

# Blackburn with Darwen Borough Council

# St Aidans

## 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

St Aidans is a residential short term break service that provides care to adults with learning difficulties. Some people may have other disabilities. At the time of the inspection there was one person staying at the service with three more people to be admitted later in the day.

At the last inspection in August 2015 the service was rated as 'Good'.

At this inspection we found the service remained 'Good'.

The inspection visit took place on 13 October 2017 and was announced.

There was a registered manager in post at the time of our inspection who had been appointed in registered with the Care Quality Commission (CQC) in July 2015. A registered manager is a person who has registered with the CQC 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 using the service and their relatives told us that people were safe and well treated. During the inspection we saw that people appeared happy and content and not at risk of harm.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse and appropriate recruitment checks took place before staff started work. People were being supported to have a healthy balanced diet. People's medicines were managed safely and they received their medicines as prescribed by health care professionals.

Staff had received training specific to the needs of people using the service, for example, mental health awareness and safeguarding adults. They received regular supervision and an annual appraisal of their work performance. The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's relatives and health care professionals had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. Staff encouraged people to be as independent as possible and to do things they wanted to do.

The registered manager recognised the importance of regularly monitoring the quality of the service provided to people. The provider sought the views of relatives of people using the service, staff and health

care professionals through annual surveys and regular meetings. They used feedback from these events to make improvements at the home. Staff said they enjoyed working at the home and they received good support from the registered manager.

People and their relatives knew how to raise a concern or to make a complaint. The complaint's procedure was available and people said they were encouraged to raise concerns.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# St Aidans

## 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 visit took place on 13 October 2017 and was announced. We gave the service 48 hours notice of the inspection because the service was a small short break care home for adults and we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector.

Before our inspection visit we reviewed the information we held about St Aidans. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service.

We spoke with a range of people about the home including one person who was living at the home at the time of the inspection, two relatives and three staff members. In addition we also spoke with the registered manager.

We looked at care records of two people who used the service, training and recruitment records of staff members who had been employed at the service since the last inspection and records relating to the management of the service.

We contacted the local authority responsible for monitoring the service to request feedback. We used this information to help inform our inspection planning. We also received feedback from four health care professionals about the care provided to people using the service.

# Is the service safe?

## Our findings

A person who was living at the home at the time of the inspection told us they felt safe at St Aidans and with the way staff supported them. A relative said, "My relative really looks forward to going to the home and is really safe. We are all reassured by that."

One professional told us, "The service has effective systems in place to ensure residents' safety and also promotes individuals' independence."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. In addition staff had been recruited safely, and were appropriately trained.

We found assessments continued to be undertaken to assess possible risks to people using the service. The registered manager showed us the risk assessment documentation completed for two people who were in the process of using the service. These included individualised risks to themselves and others, medicines and the risk of deterioration of mental health. The risk assessments included information for staff about action to be taken to minimise the chance of the risk occurring such as spotting the signs of deterioration in behaviour and which health care professional to speak to for guidance.

The registered manager said that there was always a review of a person's needs and any associated risks before someone used the service and that this applied to the core group of regular users. Where someone had not previously used the service we saw that the assessments were comprehensive and the service always sought the views of health care and social care professionals before the person started to use the service.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection we saw that there were sufficient staff available to meet the needs of people who lived at the home. One member of staff said, "Staffing levels are really good and when people come to the home at short notice, additional staff are brought in to ensure we are never below safe levels." One health care professional said, "There are always sufficient numbers of suitably trained staff."

We looked at how medicines were recorded and administered. We observed the staff on duty administering medicines to one person and saw that suitable encouragement and reassurance was provided. We saw the medicines cabinet was locked securely. Medicines were signed for after they had been administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly.

During the inspection we noted that the home was clean, tidy and well maintained. The registered manager said that there was a rota to ensure staff cleaned the home and people were encouraged to clean their room. Potentially harmful cleaning products were locked away. People's bedrooms were well decorated,

spacious and free of clutter. There were restrictors on windows to prevent people falling and injuring themselves.

