Blueberry Transitional Care Ltd

Blueberry House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 29 and 30 September 2016 and was unannounced. This was the first inspection of this service which had been registered in 7 July 2016 and commenced providing support in August 2016.

The home is registered to provide care for up to two people, in a small house in a residential area. At the time of our inspection only one person was living at the home. The home planned to offer support to young adults with learning disabilities and autistic spectrum disorders.
The registered manager had stopped working at the home and a new manager had started. They were in the process of applying to become the registered manager. The manager had a good level of understanding in relation to the requirements of the law and the responsibilities of their role. They had been in post under one month before our visit and were in the process of identifying what needed to improve before taking actions to achieve this. 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 not always protected from possible errors in relation to their medicines because the arrangements for the administration and recording of medication needed to be improved. People were not kept safe within the physical environment of the home because the provider had not acquired the aids and adaptations needed by people in order to keep them safe.

People's needs had been assessed and care plans developed to inform staff how to support people appropriately. Staff we spoke with were knowledgeable about how to protect people from risks associated with their specific conditions. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice.

There were sufficient staff to meet people's needs. Staff told us that they were given the opportunity to develop their knowledge and skills in order to carry out their roles effectively.

People were supported to eat and drink enough by staff who knew how provide such support helping them to keep well and to meet their tastes and preferences. People were supported to have their emotional and physical healthcare needs met. The manager sought and took advice from relevant health professionals when needed.

People told us that they were happy at this home. We observed some caring staff practice, and staff we spoke with demonstrated a positive regard for the people they were supporting. People were consulted about their preferences and people were treated with dignity and respect.

You can see the action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

People were not always safe.

People were not physically safe entering and leaving their home.

People's medicines were not always given to them safely.

People had risk assessments that protected them, but not all necessary risk assessments had been completed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had knowledge and skills to support them well.

People were supported to eat sufficient food and drink of their choice.

People had good access to healthcare professionals.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion.

People were actively supported to be involved in their care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had care that was personalised to them.

Peoples were supported to receive a service that was focussed on meeting their wishes.

Complaints and concerns were dealt with well.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not ensured that the building was suitable for people to use.

The provider did not have an effective system to ensure that they were compliant with regulations and returned notifications to CQC.

Quality assurance processes were not yet effective.

Blueberry House

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 29, 30 September 2016 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection process we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. During our inspection we spoke with one person who lived at the home. We observed how staff supported people. We spoke with the manager and two care staff. We looked at the care records for one person, the medicine management processes and at records about staffing, training and the quality of the service. We spoke on the telephone with one person's formal advocate.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us that they felt they were safe in their home, but did not feel safe getting into and out of their home due to building work that had raised access issues. One person said, "It's a nightmare, [the ramps] feel wonky." An independent professional told us, "[The person] moved into the property before it was ready and suitable." We saw people accessing the building on unstable ramps and were told that since moving into the home one person did not have access to aids and equipment to keep them safe at home. One person said, "I get really wobbly and I don't feel safe." No action had been taken to ensure that people using the service were supported to be able to move safely within the home. We brought this to the attention of the manager who told us that they had taken action to resolve the issue of unsafe entry and exit of the building. After the inspection equipment and aids had been acquired by the home to keep people safe and support them to move around with ease.

Systems in place to administer medication were not consistently safe. People were supported by staff who had been trained to administer prescribed medication. However we found that the system in place in respect of administering of any 'as required' (PRN) medication was not robust and staff had failed to follow the prescriber's directions. The provider had issued instructions for staff giving information about the person's symptoms and when the PRN medication should be administered, however the instructions for staff varied from the instructions that had been set by the prescriber. The failure to follow the prescribed instructions placed the person at risk. We brought this to the attention of the manager who immediately took corrective action.

We observed that staff explained to people what their medication was when they administered it. We saw that medicines were kept in a suitably safe location, but that the room temperature where the medication was kept was not checked to ensure that the medication remained effective. We sampled the Medication Administration Records (MARs) and found that they had been correctly completed, and that any unwanted medicines were disposed of safely.

People using the service were supported by staff who had received training in recognising the possible signs of abuse and how to report any suspicions. Staff told us of the action they would take should they suspect that someone was being abused. This included reporting their concerns to external agencies, such as the police and social services. Staff felt that any concerns would be taken seriously by the provider and that action would be taken if people were at risk of abuse.

The manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and activities which may have posed a risk to staff or people using the service. Some assessments of risk were not available to us on the day of our inspection but were sent to us by the manager shortly afterwards. These included risks around entering and leaving the building where there was a known hazard, emergency evacuation plans and manual handling risk assessments. Staff told us that they were aware of what to do in the event of an emergency. The records which we sampled, and received after the inspection, contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people. We saw that the manager had a process for

recording and analysing accidents and incidents. This meant that where risk assessments had been completed, people were kept safe from harm, but not all risks had been appropriately assessed and measures had not been put in place to keep people safe on the day of our inspection.

We saw that suitable references and checks had been carried out prior to staff starting work. These checks included up to date DBS or police checks. Staff also confirmed that the provider had taken up references about them and they had been interviewed as part of the recruitment and selection process. This meant that staff who worked at the home had been checked to ensure they were safe to work there.

We saw that there were enough staff on each shift. Staff told us that the small team worked well together and covered any staff shortages as required. The staff we spoke with said they were happy to do this. We also noted that there was an out of hours contact person and support available from sister homes if required. The manager told us that they tried to ensure that the same staff covered the rota to ensure continuity of care. This meant that people were cared for by sufficient numbers of staff who had the skills and knowledge required to keep them safe.

Good

Is the service effective?

Our findings

People told us that they enjoyed living at the home and said, "It's nice here." Staff told us they had received induction training when they first started to work in the home. There was documentary evidence that inductions had taken place with the support of the care certificate [a nationally recognised induction programme for new staff]. Staff received additional training when necessary to meet people's particular medical or specific conditions including guidance from health professionals. All the staff we spoke with said they felt confident they had the knowledge needed to support the people in the home. Staff confirmed that they were beginning to receive formal supervision from the manager on a regular basis. They felt well supported by the manager and other team members. This meant that people were supported by staff who had the skills and knowledge required to meet their specific needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. During our visit staff regularly asked people about how they wanted to be supported and we saw that people were supported in accordance with their wishes. Staff were aware of issues relating to mental capacity. The provider had processes in place to hold best interest meetings if people were thought to lack capacity and spoke knowledgably about making sure people were supported by those who had the legal authority to make decisions on their behalf.

Staff told us that people in the home were very involved in how the home was run and what they ate. We saw this person centred approach when the staff asked people what they wanted to eat. The home had a range of ingredients available ready to be used to create a number of meals. One person wanted something other than the food that was on offer so staff went out to the shops with the person to get their preferred choice of food. People told us they enjoyed their meals and were supported to buy and eat food they liked. Staff we spoke with were aware of people's specific nutritional needs and additional guidance was available in people's care records. The support people received around food and drinks helped and supported to people to maintain their health.

People in the home were supported to make use of the services delivered by a variety of healthcare professionals. An independent professional told us, "They have been really good, and set up all the health people, GP, opticians etc." Records showed that staff involved them promptly and people's care plans had been updated to reflect any guidance and instructions received. This meant that people were supported to stay healthy and well .

Good

Is the service caring?

Our findings

People we spoke with said the service was caring, they said, "Staff are good and nice and kind." Staff spoke affectionately about the people they supported and we saw that staff treated people kindly. A staff member told us that all the staff who worked at the home were kind and caring. We observed staff were kind and patient with people and offered support when necessary. Staff knew how to communicate effectively with people at a pace and in a manner that suited them. An independent professional told us, "The staff know [the person] really well, they get on so well."

We saw that there were clear records of how people wanted to be addressed by staff and heard staff addressing people by their preferred names. Staff knew what people liked to do and were keen to support people with their hobbies and keeping in touch with their families and friends. Rooms that we had been invited to see had been personalised with people's photographs and ornaments which all assisted people to feel relaxed and at home.

We saw staff checking and asking people what they wanted them to do or where they wanted to be in the home. There were opportunities for people who used the service to engage in reviews of their care, and people told us that they enjoyed that option. We noted that one person had an advocate who supported them with decisions. This provided people with the opportunity to say how and who they wanted to be supported by. People told us they valued their own independence and that staff respected this and encouraged it. An independent professional said, "They are doing a really good job at helping [the person] become independent."

