

Blair House Care Home Limited

# Blair House Care Home

## Inspection report

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Merseyside  
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Tel: 01704500123

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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Blair House is a care home that provides nursing care and support to people with mental health needs. The home is registered for 41 people.

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

At our last inspection the service was in breach of regulation in relation to safe care and treatment. At this inspection, however, the registered provider had made improvements and was no longer in breach of regulation.

Staff used creative, personalised methods and strategies to inspire and encourage people to get the most out of their support at Blair House. People felt consulted with, listened to and empowered. The service had gone the extra mile to spend time finding out what people liked. The service was exceptional at supporting people to follow their likes and interests, which led to them having increased confidence. The service worked effectively with other professionals to meet people's health and care needs in sensitive, personalised ways. People's journeys and personal achievements were captured in case studies people had written themselves with help from their relatives or staff members. Outcomes and achievements were celebrated.

Information was sourced and available at Blair House which took into account people's varying levels of understanding. Communication preferences were given great consideration.

Staff engaged and supported people with enriching and culturally relevant activities. The registered manager had reached out to the local community. This allowed people to grow in confidence and engage with the wider community. There was a complaints process in place which outlined response times and procedure. End of life care was discussed sensitively and with care and compassion.

People were protected from avoidable harm and abuse. Relatives told us they felt their family member was safe and well protected. There were enough staff on duty with the right mix of skills to support people safely and effectively. Staff were recruited and selected safely. Medications were safely managed, administered and stored. Infection control and prevention was managed well at the service. Incidents, accidents and near misses were recorded and monitored to ensure there was opportunity for lessons learned.

People were assessed before they came to the home by the registered manager, and their outcomes and choices were recorded and monitored to ensure consistency and good practice. Staff were supported and supervised, trained, and suitably skilled to meet the requirements of their role. People were supported by staff to have sufficient food and fluid intake throughout the day and night. There was a clear process for referring people to external services where required and this was applied consistently to ensure care was safe. The service fully met and complied with the principles of the MCA and no one was being unlawfully deprived of their liberty.

Staff treated people with respect, kindness, equality and dignity. Relatives spoke positively about the staff. People were included as much as possible in their day to day decision making and choices. People's privacy and independence was encouraged, family relationships and friendships were respected and promoted.

The registered manager promoted a positive ethos and culture, which was centred around personalisation and inclusion. The registered manager and provider understood their responsibility to inform people when care fell short or did not meet expected standards. Risks to people's health, safety and wellbeing was effectively managed through ongoing monitoring of the service. The registered manager had a clear understanding of their role and responsibilities in line with regulatory requirements. The service was open and inclusive and fully considered people's equality needs. There were effective systems in place for checking and improving the quality and safety of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The service was last rated requires improvement. (Report Published 2 February 2019).

#### Why we inspected

This was a planned inspection in line with the last rating.

#### 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 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?

Outstanding ☆

The service was exceptionally 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

# Blair House Care Home

## 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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has experience of using these type of care services.

#### Service and service type

Blair House is a residential 'care home' which provides accommodation and personal care for people, including people living with complex mental health conditions. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this

information to plan our inspection.

#### During the inspection

During our visit we spoke with the registered manager, the deputy manager, the area manager, three staff, the activities person and the chef. We spoke with nine people, and one relative. We looked at five people's care records and a selection of medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for three staff and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to provide adequate information within risk assessments and these were not detailed enough to help keep people safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection improvement had been made and the registered provider was no longer in breach of regulation.

- Risks to people's health and wellbeing were proactively assessed, recognised and managed.
- Strategies for risk management were clearly and concisely recorded. For example, positive behaviour support (PBS) plans were available and described in detail how staff could adapt their approach and intervention to prevent incidents occurring in the first place. One PBS plan described how the person's complex mental health condition impacted on their behaviour and how staff should respond if the person started to display behaviours or 'triggers.' These included detailed descriptions of how the person would present if they became unwell and required intervention.
- All staff had attended bespoke training, such as suicide prevention, and the registered manager had networking links if more training was ever required depending on people's needs.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse.
- People felt safe and well protected. Comments included, "I'm in a better place being here," "I feel safe here, I don't doubt the security of the care staff" and "It's great, very clean, very safe place." Someone else said, "I feel safe, it's a good place,"
- Staff had all completed safeguarding training and knew how to raise concerns. The service had policies and procedures in place to ensure safeguarding concerns were managed promptly.

### Staffing and recruitment

- There were enough staff on duty with the right mix of skills to support people safely and effectively. Staff were recruited and selected safely.
- People who used the service were involved in the selection of staff. We spoke to people who told us they enjoyed asking new staff questions about themselves and liked the fact they were able to do this.

