

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 

Overall summary

St Aidans is a purpose built home which provides a short break service for adults with a learning disability. The service can accommodate up to six people, either as a planned admission or for care in an emergency. There were three people staying at the service on the day of the inspection with two more people being admitted later in the day.

We last inspected this service in April 2014 when the service met all the regulations we inspected.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at staff files and the training matrix. We found staff were robustly recruited, received induction and support when they commenced work, trained in topics relevant to the service and were in sufficient numbers to meet people's needs.

Summary of findings

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

People told us the food served at the home was good and they were offered choices about what they ate. We saw there was a good supply and choice of food.

We found the ordering, storage, administration and disposal of medication was safe.

Staff had completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) so they should know when an application needs to be made and how to submit one.

Electrical and gas equipment was serviced and maintained. There was a system for repairing faults or replacing equipment. Fire alarms were serviced and tested regularly should an emergency occur.

People had an individual emergency evacuation plan and there was a business continuity plan to keep people safe in an emergency.

There were individual risk assessments to keep people safe and evidence that the service contacted healthcare specialists for advice or equipment when required.

We toured the building and found the home to be warm, clean and fresh smelling. Furniture and equipment was suitable to the needs of people who used the service and there was a homely atmosphere.

Plans of care were individual to each person and had been regularly reviewed to keep staff up to date with any changes to people's needs. People's choices and preferred routines had been documented for staff to provide individual care.

People who used the service were able to join in activities if they wished.

We observed that staff were caring and protected people's privacy and dignity when they gave personal care. Staff were observed to have a good rapport with people.

Policies and procedures were updated and management audits helped managers check on the quality of the service.

People who used the service were able to voice their opinions and tell staff what they wanted regularly over the telephone and by completing surveys. People who used the service were also able to raise any concerns if they wished.

We saw the manager analysed incidents, accidents and compliments to improve the service or minimise risks.

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. There were policies and procedures to provide staff with sufficient information to protect people. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse. Blackburn with Darwen Borough Council have joined in with other local authorities to provide the service with local protocols for reporting any safeguarding issues, which staff were aware of.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and the managers audited the system and staff competence.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service. We saw on the day that as the numbers of people who used the service increased, so did the number of staff.

Good



Is the service effective?

The service was effective. Care plans were amended regularly if there were any changes to a person's health or social needs. Staff rang people who used the service for regular updates on their needs so they would be aware of any changes when they were admitted for a short term break.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service told us food was good and they were given sufficient food and drink to meet their nutritional needs.

Staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their general and mental health needs were met.

Good



Is the service caring?

The service was caring. People who used the service and the family member we spoke with thought staff were helpful and kind.

We saw that people who used the service, or where appropriate a family member, had been involved in and helped develop their plans of care to ensure their wishes were taken into account.

We observed there was a good interaction between staff and people who used the service.

Good



Is the service responsive?

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age and gender.

People who used the service or a family member were able to voice their opinions and tell staff what they wanted at meetings, 'catch up' phone calls and by filling in surveys.

Good



Summary of findings

Is the service well-led?

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff felt supported, supervised and listened to.

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.

The inspection team consisted of one inspector and was conducted on the 12 August 2015.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. At this inspection we requested a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this document to help plan the inspection.

We asked the local authority safeguarding and contracts departments for their views of the home. They did not have any concerns.

During the inspection we spoke with two people who used the service, two care staff members, the team co-ordinator, one shared lives carer and the registered manager. We looked at the care records for two people who used the service and medication records for two people. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We also conducted a tour of the building to look at the décor, services and facilities provided for people who used the service.

Is the service safe?

Our findings

The people who used the service said they felt safe when spending time at St Aidans.

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting. The service had a copy of the local authorities policies and procedures to follow their protocols. This meant they had access to the local safeguarding team for advice and report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. The staff member we spoke with was aware of the safeguarding procedures and said she would not hesitate in using the whistle blowing policy to protect people who used the service. The service had notified us of any safeguarding issues and taken suitable steps to minimise any further incidents.