Staff could confidently describe what they did in practice to protect people's privacy and dignity. We observed staff respect people's privacy when delivering personal care and staff told us how everything they needed to offer safe personal care was kept in people's bedrooms to maintain their dignity and privacy within the home. People told us staff would knock before entering people's rooms and closed bedroom doors when assisting with personal care. Staff had a good understanding of respecting people, for example we saw that one person received a letter. It was handed to them and then staff offered to help the person open and read the contents if they wished. We saw that people directed how they wanted their care and support to be delivered and staff respected this.

We checked staff's understanding of confidentiality. Staff could describe ways in which they kept people's personal information confidential. We saw that records were securely locked in the provider's office. This practice meant people could be confident that their personal information was protected.

Good

Is the service responsive?

Our findings

People told us that the manager and staff had asked people how they liked to be cared for and supported when they first started to use the service. One person told us, "Staff do what I want." We saw that people had been offered a two week transition period that meant that they could visit the home, spend time with staff and get to know the area before they decided to move in. This process had made sure that people were happy to move in. The consultation about how people wanted to be supported and decisions they had made were reflected in care records. However the manager had failed to take into consideration all peoples support needs such as those requiring level access to the building and equipment to be in place to keep them safe while living at the home

Staff and the people we spoke with told us about the activities that people enjoyed and we saw that staff supported people to choose what they did each day. One person told us, "I'm involved in my care plan and I've told them what I like and what I don't like." Staff told us and records showed that people were supported to engage in activities they liked, and have the support they wanted. For example, one person told us that they only wanted to be supported by same sex carers. We saw that this was written in their care plan and the person told us that they only received care from carers of the same sex as themselves. Staff supported people to participate in the wider community when they wanted. This involved supporting people to visit shops and locations they said they liked such as the local park and shops. An independent professional told us that "They have been very good at listening to [the person] and then doing various things with [the person] such as going to the cinema, or shops or clubs." This meant that people received personalised care that responded to their needs and wishes.

The home had clear policies and procedures for dealing with complaints. One person said, "I'd complain to the manager, they'd do something about it." We saw that the information people received when they moved into the home contained details about how to complain. We observed that people were confident to approach and speak with the staff that were supporting them. Staff told us that they could complain or raise concerns with senior managers and felt that they would be listened to. The manager had not received any formal complaints but there were processes in place to capture any comments about the service. The manager told us they planned to review any concerns and comments that they receive in order to learn from adverse events and take action to prevent them from reoccurring.

Requires Improvement

Is the service well-led?

Our findings

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The provider had failed to notify us when the previous registered manager had left the service and details of who would be managing the services until a new manager was recruited and registered. They had also failed to notify when there had been physical damage to the premises that might have impacted on the wellbeing of people who lived at the home. The provider had not sent notifications to us as they were required to do in accordance with the applicable separate regulations. The provider had not ensured that effective systems were in place to monitor that they were compliant with the regulations. This was a breach in Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager showed us the system for auditing and monitoring quality assurance to inform them of positive aspects of the home and identify areas for development. However, this system had not yet been used, and no quality assurance checks or audits had taken place across many areas of the home. Issues identified during the inspection relating to the premises and lack of suitable aids for one person demonstrated that what was in place was not appropriate. We did see that the manager had carried out some checks on the environment and safety within the home such as fire evacuations and smoke alarm tests. We also saw that they had checked people's medicines and how the home was supporting people with their finances. The manager had effective systems for monitoring incidents, accidents and complaints to ensure that there had been an adequate response and to determine any patterns or trends to reduce the likelihood of repetition. This meant that while some areas of the service were being looked at, not all areas were monitored to see if improvements could be made.

There was a manager in post who had recently begun to work at the home and was in the process of applying to become registered. The manager also had responsibility for a second location nearby owned by a different company and they told us they split their time equally between the two homes. The manager confirmed to us that they had enough time to carry out their management responsibilities effectively at both homes and received support from the provider. There was a rota of staff cover for the periods when the manager was not at the home and staff knew who to contact in an emergency.

People told us that they liked the new manager. Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their new manager. An independent professional told us that the manager was supportive and led the staff team well. The manager had started a programme to help staff with their professional development, and staff told us that this had been discussed with them. This showed that the manager was approachable and demonstrating good leadership.

The manager demonstrated that had a good level of understanding in relation to the requirements of the law and the responsibilities of their role. The manager had kept up to date with new developments, changes and regulations in the care sector through regular newsletters and access to professional websites.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not returned notifications to CQC as required.