

Blessday Services Limited

Blessday House

Inspection report

4 Heaton Avenue
Romford
Essex
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Tel: 01708500968

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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

About the service

Blessday House is a supported living service providing personal care to people with learning disabilities or mental health needs. At the time of the inspection, two people were using the service. People lived in a shared house with their own en-suite bathroom facilities in a residential area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were safe. There were procedures to protect people from abuse and staff understood how to report abuse. People's medicines were managed safely. Staff followed infection control procedures. Accidents and incidents in the service were reviewed and analysed. There were suitable numbers of staff in the service and they were recruited safely.

Staff were provided with an induction to the service and received training to ensure they had the skills to support people. Staff received supervision to discuss their work and told us they were supported by the registered manager.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to lead a private life. Their human rights and equality characteristics were respected by staff. People were involved in decisions made about their care.

People maintained their health and nutrition with food and drink of their choice. The service worked in collaboration with health care professionals, to keep people in good health.

Staff were kind, respectful and caring towards people.

People's communication needs were assessed. People were supported to avoid social isolation and maintain relationships with family and friends.

The service had a suitable procedure for people to make a complaint. There were systems to monitor the quality and safety of the service through consulting people and relatives for their views about the service and checking records.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 February 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on the date the service first started to provide a service to people after registering with us. The service started to provide the regulated activity of personal care in August 2019.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Blessday House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Blessday House is a supported living service. This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was unannounced. Inspection activity started on 11 February 2020 and ended on 11 February 2020. We visited the office location and the supported living property next door to the office.

What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also requested feedback from social care professionals.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager, who was also a co-director, the second co-director and one member of staff. We also spoke with one person using the service.

We reviewed documents and records that related to people's care and the management of the service. We reviewed two people's care plans. We also looked at staff recruitment and training records, incident records and quality audits.

After the inspection

We contacted one relative of a person using the service and another staff member for their feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The service is safe, yes. I feel safe." Procedures were in place to protect people from the risk of abuse.
- Staff had received training in safeguarding people from abuse. They were aware of the procedures and could identify different types of abuse, such as those of a physical or verbal nature. A staff member said, "If I see there could be abuse taking place, I would report it straight away."
- The provider knew how to take action and report incidents to local safeguarding teams for them to be investigated, should there be a concern about a person's safety.

Assessing risk, safety monitoring and management

- People were protected from harm because there were systems in place to minimise risks. These included risks around behaviours that may challenge, personal hygiene, being out in the community and nutrition. Guidance was in place for staff to reduce these risks. Staff told us the risk assessments provided them with enough information about the person to help keep them safe.
- Although risk assessments were in place, they were not stored within paper copies of people's care records. The registered manager told us the assessments were stored electronically and they showed them to us. We discussed whether these could be printed and placed in the care record as a back up to ensure staff knew how to access them if they could not find the online versions. The registered manager told us they would ensure they were available in the paper copies. This would help staff monitor risks at all times.

Staffing and recruitment

- There were enough staff in the service. The registered manager and a member of staff supported people during the day and we observed this on our inspection. Staff told us staffing levels in the service were suitable for them to be able to do their jobs well.
- People told us there were enough staff. One person told us, "They have staff here all the time."
- There were safe recruitment procedures in place. Records showed criminal record background checks were carried out for new staff to determine if they were safe to work with people. New staff also completed application forms, provided references and proof of their identity.

Using medicines safely

- There was a procedure for the administration of medicines. People were supported by staff to take their medicines at the prescribed times. At the time of our inspection, only one person was being supported to take their medicines.
- People's medicines were stored in a locked cabinet in the registered manager's office. There were

protocols for 'as and when required' also known as PRN medicines, such as paracetamol or creams and staff knew when to administer these medicines. Records showed the service worked with a local pharmacy to collect and return medicines to ensure there was effective management of medicines.

- Staff completed medicine administration records to show that people's medicines had been given to them. Staff had received training in medicine administration and were assessed as competent by the registered manager. We saw that people's medicine records were accurate and up to date. A staff member said, "I am confident with medicines. I know what each one is used for and how to administer them. I received good training."

Learning lessons when things go wrong

- There was a procedure for reporting any accidents or incidents in the home. We saw that there had been a small number of incidents since the service registered with us. Action was taken following incidents to ensure people were safe, for example if a person's behaviour became a risk to themselves and others.
- The registered manager told us they would review and analyse incidents to see if lessons could be learned from them. This would minimise the risk of re-occurrence.