We looked at two staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We also saw that more staff were brought in as people were admitted for respite care. The registered manager said there were core members of staff on duty but more staff worked when required. When we commenced the inspection there was the registered manager, the team co-ordinator, two care staff members and a domestic worker to meet the needs of the three people accommodated at that time. Two more staff came on duty later in the day to meet the needs of two people who were admitted. There was a sufficient number of staff to meet the needs of people.

We looked at the policy and procedure for medicines administration which showed there was a suitable system for the ordering, accounting for, storage, administration and disposal of medicines. The registered manager audited the system regularly and checked staff competency to ensure their practice was safe.

Medicines were stored safely in a locked cupboard in each person's bedroom. The temperatures of the rooms were checked daily to make sure they were safe to store medicines in and comfortable for people who used the service.

Staff had been trained to administer medicines. We looked at the medication records for two people and found there were no gaps or omissions. Staff had access to patient information leaflets and pharmacological reference books to spot side effects or to see what a medicine was for.

There was a system to book medicines in and for when people went home. Staff were aware of any changes to people's medicines because they regularly contacted people in their own home for updates.

There was a controlled drugs cupboard and a register to record if any were to be administered. This was kept in a locked office along with a fridge available to store medicines according to the manufacturer's guidance. None of the people who resided at the home were taking controlled drugs. Records for medicines given when required, such as for headaches gave a clear reason why the medicine was needed and how often they could be given.

We examined two plans of care during the inspection. We saw that there were risk assessments such as for road safety or mobility needs. The risk assessments highlighted any risks and how best staff could support them. We saw that staff asked people their views on any risks and how they would expect and prefer to be supported. This meant that staff looked after people in a safe way but did not restrict their lives.

There were policies and procedures for the control of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice.

Is the service safe?

Managers undertook weekly checks for the control of infection. This included checking water outlets had been cleaned to prevent legionella, rooms for cleanliness, provision of sufficient protective clothing and drains to ensure they were effective.

Staff had access to personal protective clothing, for example aprons and gloves. There was suitable hand washing facilities situated around the building. The laundry was sited away from food preparation areas and contained sufficient equipment to keep people's clothes clean. A new washing machine and drier had recently been purchased.

Hot water outlets were checked regularly to ensure they were not too hot, radiators did not pose a threat of burns and with all rooms being on the ground floor there was no danger of people falling from a height.

The electrical installation system was serviced and checked by a suitably trained contractor. All other equipment, such as the gas equipment, portable electrical appliances, track hoists and mobile hoist, the fire alarm, fire extinguishers and emergency lighting had been serviced to help keep the environment safe.

Each person had a personal emergency evacuation plan (PEEP) and there was a business continuity plan to cover emergency situations such as a fire. This meant there was a safe and individual plan to help people escape in an emergency such as a fire.

There were regular checks to the fire alarm system and break points. Staff were involved in evacuation procedures should they be needed.

Is the service effective?

Our findings

We inspected two plans of care during the inspection. The plans of care had been developed with people who used the service who had signed their agreement to the plans. This meant people received care they were involved and satisfied with.

The plans were individual to each person. People who used the service had helped complete a personal profile. This told staff in great detail of the likes and dislikes, food preferences and preferred routines of people who used the service for staff to treat people as individuals. Their hobbies and interests were recorded, any special needs, for example communication problems or any behaviour which may pose a risk to care. This is a respite service and plans of care were reviewed and updated when people were admitted, often several times a year but staff also took the time to contact people in their own homes to keep up to date with any changes. The plans were reviewed at this time also.

The plans were divided into sections based around people's needs, for example, personal care, moving and handling, sleep and nutrition. We saw that some of the plan was supported with the use of pictures to simplify the plan or show how a person may need to communicate.

Any hospital or medical visits planned prior to admission were completed by care staff to ensure their health care needs were met. On the day of the inspection one person had gone to see their GP. Although not directly responsible for arranging appointments there was a system for people to see medical staff in an emergency.

