Mr David Arthur Hopkins

Blackley Premier Care

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

This was an unannounced inspection that took place on the 31 January 2019.

Blackley Premier Care is a 'care home', people in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Blackley Premier Care is registered to provide accommodation and personal care to 16 people, some of whom are living with dementia. There were 13 people living at the home at the time of our inspection.

At our last inspection on 19 September 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated good.

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 provider did not have a risk assessment in relation to Legionella. However, we found the provider had completed routine sampling to help control the risks of legionella. Legionella is a type of bacteria that can develop in water systems and cause Legionnaire's disease that can be dangerous, particularly to more vulnerable people such as older adults. The registered manager showed us an email confirming that an external provider would complete this risk assessment in February 2019.

There were procedures in place to protect people from abuse and unsafe care. We saw risk assessments had been developed to help identify ways to minimise the potential risk of harm to people. These had been kept under review and were personalised to meet people's needs.

Staff were kind and caring and treated people with respect. We observed many positive and caring interactions throughout the inspection. Staff knew people's likes and dislikes, which helped them provide individualised care for people.

There were sufficient staff on duty to support people safely. Staff had been recruited safely, appropriately

trained and supported.

Staff received induction and on-going training to enable them to meet the needs of people they supported effectively. Staff were supported by way of regular supervision, appraisal and access to management.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

Medicines were managed safely. People received their medicines when needed, and appropriate records had been completed. We saw people had access to healthcare professionals. People told us staff cared for them in the way they wanted and staff met their care needs promptly. Staff referred people to healthcare professionals in a timely way.

The service remained well-led and robust and effective quality assurance systems and processes were in place to assess, monitor and drive improvements in the quality of care people received. People, staff and relatives remained engaged and involved in the service provided. The culture of the service continued to be positive and respected people's equality, diversity and human rights.

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 remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well-led.	**Good**

Blackley Premier Care

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 31 January 2019 and was unannounced. The inspection team consisted of one adult social care inspector.

We sought feedback prior to the inspection from Manchester local authority commissioning as well as the local Healthwatch board. No one raised any concerns about Blackley Premier Care.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

On this occasion we did not ask the registered provider to complete a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

Not everyone we met, who lived at the home was able to give us their verbal views of the care and support they received, due to their health needs. We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with six people who lived in the home and one relative. We spoke with the registered manager, deputy manager, two senior carer workers, one care worker and the chef. We also spoke with one visiting health care professional.

We looked at a range of records including: three care plans; three staff files; staff training records; minutes of meetings; rotas; complaint and safeguarding records; medication management; maintenance records and

audit documents.

Good

Is the service safe?

Our findings

At our previous inspection we found that the service was safe. At this inspection we had no concerns and the service continued to be good in this area.

Records showed that routine servicing and tests required in relation to the safety of the building had been completed. There had been checks at the required intervals of the electrical fixed wiring, gas, lifting equipment (such as hoists and the passenger lift), portable electrical appliances and the water system.

We completed a tour of the premises as part of our inspection. We inspected the bedrooms, bath and shower rooms, and various communal living spaces. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions and all upstairs windows had tamper-proof opening restrictors in place.

Systems were in place to check the water temperatures at the home. However, we found the provider did not have a risk assessment in relation to Legionella. Legionnaires' disease is a potentially fatal form of pneumonia caused by the legionella bacteria that can develop in water systems. The Health and Safety Executive (HSE) guidelines 'Management of the risks from legionella within water systems' states: care homes must ensure proper management of the risks from legionella are in place. We were provided with evidence the home had ensured the water systems had been tested for Legionella in February 2018. This test indicated no bacteria was detected. Furthermore, we found appropriate checks on the hot and cold water temperatures were being carried out by the maintenance person, which assured us the provider was taking reasonable steps to help protect people from the risk of contracting Legionnaires'. During the inspection the registered manager contacted an external legionella company and provided us with an email which confirmed this company would undertake a risk assessment of the water systems in February 2019. The manager confirmed they would send us this report once completed.

The management of medicines at the service continued to be safe. Staff who administered medicines had regular competency checks to ensure their practice remained safe. There were robust systems in place to manage, administer, store and dispose of medicines. When medicines were required on an 'when required' basis, people had access to them and there was clear guidance in place about their use to ensure safe practice. One person told us, "The staff are always on time with my tablets."

During the inspection we found staffing levels were adequate to meet people's needs. A dependency tool was used to help determine staffing requirements, and this was reviewed regularly. Staff were attentive and responded quickly to people when they needed attention.
We reviewed three staff files and saw that satisfactory recruitment and selection procedures were in place. The files we reviewed contained application forms, references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to check if employees are suited to working with vulnerable adults thereby supporting safe recruitment decisions.