Preventing and controlling infection

- The service had procedures to prevent and control infections and ensure people and staff were protected.
- Staff told us they washed their hands thoroughly, before and after providing personal care, to help contain the spread of infection. They used personal protective equipment such as disposable gloves when providing personal care to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people used the service, an assessment of their needs was carried out to determine if the service was suitable for them to be supported. Assessments of their needs and circumstances, such as their personal history, restrictions placed on them due to previous offences, behaviour patterns, their levels of independence, relationships and personal care needs, were undertaken.
- The assessment also took into account any specific preferences the person had, such as their interests and religious beliefs. These were set out in people's care plans to ensure care was delivered in line with care standards and guidance.

Staff support: induction, training, skills and experience

- People and relatives told us staff were professional in their approach and understood people's needs. One person said, "The staff are very understanding."
- There was an induction process for new staff to receive essential training before they started working in the service. We saw staff had completed their induction, which included meeting people using the service and reading the service's policies and procedures. Staff received training in safeguarding adults, moving and handling, mental health, learning disabilities, the Mental Capacity Act (2005) and infection control. Topics were planned to be refreshed regularly so staff could keep their knowledge up to date. A member of staff told us, "The induction and training helped me prepare for the job."
- Staff discussed their work in supervision meetings with the registered manager including any issues or concerns they needed to discuss. Staff told us they were supported by the registered manager to perform well in their roles. One staff member said, "[Registered manager] is very approachable and supportive. He is very understanding."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives and had access to health services. People's support plans included contact details of health professionals such as doctors, social workers and learning disability practitioners. Staff told us they contacted them if they had concerns about a person's health or wellbeing.
- Staff had an understanding of the signs to look for when people became unwell and what to do in an emergency. Records showed staff took appropriate and immediate action after one person became ill in a recent incident. An ambulance was called and the person was admitted to hospital.
- The service worked with other agencies to provide timely care to people to ensure they were in the best of health. Records showed people were referred to other services and attended health appointments.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet and encouraged to learn cooking skills. One person told us, "I am learning to cook my own meals and I get support when I need it."
- Some people required support to prepare their meals and others were more independent and made their own meals. We saw one person cooking lunch for themselves during our inspection in the presence of staff, who helped them if needed. This showed how the service gave people confidence to cook for themselves.
- People's food and drink preferences were recorded in care plans and they compiled a shopping list with staff for items they wished to buy. This ensured people received food and drink that was suitable for them. A staff member said, "I encourage [person] to cook from scratch and make fresh meals as much as possible. I go shopping with [person] and it is nice for them to see ingredients they like and buy them."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Records showed people's liberty in the service was not restricted. They had capacity to make certain types of decisions and they were also supported to make decisions in their best interests if needed.
- Staff understood the principles of the MCA and told us they sought consent before providing personal care to people. A staff member said, "I always knock when I go to [person's] flat and ask permission to support them."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were respectful and caring. One person told us, "Yes the staff are friendly and caring." We saw staff interacting with people in a kind and respectful way during our inspection. A staff member told us, "I have got to know both our service users quite well. We have good relationships."
- Staff were aware of people's protected characteristics such as race, disability, gender and sexual orientation. The registered manager told us people were supported to live a life of their choosing. A staff member said, "I have done a course in this and I have a good understanding of promoting equality and challenging discrimination."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected by staff. They received care and support that was dignified. A staff member told us, "We have to make sure there are boundaries and people's dignity is maintained. I remind [person] to cover themselves up when they come out of their flat to the kitchen or dining room." One person said, "The staff respect my privacy. They always knock first. I can go out by myself as well. If I need any help, they are always there to help me."
- Staff told us they understood the importance of confidentiality. They understood their responsibility not to share confidential information about people in the service.
- People in the service were mostly independent but some people required support and encouragement with their personal care. Staff supported people to maintain their independence, their tenancy for their flat and with managing their finances. One person's care and support plan stated, "I would like to pay my rent with staff support."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the decisions made about their care and support. Their choices and preferences were understood by staff. One person said, "Yes I saw my support plan. I discussed and agreed it with them [service]."
- People retained choice and control over how their care and support was delivered. A key working system was in place for them to voice their thoughts and opinions. A key worker is a member of staff who is allocated to a person, spends time with them and ensures their preferences and needs are understood. Staff understood their responsibilities with regard to key working and providing a good standard of care. One staff member said, "Key working is very useful as we can see how people are doing. [Person] has come on leaps and bounds since they moved in to their flat."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support according to their individual needs and wishes. People had choice and control of their care and staff supported them according to their wishes. Individual care and support plans were in place that included details of people's histories, preferences and goals they wished to achieve. They also included details of people's cultural or religious beliefs. One person's care plan stated, "I would like to engage with the local church to enhance my faith." Records showed staff supported the person to do this by reminding them to go to church on Sundays if they wished to.
- People's care was reviewed when needed and involved the person, professionals, staff and relatives so that any changes in their needs were known and understood. One person told us, "I am very happy with the one to one support from staff. I love it here."
- Staff updated each other during shift handovers and shared important information to ensure actions were followed up or taken in relation to each person's care and support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and pursue interests they had to help avoid social isolation. Staff told us that people in the service also got on well with each other and looked out for one another.
- People had their own activity plans for each day of the week. These included visiting family and friends, playing games such as snooker, shopping, walks, going to the library, going to the park and eating out. Staff accompanied people outside if this was appropriate and part of their support needs.
- People were also supported to attend community groups to chat and meet with other people. This helped them reintegrate into the community after a period of rehabilitation.
- The registered manager told us and records showed that people in the service were not always interested in doing activities at certain times. The registered manager said they would be supporting and encouraging people with more activities as they continued to use the service.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received easy read versions of information about the service. Their communication needs were