## Is the service effective?

### Our findings

A relative of a person who had just used the service for three days respite care said, "Staff are excellent and really know what they are doing." A health care professional said, "The staff are particularly knowledgeable about people's needs and have an excellent attitude."

Staff continued to receive training relevant to people's needs. We looked at three members of staff's files which included their training records. These showed that all staff had completed an induction programme and training that the provider considered mandatory. This included food hygiene, fire safety, medicines, manual handling, safeguarding adults, health and safety and infection control. They had completed other training relevant to the needs of people using the service such as mental health awareness and managing and supporting people whose behaviour requires a response from the service. They had also completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). All staff had attained accredited qualifications in health and social care.

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). The 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.

We checked whether the service was working within the principles of the MCA. The registered manager told us that most of the people using the service did have the capacity to make specific decisions about their care and treatment. They said that when there were concerns around capacity, the service worked with people's relatives and relevant health care professionals to ensure appropriate capacity assessments were undertaken and decisions about their care would be in their 'best interests' in line with the Mental Capacity Act 2005 (MCA). It was noted that since the last inspection the service had made an emergency application for a DoLS when a person was placed at the service on an urgent basis following a safeguarding incident elsewhere. We noted that the application had been properly made and had been authorised by the local authority. We also noted that conditions on the authorisation to deprive the person of their liberty had been met during the person's stay at the home.

Most people using the service had support from their family members but when these were unavailable people had access to an Independent Mental Capacity Advocate (IMCA). An IMCA is a specially trained advocate who can help if a person does not have capacity to make particular decisions.

We observed staff supported people to cook their meals and offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. People chose what they preferred to eat and staff provided adequate supervision. We noted that healthy eating and drinking choices were promoted. There was fresh food in the kitchen and a well-stocked fridge and freezer. There was a varied

menu of main meals that was revolved regularly. A relative told us, "My relative has a good appetite and they always enjoy the meals."

We looked at two care plans and noted that the home worked with health care professionals to assess and plan people's care. The registered manager told us that people using the service tended to attend appointments with health care professionals with their relatives before they used the service. If support was required this was provided to ensure appointments were not missed. A health care professional said, "The staff quickly raise concerns if there are complications with the stay or any concerns over the instructions that we give."

## Is the service caring?

### Our findings

During our inspection visit we observed that the situation in the home was relaxed, happy and people were smiling and appeared comfortable. We confirmed this by talking with people. Relatives comments included, "The service is excellent. The manager and their staff are really good and caring."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used various methods to encourage people to express themselves. Staff were patient and took time to understand people.

Staff had a good understanding of protecting and respecting people's human rights. All staff had received training which included guidance in equality and diversity. We discussed this with staff and they said that the home and provider really promoted and encouraged these values. We also noted that the home had a comprehensive policy on equality, diversity and human rights that all staff had considered as part of their induction.

There was an ethos at the home to promote people's independence and autonomy. This was evident in the way support plans were written. We observed people being encouraged to do as much as they could for themselves. Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "I encourage people to do as much as they can. I am due to take a client to the shops shortly. I will supervise but encourage them to deal with the transaction. "

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on a person's bedroom door before entering. Staff also addressed people by their preferred names. Care records that we saw had been written in a respectful manner.

Relatives told us staff at the home encouraged them to visit at any time. They said this gave them the freedom to access the home around their own commitments elsewhere.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away in the main office and this meant that only authorised staff accessed people's records.

## Is the service responsive?

### Our findings

Relatives of people who accessed St Aidans told us they felt the registered manager and staff were responsive and met people's needs with an individual approach. A relative said, "Staff keep us involved and informed with what's going on and we are encouraged to meet regularly. Everything is really open."

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. One said, "I have received a lot of training. This has been specific to the individuals living here and has given me an insight into their needs and what I need to do to support them." Another said, "If we are looking at accommodating a person and we don't have the specialist skills to support them, we always get extra training so that we deal with their specific conditions to support them individually."