Safeguarding concerns were logged and the registered manager identified any learning from incidents,

which was shared with staff at team meetings. The service had a whistleblowing policy to help ensure staff understood how to raise concerns, and staff confirmed they were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Risks to people continued to be managed safely. Risk assessments were person centred and addressed people's individual needs. This guidance for staff ensured that risks to the person were managed safely. Positive risk taking was encouraged, and people remained free to live their lives how they wished. Risk assessments, including those for the premises, were reviewed regularly to ensure people living at the service were receiving safe and appropriate care, in line with their needs. People had up to date Personal Emergency Evacuation Plans (PEEP's) in place which would help ensure they would receive the support they needed to evacuate the building in an emergency.

Accidents and incidents were reviewed during the inspection. There was an up to date accident and incident reporting procedure in place. All accidents and incident reports were organised into a folder and were analysed on a monthly basis by the registered manager. The monthly analysis enabled the registered manager to establish if there were any emerging trends, if the level of risk needed to be reviewed, and if further support measures needed to be implemented.

There were safe infection control procedures and practices, and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when providing personal care to people so they did not risk causing cross infection.

Good

Is the service effective?

Our findings

At our previous inspection we found the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There was a clear record of DoLS applications submitted and/or authorised which identified when they were due to expire and those which had conditions attached. We saw that mental capacity assessments had been carried out to check whether people had the capacity to make specific decisions.

People who used the service received effective care and support from well trained and well supported staff. Many of the people who worked at Blackley Premier Care had done so for a number of years and had developed positive relationships with the people who used the service and how they liked their needs to be met. Discussions with the registered manager, observations of and conversations with staff, showed they had an in-depth knowledge and understanding of the needs of the people they were looking after.

Prior to working with people, staff told us they had been given a thorough induction into the service. This covered all aspects of service provision, and allowed staff time to get to know the people who lived at the home. During this period, key training linked to the Care Certificate was delivered, such as moving and handling, infection control, dementia awareness, first aid, and food hygiene. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Previous training and experience was acknowledged and records indicated that staff had further qualifications in care, such as Qualification and Credit Framework (QCF), formally known as the NVQ.

Staff received supervision on average four times per annum, along with an annual appraisal. The purpose of supervision was explained to staff and recorded on their supervision record.

We looked around the building and saw accommodation and equipment met people's needs and was appropriate for the care and support provided. This included dementia friendly design features. We found equipment to assist people with mobility and personal care was in place. People's bedrooms were personalised.

We observed lunchtime. It was relaxed and unhurried. People had a choice of meal. There were sufficient staff to give people the attention they needed. The kitchen had been recently refurbished, was clean,

organised and stocked with a variety of provisions. Staff had received training in, and were aware of safe food handling practices. The Food Standards Agency, a regulatory body responsible for inspecting services providing food awarded the home their top rating of five in meeting food safety standards about cleanliness, food preparation and associated record keeping.

People remained complimentary about the meals served and their food options. Comments included: "I love the food here, always plenty available" and "I have just eaten, compliments to the cook."

People's weights were monitored, and action was taken if people were losing weight or nutritionally at risk. We saw food and fluid charts were completed for people who were nutritionally at risk. During the inspection we discussed the International Dysphagia Diet Standardisation Initiative (IDDSI) framework which was due to be incorporated nationally for all care providers by the end of April 2019. IDDSI was implemented nationally to eliminate the use of the imprecise terms such as 'soft diet' and to assist providers with the safe transition to the IDDSI framework, which introduces standard terminology to describe texture modification for food and drink. The registered manager was not aware of this change but provided us with assurances IDDSI would be considered as a priority for the service. They also commented that they would engage with the local Speech and Language Therapist (SaLT) to see if they could arrange training for the staff.

We saw that people's needs were assessed before they came to live at Blackley Premier Care which helped the provider work out if they could provide the care people needed. One relative said "I knew this home was the right place straight away, this is a lovely place."

Staff continued to liaise effectively with other organisations to ensure people received support from specialised healthcare professionals when required. Documentation showed regular visits from GP's, community nurses and other professionals, such as psychiatrists and social workers. During the inspection a healthcare professional told us: "I love visiting this home, from the care staff to the management they do a lovely job."

Good

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

People we spoke with told us that the staff were kind, caring and treated them well. Comments included "I am very happy here, the carers are lovely people", "The staff here are excellent" and "The carers, I mark them 10 out of 10."

During the inspection we saw that staff were attentive and treated people with dignity, respect and were aware of the need for privacy. It was clear from discussions that staff knew people well. When speaking with people who were seated, staff ensured they were at their eye level and when people needed support this was provided discreetly.

We saw that friends and relatives visited throughout the inspection and all those we spoke with told us they could visit at any time and were made welcome. This helped people to maintain relationships that were important to people to prevent isolation.

