activity they were about to undertake then they would explain the potential negative impact that choice would have on them. The person who used the service told us, "I choose the clothes I want to wear, but the staff help me sometimes."

The person's support plans reflected the person's or their relative's wishes on how they wanted support to be provided. The support plans were person centred and focused on what was important to the person. For example we saw the person had requested that staff listen to them and act on what they wanted. We asked the person whether staff listened to them and they said that they did.

We saw records which showed discussions had been held with the person and their relatives about the activities they would like to do. We asked the person about their activities. They said, "I do lots of things. I go to the disco, go to the pub with my mum and have a massage and go swimming." The person's relative said, "My family member gets to do a great deal of activities. They are things they want to do. They especially loves going to the disco." The registered manager told us that the staff had recently attended a first aid course. This was discussed with the person and they told the registered manager that they wished to attend as well. This was arranged for them. The meant the person was supported to undertake the activities that were important to them.

The person who used the service was encouraged to meet new people and was assisted by the staff to avoid

becoming socially isolated. The person's relative told us they were happy that their family member leads an active life. They also said, "They are out and about a lot. There is always something for her to do. They help walk a dog once a week as well, so they meet people in the local community that way too."

We saw adjustments had been made to the home to provide the person with a massage room. The person's relative told us they thought the massage room was a great addition to the home and were pleased that the staff had been so accommodating when this had been discussed. The relative also felt this had improved their family member's quality of life. The person who used the service said, "I have a massage every Tuesday, it's great."

The person's relative told us and records reflected that the person's needs were regularly reviewed and assessed. External professionals and relatives were included on the reviews when appropriate. The person's relative told us they were satisfied that the current level of support was appropriate and met their family member's needs. We saw the person's behaviour was monitored on a daily basis and when they presented behaviours that challenge, the reasons for this had been recorded. The information was then analysed to determine any learning points for the staff. We saw the registered manager regularly reviewed these records and made recommendations for staff to implement when needed.

The person's relative told us they had not needed to make a formal complaint to the registered manager as every time they have raised any concerns they have been dealt with quickly. The person who used the service told us they did not have any complaints about the service. The registered manager told us the processes were in place that if a formal complaint was made then they would deal with it in a timely manner.

Is the service well-led?

Our findings

The person's relative spoke highly of the management team in place at the service. They told us they found the team leader and the registered manager friendly, approachable and willing to address any concerns they raised with them in order to improve the quality of the service that their relative received. The relative said, "The team leader is fantastic with my family member. They are authoritative and really lead their team well. All of the staff seem to respect her. If something needs to be done, it is done. The manager is great as well and attend meetings to discuss how things are going."

The person who used the service, their relative and the staff were encouraged to contribute to the development of the service. The registered manager told us feedback from all interested parties was key to ensuring the service constantly improved. A member of staff told us, "I feel able to contribute to the service. We work as a team and work together to give the best service we can."

The person's relative told us they were happy that their family member was able to access the local community. They told us the staff worked with their family member to encourage them to use the local amenities and to be as independent as they could. For example the registered manager told us they had a process in place where the person went to the local bank and was encouraged to withdraw their own money over the counter. This enabled the person to interact with people in the community and to gain the confidence to talk to people outside of their normal group of friends, family and staff.

Staff understood the values, aims and ethos of the service and could explain how they incorporated these into their work when supporting the person who used the service. The registered manager said, "Before staff begin they will have a clear understanding of the service, its aims and their role." One staff member we spoke with said, "One of the main values of this service is always to put people first. The values are discussed at one to one sessions with my

manager and during training. It is made very clear what is expected of us. We also receive regular feedback on our work to ensure that we are adhering to the values of the service."

The service was led by a registered manager and home manager who understood their role and responsibilities. The person's relative was happy with the current management arrangements and was happy that they led the home well. They also said, "The managers are great." The registered manager 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 the person who used the service.

The person was supported by staff who enjoyed their job. The staff told us they were motivated and felt the manager welcomed their views on how to contribute to improving the service. This contributed to a calm atmosphere within the home.

Regular staff meetings were carried out to ensure staff were informed of the risks to the service and how they could contribute to reducing these risks. The service manager told us they also used these meetings to discuss policies, new guidance and any other matters that could affect the quality of the service provided. The staff we spoke with felt their views were welcomed at these meetings.

The person who used the service was protected against harm and the service they received was regularly monitored because there were a number of robust quality assurance processes in place. Audits were conducted at varying management levels that regularly assessed a wide range of factors that could have an impact on the person who used the service. The environment, medicines and records relevant to the running of the service were just some of the areas that were reviewed. There were also reviews conducted by the managing director of the service and they provided feedback to the registered manager on areas that needed addressing. Action plans were then put in place to address any issues and these were then reviewed on an on-going basis.