People using the service received care, treatment and support that met their needs. We looked at the care files of the two people who had recently been living at the home. These were well organised and easy to follow. They contained detailed pre-admission information and assessments were undertaken to identify people's support needs before they started to use the home. We saw evidence of assessments for areas such as nutrition, physical and mental health and details of health care professionals to contact in the event of a crisis. Each file had a hospital passport that was individualised to the person using the service. A hospital passport assists people with learning disabilities in providing hospital staff with important information about them and their health when they are admitted to hospital.

The care files we reviewed also included evidence that people's relatives, their care coordinators, their keyworkers and appropriate healthcare professionals had been involved in the care planning process. We saw that the registered manager reviewed information in the care files on a monthly basis and that there was always a review by staff before someone renewed their use of the service.

People were encouraged to participate in activities in and outside the home. Suitable activities included attendances at local community centre groups, swimming and horse riding, keep fit sessions and specialist learning disability education centres. People were encouraged to participate depending on their interest and ability. We also saw that books, board games, colouring books and puzzles were available in the living room for people using the service to use if they wished. This meant that people had support that was individualised and were stimulated with activities inside and outside the home.

Staff spoke with us about other activities outside the home and we saw that plans were underway for people to go on a supervised trip to the Blackpool Illuminations. The service had communicated with people and their relatives about this and we were informed that the registered manager was happy for people to attend whether or not they were currently residing at the service.

We saw that copies of the home's complaints procedure were sent out to relatives and people when people started using the service. People's relatives said they knew about the complaints procedure and would tell staff or the registered manager if they were not happy or if they needed to make a complaint. They said they

were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The registered manager showed us a complaints file. Although the service had not received any complaints, the file included a copy of the complaints procedure and forms for recording and responding to complaints. A relative said, "I wouldn't hesitate to raise an issue with the staff in the first instance. I'm sure that it would be sorted out."

## Is the service well-led?

### Our findings

People we spoke with using the service were unable to communicate their views about leadership of the service but their relatives and healthcare professionals spoke positively about the home and the way in which it was run. A health care professional said, "The home is organised and staff know their roles and responsibilities." A relative said, "The home is really well run and my relative appreciates the stability this provides."

Staff we talked with demonstrated that they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager had an extensive health and social care background. They were experienced, knowledgeable and familiar with the needs of the people they supported. Care staff had delegated roles including cleaning duties and being key workers for residents. Each person took responsibility for their role and had been provided with oversight by the registered manager and senior staff at the provider organisation.

Staff told us about the positive support they received from the registered manager and the provider. One said, "We are all given the best possible support and this gives us the potential to achieve a good outcome for our clients." Another said, "We have an on-call system and it is reassuring to know that management are available at any time of the day or night if needs be."

The registered manager showed us that monthly audits were being carried out at the home. These included food safety, health and safety, water temperatures, maintenance, cleaning, medicines, fire safety, incidents and accidents and care file audits. We saw reports from spot checks and records of observations of staff when their competency was checked. The registered manager said they carried these out to make sure people were receiving good quality care at all times. We saw that accidents and incidents were recorded and monitored and any quality issues were discussed at staff team meetings and measures were put in place to reduce the likelihood of these happening again.

Staff felt they could express their views at team meetings and said that the registered manager and provider were open to feedback. During the inspection we briefly attended a meeting and noted that people's support needs were discussed together with any issues there had been following a person's use of the service. There was open discussion with staff and the registered manager about any lessons learned from a person's visit and support processes that could be used when the person revisited. We saw that staff meetings were held every month but that staff could instigate additional meetings at any time.

The provider took into account the views of relatives of people using the service and health care professionals through annual surveys and a quarterly carers' and residents' forum. The registered manager told us they used feedback from the surveys and forum to make improvements at the home. We saw records from a recent survey and noted an overwhelmingly positive response with comments including, "I love staying at the home and having my independence when I stay." And from a relative, "You are all the best (the staff) and we are blessed in having this facility."