When people required support to make decisions and did not have friends or family to assist them, local advocacy services were contacted. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights.

Staff continued to support and encourage people to be as independent as possible and to develop and increase the skills that they already had. One member of staff told us, "I encourage people to do as much as they can for themselves, such as managing their personal care needs or meals." People told us that their independence and choices were promoted, that staff were available if they needed assistance, but that they were encouraged and able to continue to do things for themselves. Records and our observations supported this.

People's equality and diversity remained respected and staff adapted their approach to meet people's individualised needs and preferences. Detailed person-centred care plans had been maintained, enabling staff to support people in a personalised way that was specific to their needs and preferences. This included any needs relating to people's individual beliefs. People were given the opportunity observe their faith and any religious or cultural requirements were recorded in their care plans.

Good

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

The provider used an electronic care planning system and all care plans, risk assessments and monitoring charts had been transferred to the electronic system. Electronic care planning enabled the provider to set up alerts and pick up on trends. For example, there was a live system with a list to show what care had been provided to each person and the system automatically calculated whether people had lost or gained weight.

Care plans continued to be informative and personalised, and they were reviewed regularly. People told us staff checked if they were comfortable with the way they supported them. Relatives told us they were involved and kept informed about any changes in the care their family members received.

People were given information in a way they could understand. The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's pre-assessments gathered information about their communication needs, including if they had speech, hearing or sight impairments. This enabled the registered manager to respond to people's needs by producing large print documents or reading information to people. We observed staff supporting people who were not able to communicate verbally by sitting with them and asking them simple closed questions.

We looked at arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans identified whether a person had communication difficulties and how they communicated. Staff recorded what help people needed to increase their abilities in communication. Care plans contained important information about people's needs, including communication needs, with other professionals. This helped to guide other professionals particularly where people were unable to communicate easily.

Care plans detailed people's end of life wishes, where they had wanted to discuss this aspect of their care. The home continued to be registered with the 'Six Steps' end of life programme. This is a nationally recognised programme for supporting people and their families about making advanced decisions about the care they want at the end of their lives and their wishes after death.

People told us that they enjoyed the activities, which improved their wellbeing. People were involved in a variety of one to one and group activities including singing and dancing, exercises, arts and crafts, games, themed parties and local choirs and professional entertainers visiting. Activities were focused on encouraging people living with dementia to get involved in activities that improved their wellbeing. Care records seen confirmed this. A relative said, "I believe the staff do a great job at keeping dad entertained."

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. The service had only received one formal complaint in 2015, and we saw that this was appropriately recorded with evidence of response, investigation and outcome. The complaints procedure for raising and investigating complaints remained available for people, and staff told us they would be happy to support people to make a complaint if required.

Good

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

At the time of the inspection there was a registered manager 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.

Blackley Premier Care continued to benefit from an established manager who has been involved in the service for over 15 years. The registered manager was well supported by an assistant manager who themselves had been with the service for many years. Continuity of staffing at all levels improved the level of care that could be provided and reflected on how well led the service was.

There was consistently good feedback about how the service was well-led. One professional told us, "The manager knows her residents needs very well." One relative commented, "It's a lovely home, from the manager to the staff, they all know how to manage the home well."

The service continued to demonstrate good governance. There remained an effective system of auditing and cross checking at every level of the organisation to ensure quality and consistency were maintained. The registered manager conducted regular audits and checks to look at the quality of care. For example, regular health and safety audits were undertaken to check the safety of the environment and where issues were identified appropriate action was put in place. We looked at several audits in place such as medication audits, environmental cleanliness, equipment audits and reviews of accidents and incidents.

We saw there was a system in place for reviewing and analysing accidents or incidents. This enabled staff to look at ways of possibly eliminating or reducing the risk of re-occurrence; thereby helping to protect the health and safety of people who used the service.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. We saw how the team developed ideas and plans together so that all staff had ownership and were fully engaged in ensuring these changes were put into practice.

We saw that residents' meetings were held where people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw regular reviews of people's care needs were held with relevant others. This meant that people and, or their representatives could make suggestions or comment about the service they received and the environment they lived in. These reviews were for the service to address any suggestions made that might improve the quality and safety of the service provision.

Satisfaction surveys were carried out for the people, their relatives and visiting professionals. We saw that a recent survey had sought views about food, and all responses were positive. However, we noted the provider did not produce a summary once surveys were analysed to inform people what the home did with their feedback. The registered manager acknowledged this observation to say she would start to do this.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We reviewed records held by the service and cross referenced these with statutory notifications submitted to CQC. We found notifications were made in a timely way and that appropriate records were maintained.

It is a legal requirement that each service registered with the CQC displays their current rating on their website and at the home. We saw the rating awarded at the last inspection and a summary of the report was on display on the main noticeboard and website.