### Using medicines safely

- Medications were safely managed, administered and stored.
- Staff kept accurate Medication Administration Records (MAR)s in relation to people's medications, including topical medications (Creams) and Controlled Drugs (CD)'s.

#### Preventing and controlling infection

- Infection control and prevention was managed well at the service.
- Staff understood their roles with regards to infection control, and the importance of maintaining high standards of cleanliness.

#### Learning lessons when things go wrong

- Incidents, accidents and near misses were recorded and monitored to ensure there was opportunity for lessons learned to help prevent reoccurrence and keep people safe.
- Appropriate reviews took place of all incidents by the registered manager, and any patterns or emerging trends were highlighted for discussion with team managers and other involved health and social care professionals.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were assessed before they came to the home by the registered manager, and their outcomes and choices were recorded and monitored to ensure consistency and good practice.
- Care plans and outcomes for people were regularly reviewed by the nurse in charge, other involved professionals and relatives to ensure the service continued to meet the needs of each person.

Staff support: induction, training, skills and experience

- Staff were supported and supervised, trained, and suitably skilled to meet the requirements of their role.
- We spoke to the registered manager regarding any specific training for staff to help support people manage their complex diagnosis, which was something the registered manager had introduced since the last inspection.
- Staff discussed their roles and responsibilities and confirmed they felt well supported due to consistent supervision, and training.
- People we spoke with confirmed they felt staff had the right skill mix to support them. One person said, "I feel they are qualified enough people are happy here."

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

- People were supported by staff to have sufficient food and fluid intake throughout the day and night.
- Some people had guidance and support from outside organisations, such as Speech and Language Therapists (SALT) to ensure their diet was suitable for them. Staff followed this guidance safely, and it was available to be viewed in people's care plans.
- People chose their own menus, and there was always a healthy choice option or people who had diabetes.

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

- There was a clear process for referring people to external services were required and this was applied consistently to ensure care was safe.
- Staff worked in collaboration with other agencies, such as GP's and Community Psychiatric Nurses (CPN's,) to ensure people's needs were met or they were referred for further help if they become unwell.

Adapting service, design, decoration to meet people's needs

- The home was welcoming, nicely decorated, and people were encouraged to personalise their own

rooms. There were quiet areas for people to relax and large open spaces for socialising.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- We observed staff obtain consent for people's care and support.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.
- Each capacity assessment was decision specific and included the person's advocate or relative in the process. Best interest meetings discussed the rationale for the decision and why it was in the person's best interest.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

- People spoke positively about the staff and said the staff were kind and caring.
- Some of the comments included, "Staff are always on hand to help and I have confidence in them" Also, "Staff are brilliant – they listen to me and know me." Someone else said "Staff knock on your door. They help any time of day."
- Consideration had been given to people's cultural and spiritual backgrounds.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with respect, kindness, equality and dignity.
- Caring and respectful relationships had been developed between staff, people who lived at the home and their relatives.

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

- People were included as much as possible in their day to decision making and choices around their care and support needs.
- Care plans contained information around 'progress' for each person which staff would review regularly. People had signed their care plans if they were able.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence were encouraged, family relationships and friendships were respected and promoted.
- Each care plan was written in a way which focussed on tasks the person could do for themselves, rather than what they could not. For example, 'I can attend to my own personal care.'
- The staff encouraged family members to visit and be involved in their relative's care and support. We spoke with one relative who said, "They are great at keeping me in the loop if I need to be somewhere with [person]."
- Confidential information was stored securely, and people's bedroom doors were kept closed. Some people chose to lock their bedroom doors.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff used creative, personalised methods and strategies to inspire and encourage people to get the most out of their support at Blair House. People felt consulted with, listened to and empowered. Staff not only challenged social barriers, they involved people to truly take control of their own lives. People had increased confidence, because the service had gone the extra mile to spend time finding out what they liked and staff were exceptional at supporting people to follow their likes and interests, which led to them having increased confidence. For example, reconnecting with family they had not seen in a long time.
- People spoke with great enthusiasm about the achievements they had made, often in a short space of time, since being supported at Blair House. Each person's support was clearly unique, as each person was at different levels of ability. For example, one person was looking at moving into their own home, and someone else was just learning new basic skills, such as washing and dressing themselves.
- Staff had engaged with outside health agencies to help organise for one person to have some sensitive screenings and signposted them to an additional healthcare service. Staff had empowered the person to enable them, with the right support, to make a life changing choice. They said, "They [staff] spoke to me like an adult and asked how I was feeling. I understand now, and I am in a good place."
- Staff and the registered manager had researched 'coping and loss strategies' to support a person learn how to cope with grief, which was something that had caused them great anxiety for most of their life. The person told us how staff had supported them through this time by ensuring they had a way to positively channel their thoughts and feelings by documenting them in written accounts and poetry, which the person then shared with us. Similarly, another person showed us how they cope with their thoughts and feelings and talked openly about their own journey while at Blair House. They told us they were now in a place where they understood and had control of their recovery. They said, "I finally feel in a good place."
- Adjustments were made to everyday tasks, such as grooming and hairdressing. We saw how people were supported to look after themselves with regards to this area of their life. This had been creatively looked into by the staff, and different solutions were tried and tested. For people who suffered from paranoid thoughts, the task of looking in the mirror was the barrier, and not the hairdressing itself. Steps were taken to remove mirrors and find a more comfortable place to complete the task. People were so happy with the outcome, that one person even felt confident enough to contact family members they had not seen in long time, and this restarted their relationship.
- People's journeys and personal achievements were captured in case studies people had written themselves with help from their relatives or staff members. People were encouraged to set their own goals and aspirations, and with staff support, empowered to achieve them. Outcomes were celebrated, no matter how small they were. One person, before living at Blair House, had been unable to do anything