Members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Staff had been trained in DoLS requirements.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. This service would not be responsible for the normal arrangement of a DoLS because people came only after

they had been consulted and wanted to stay for a short break. On a previous inspection we met a person who had visited the service but had decided not to stay at St Aidans. There was a possibility that an emergency placement could be against a person's wishes. The registered manager said this would be dealt with by the person who was arranging the stay such as a care co-ordinator.

Two people who used the service told us, "The food is good. I can choose what I want" and "The food is very good. I help out with the cooking. I like to help make the food." Dining arrangements were informal. Staff asked people what they wanted to eat and chose the menu from what they were told. Staff had prior knowledge of people's likes and dislikes and could shop for what people needed in advance. There was always a store of food in the fridges and freezers to provide for emergency placements.

Staff had been trained in food safety and nutrition. The registered manager said they would ask for professional help should any person admitted for more than a short term be classed as nutritionally at risk.

The kitchen was tidy and clean on the day of the inspection. One person was in a flat and had a kitchenette to make simple snacks and drinks. We saw that there were ample food stocks which included fresh fruit and vegetables. There was also a stock of Halal food should this be required to meet people's ethnic needs.

We looked at the menu, which showed there was a choice of breakfast, cooked or cereals, people were mostly out for lunch and chose what they wanted for their evening meal from the foods available. People were able to take a drink when they wanted and if able made their own.

There was sufficient dining space to accommodate the home if it was full. We saw that one person took his meal in his room, which was his preference.

People were able to eat out, or, as on the day of the inspection went to a local fish and chip shop.

New staff were given an induction prior to working with people who used the service. The induction gave staff the information they needed prior to working with vulnerable adults. New staff were shadowed until they were comfortable and worked through a probation period. There were no new staff present for us to talk to.

We looked at the training matrix and some staff training records. We saw that staff had completed training in health

Is the service effective?

and safety, moving and handling, safeguarding, how to safely respond to challenging behaviour, first aid, food hygiene, fire safety, infection control, the Mental Capacity Act and DoL'S. Further training was given around end of life care, autism, diabetes and risk assessing. Staff were encouraged to take a NVQ or diploma in health and social care. Both staff we spoke with had gained a qualification. Staff told us they received sufficient training to perform their roles.

Staff told us they received training about the use of any equipment used at the home such as the tracking or mobile hoists.

Staff files showed they received monthly supervision and yearly appraisal. Staff were given the opportunity to raise any issues. A staff member told us, "I have monthly supervision. We can bring up topics if we want to. When I have asked for anything they listened to me and there has always been a good outcome. I think there is enough training to meet the needs of the people here and I am going to do my level 4 diploma which I am looking forward to."

We conducted a tour of the building on the day of the inspection. The home was warm, clean, well decorated and did not contain any offensive odours.

We visited all the communal areas and three bedrooms which had en-suite facilities. The lounges and dining areas contained a variety of furniture suitable for the people accommodated at the home and were domestic in type giving a homely atmosphere.

There was a tracking hoist in the bedrooms to help people with mobility problems and a separate mobile hoist, which could be used in communal areas.

There was a system for repairing broken or damaged equipment. The registered manager said they had no problems getting anything fixed or replaced.

The garden was accessible to people who had a mobility problem and was used to play games or relax in during good weather.

Is the service caring?

Our findings

Two people who used the service told us, “They are looking after me. The staff are very nice. . I have a nice flat. It is a big room. They help me to keep it clean. The staff help me when I need them to” and “I like it here. The staff are very nice with me. . I am happy, very happy when I am here.” A shared lives carer brought a person in for respite care. She said, “All in all I have been very happy with the service so far. I think the stay here is safe and they are in good hands.”

We observed the interaction between people who used the service during the day. Staff were friendly and professional. Staff had worked here for some time and appeared to know people very well.

Plans of care contained a lot of detail around people’s likes and dislikes, choices and preferred routines. This enabled staff to treat people as individuals.