described in their care plans.

- People in the service could communicate well with staff and did not have issues with being able to speak verbally. One person said, "There is good communication with staff and I feel listened to."

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people if they wished to raise a concern or were not happy with the service.
- There were no complaints made since the service was registered. The registered manager told us the complaints process would be followed should a complaint arise.
- People and relatives told us they knew how to make a complaint. One person said, "If I had a problem, I would speak to the manager. I know him well."

End of life care and support

- At the time of our inspection, the service was not providing end of life care and support.
- The registered manager told us staff would be provided training and the provider would be able to seek support and advice from end of life care professionals, such as hospices if needed in the future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The registered manager was supported by the co-director of the service. They ensured the service was safe by carrying out quality assurance checks on policies, procedures, care records and meeting with staff, people and relatives.
- The provider had invested in technology and we saw all staff had access to a smartphone to record tasks and update people's care plans. This meant staff could receive updates immediately and follow up on actions that needed to be taken.
- Staff were clear about their roles and responsibilities and told us they were well supported by the management team. A staff member said, "The managers are very nice. They are very supportive and things have been going really well."
- The provider understood it's responsibility to notify the Care Quality Commission of important events, incidents or changes in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person centred care. There was a positive culture and we found people were happy with the support they received. One person said, "I like living in my flat and I think the manager is brilliant." A relative told us, "It's a lovely service for [family member]."
- People were supported by staff to achieve good outcomes, such as improving their health, maintaining their tenancy and developing their independent living skills. The registered manager said, "We aim to help people reintegrate into the community, learn new skills and move on to live independently."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager acknowledged when things had gone wrong and they were open and honest with people and relatives. For example, ensuring relatives were contacted and informed of incidents involving their family members.
- The registered manager analysed people and relative's feedback to make continuous improvements to the service. This meant that there was a culture of continuous improvement to ensure people received high quality care at all times.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People told us they felt engaged with how the service was run. They completed questionnaires to provide their feedback and we saw that feedback was positive. One relative had written, "I am very happy with Blessday House. [Family member] is treated with the utmost respect and is looked after so well. [Family member] is so happy for the first time in years."
- People and relatives participated in meetings which were an opportunity for people to air their views about the service. For example, we noted people wished more TV channels to be available and the registered manager was looking into this. People were also invited to chair the meeting if they wished.
- The registered manager team ensured important information was shared and distributed to staff and met with them to discuss issues or concerns.

Working in partnership with others

- The service worked with health and social care professionals and external agencies to review people's ongoing support.
- Professionals and local authority commissioners also visited the service. We noted that the provider had taken action to ensure recommendations they made were followed up, which had helped improve the service.