independently. One staff member said, "We have finally achieved [person] making themselves a cup of tea; they were told this would never be possible." Staff were keen to tell us how proud and passionate they were about the people they supported.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was sourced and available at Blair House which took account of people's varying levels of understanding.
- Communication preferences were given great consideration. One person, who had chosen not to communicate, was supported to try different therapeutic activities as a way to help them communicate. The staff found the person was most relaxed in a certain outdoor setting, and chose to communicate when there.

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

- Staff engaged and supported people with enriching and culturally relevant activities.
- The registered manager had reached out to the local community and coordinated involvement in a cookery programme for people who wished to pursue this. This not only taught people essential life skills but educated them on healthy eating as there was a link between mental health and diabetes/diet, which the registered manager had attended additional learning and seminars about. The registered manager told us they wanted to ensure people had the right knowledge to make decisions themselves. This in turn led to greater independence and control for people over their lives.
- One person engaged in folk songs with one of the staff. We found out they used to be in a band, and this helped them reminisce about this and talk about their fond memories
- One person shared their journey with us, and how they thought they would never be in a place to actually 'choose' how they spent their day. They described how staff supported them to fill their days with meaningful things. They said, "A few years ago, I would not even get out bed. Now I am up and about. I have a good reason to, the staff help me see that."
- We spoke to the relative of one person who discussed how far the person had come physiologically, since being at Blair House, and was now able to get on the bus independently and meet them. This is something the person had never had the confidence to do. They said, "I know [relative] has the right support, and it very special and unique."
- One person told us about how they adopted an animal with support from staff. They also said how looking after their pet gave them a sense of purpose and responsibility and how that had directly motivated them to work upon their goal of living independently in the community.

#### Improving care quality in response to complaints or concerns

- There was a complaints process in place.
- There had been no formal complaints since the last inspection. People told us they knew how to complain should they need to.

#### End of life care and support

- End of life care was discussed sensitively with care and compassion.
- Staff had received training in end of life, however, there was no one currently receiving end of life support who used the service.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive ethos and culture, which was centred around personalisation and inclusion.
- Family members were involved in planning their relative's care and support and people experienced good outcomes and support towards their chosen goals.
- Staff told us they enjoyed their roles and felt valued and supported. One staff member said, "I love working at Blair House."

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

- The registered manager had a clear understanding of their role and responsibilities in line with regulatory requirements.
- Staff performance, learning and development was monitored through observations, team meetings and supervisions.
- The registered manager and staff understood their responsibilities to act in an open and transparent way by being open and honest with people when an incident occurred.

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

- The registered manager and provider understood their responsibility to inform people when care fell short or did not meet expected standards. Risks to people's health, safety and wellbeing were effectively managed through ongoing monitoring of the service.
- We checked records and found the provider had acted on the duty of candour regarding incidents and accidents. The local authority and CQC and families had been notified when needed.
- Ratings from our last inspection were displayed in the service and on the provider's website, in line with legal obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was open and inclusive and fully considered people's equality needs.
- People, family members and others were provided with opportunities to provide feedback about the service through surveys, review meetings and regular discussions with managers and senior staff.

- Family members and staff felt involved and said there were good lines of communication. Their comments included, "The staff will update me if [person] becomes unwell."
- There was a positive approach to working in partnership with others including Clinical Commissioning Groups (CCG) and other health and social care professionals.

#### Continuous learning and improving care

- There were effective systems in place for checking and improving the quality and safety of the service.
- Action plans were developed for areas identified as needing to improve and the actions were completed in a timely way.
- The registered manager completed training and continuously sourced information to update their knowledge and learning, including implementing any feedback from recent inspections from other locations.