Prior to people coming in for respite care and particularly when transferring from children’s to adult services staff went out to meet them and assess their needs. This process could take up to a year for younger people. People were encouraged to come for a meal or to stay for an hour or so. Meetings and visits would become more frequent and could involve an overnight stay or joining in an activity. This enabled staff to get to know the person and anybody admitted would have a familiar face they were accustomed to. During the process the assessment was recorded and a plan of care developed. Social services usually provided their own details of each person’s needs. People had the choice to stay or not. This meant people were correctly placed and staff knew what care they needed.

People were able to practice their religion of choice with staff support if they wished. The service provided continuity of a person’s health and social needs during their short stay at St Aidans.

Is the service responsive?

Our findings

People who used the service told us, “I went to Blackpool yesterday and it was fun. I brought my friend some rock back” and “I have been working today and work on six days a week, which is what I want to do. I also go to the gym and they take me out.”

There were activities to keep people occupied although if people worked or attended a day centre or college they were supported to do so when at St Aidans. Activities included, going out to clubs, shopping, going to town centres, playing games, arts and crafts, playing video games dominoes, watching television and music. Special event days were celebrated including the festivals of different cultures. The garden was used to play ball games in good weather and people went out for meals or a drink in a local public house.

There were no restrictions to visiting so people could remain in contact with family, friends and carers.

We observed staff responded to what people wanted, for example at mealtimes. Staff we spoke with understood how they were able to offer people choices.

People did not as a rule stay long enough to hold meetings to help plan how the service was run. However, staff had

regular contact with known people who used the service to talk to them about health care or social needs. When people arrived to stay at St Aidans people were asked what they needed. This helped the service plan for any short term breaks people had.

Both the people we spoke with did not have any concerns. A shared lives carer told us, “I got enough information about the service prior to using it. I am not afraid to raise any issues.” A staff member told us she was aware of the complaints and whistle blowing policy and would use either if she thought it necessary. There was a policy and procedure for people to raise any concerns. This told people how to complain, who they could complain to and the set times for a response. Other organisations details were included, for example, the Care Quality Commission for people to take a concern further if they wished. There had not been any complaints made for some time but we saw that the registered manager had analysed a complaint, provided a response and the issue was resolved.

The service produced a regular newsletter to inform people who used the service and staff of any changes, photographs of new staff, informing people if staff have moved on, activities, health improvement and an open day. This was sent to people who used the service to keep them up to date with the care home.

Is the service well-led?

Our findings

The home had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A staff member told us, "I would be happy for a member of my family. The staff are amazing here. We have an excellent staff team and all work closely together. We match staff up to people to ensure they get on well with staff." There were regular staff meetings which covered topics such as staffing, training, supervision, medication competency checks, filing, petty cash and guarding people's finances. Staff were able to bring up topics they wanted to and help how the service was run.

We saw that people who used the service or a family member filled in satisfaction surveys. We saw that the results were positive and people comments included, "This is a fantastic service made so because of the excellent staff who always go out of their way to see that [my relatives] needs are catered for.", "I have absolutely no concerns." and "St Aidans do a fantastic job." There were also many thank you cards from satisfied people.

There had been an incident where someone's clothes had gone missing. We saw that appropriate action was taken to remedy the situation and prevent it from happening again. This meant the provider responded to any incidents in a timely manner.

We saw from looking at records that the manager or other senior staff conducted regular audits. These included the environment, infection control, medicines, care plans, fire prevention, business continuity, policies and procedures, training, quality assurance, activities and risk assessments. A senior member of staff from the local authority also came in to the home to check on the standard of care and the facilities.

Policies and procedures we looked at included the medicines administration, whistle blowing, safeguarding vulnerable adults, health and safety, confidentiality, infection control, fire safety, privacy and dignity. The policies were reviewed regularly to ensure they were up to date and provided staff with the correct information. Staff signed key policies to say they had read and understood them.

There was evidence in the care plans that the registered manager and senior staff liaised with other professionals involved in people's care to help ensure people received the care they needed.

There was a recognised management structure staff understood and would know there was always someone there to support them.

There was a system for keeping staff informed of people's needs. Staff passed over information at a handover meeting and also during regular updates with people who used the service. We saw that staff were given updates when they came to work after two people were admitted for a short term break.