Mr David Arthur Hopkins

Blackley Premier Care

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

This inspection was unannounced and took place on the 19 September 2016.

The service was previously inspected in June 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Blackley Premier Care is registered to provide accommodation and personal care to 16 people, some of whom are living with dementia, there were 14 people living at the home at the time of our inspection. Blackley Premier Care is located in Blackley and situated near local amenities such as shops, a library and public transport links. There is a passenger lift in place along with facilities for cooking, dining, personal care, relaxing and leisure. The home has two lounges and a dining room. There is a well maintained garden at the rear of the building and sitting out areas around the building.

At the time of the inspection there was a registered manager at Blackley Premier Care. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager worked flexibly between two homes she was the registered for. During our inspection the registered manager was not available; the full time deputy manager who worked at Blackley Premier Care was available.

The deputy manager engaged positively in the inspection process. The deputy manager was friendly and approachable and operated an open door policy to people using the service, staff and visitors. Throughout the inspection we found Blackley Premier Care to have a warm and relaxed atmosphere and overall people living in the home were happy and content.

Feedback received from people using the service and relatives spoken with was generally complimentary about the standard of care provided.

We found that the home was properly maintained and ensured people's safety was not compromised.

The registered provider had policies and systems in place to manage risks and safeguard people from abuse. Staff were aware of the whistle blowing policy and they told us they would use it if required. Staff told us they were able to speak with the deputy manager if they had a concern.

Staffing levels were structured to meet the needs of the people who used the service. There were sufficient numbers of staff on duty to meet people's needs.

Staff recruitment systems were in place and information about staff had been obtained to make sure staff did not pose a risk to people using the service.

Medicines were ordered, stored, administered and disposed of safely. People using the service had access to a range of individualised and group activities and a choice of wholesome and nutritious meals. Records showed that people also had access to GPs, chiropodists and other health care professionals (subject to individual need).

Staff were supported through induction, regular on-going training, supervision and appraisal. A training plan was in place to support staff learning. Staff told us they were well supported in their roles and responsibilities.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and they demonstrated a good understanding of the act and its application. Where people did not have the capacity to make decisions about their care, meetings were held with people, their relatives, and health and social care professionals to help ensure that any decisions were made in the best interests of people using the service.

A process was in place for managing complaints and the home's complaints procedure was displayed so that people had access to this information. People and relatives told us they would raise any concerns with the deputy manager.

Quality assurance systems were in place in assessing, monitoring and improving the quality and safety of services provided. This consisted of surveys and a range of audits that were undertaken twice a year.

We have made recommendations for the enrolment of the care certificate for new staff and the provider to access the best practice guidance to promote the health and wellbeing of people who are living with dementia.

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.

There were sufficient numbers of suitably trained staff to keep people safe and meet their needs.

People were protected from abuse and avoidable harm.

There were safe systems in place for the management and administration of people's medicines.

Is the service effective?

Good

The service was effective.

People received care from staff who were trained to meet their individual needs. They had access to external healthcare professionals when more specialised advice was needed.

The service was meeting the legal requirements relating to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff knowledge of the legislation was good.

People had their nutritional needs assessed and received a diet in line with their individual needs.

Is the service caring?

Good

The service was caring.

People told us they were supported by caring and compassionate staff. People we spoke with said they were happy with the care and support provided and could make decisions about their own care and how they were looked after.

Staff were highly committed to providing a caring service with a clear focus on meeting people's needs in sensitive, enabling way.

People were treated with privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken to identify people's needs and these were used to develop individualised care and support plans for people.

People were encouraged to take part in activities that interested them.

People were supported to raise concerns or complaints and people were confident that the registered manager would act upon them.

Is the service well-led?

Good

The service was well-led.

The culture of the service was open and positive, people and staff felt able to share ideas or concerns with the registered manager and deputy manager.

Staff understood the management structures in the home and were aware of their roles and responsibilities.

There were effective systems in place to monitor the quality of the service provided.

Blackley Premier Care

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 September 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We sought feedback prior to the inspection from the local authority commissioning as well as the local Healthwatch board. No one raised any concerns about Blackley Premier Care.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. On this occasion we did not ask the registered provider to complete a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We spoke with six people who lived at the home and seven relatives. Not everyone we met, who lived at the home was able to give us their verbal views of the care and support they received, due to their health needs. We looked around the premises and also observed care practices.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us

We also spoke with the deputy manager and with four other members of staff. Additionally, we spoke to two healthcare professionals, who both visited the home on a regular basis.

We looked at a range of records including: three care plans; three staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People spoken with confirmed they felt safe and secure at Blackley Premier Care. Comments received from people included: "It's a safe environment here" and "The staff keep everyone safe here."

Relatives spoken with told us that people were well -supported by staff who had the necessary skills to help them with their individual needs. Comments received included: "When I leave here I know my mum is in safe hands" and "I used to worry all the time before she came here, I have none of that now, they really look after her."

We looked at three care files for people who were living at Blackley Premier Care. In each one there was evidence of comprehensive risk assessments, including those relating to: falls; moving and handling; pressure ulcers; and nutrition using the Malnutrition Universal Screening Tool (MUST). People were regularly weighed and we saw evidence of the development of appropriate care plans to mitigate any risks associated with significant and rapid weight gain or loss. There was further evidence of carers responding to risk with referrals to appropriate services noted for example, Tissue Viability Service, Speech and Language Therapy, and Dietician. We saw that care plans were then amended to take into account the advice and recommendations of these specialist services. The risk assessments we looked at were all regularly reviewed and updated to reflect any changes. This showed that the provider was mindful of the risks of providing care and treatment.

Systems were in place to record incidents, accidents and falls and to maintain an overview of incidents. We noted that the monthly summary records did not provide any evidence of lessons learnt and actions taken to minimise the potential for reoccurrence. The deputy manager acknowledged this observation and assured us they would update records to ensure this information was included to ensure best practice.

The provider employed a registered manager on a full time basis who worked flexibly between two homes they were the registered manager for. We discussed with the staff team, the frequency of the registered manager's visits to Blackley Premier Care. The staff team were not sure on the frequency of the visits however the deputy manager commented that the registered manager was always contactable via the telephone whenever they needed advice.

Staffing levels for Blackley Premier Care were one deputy manager, one senior care worker, and two care assistants on duty from 8am to 5pm. In the afternoon there were one senior care worker and one care assistant on rota from 5pm to 9pm. During the night it was recorded on the rota that there were two waking night staff from 9pm to 8am.

The deputy manager told us that they felt confident with the current staffing levels and would immediately respond to increase the staffing if they felt people's needs had changed to ensure quality of service provision.

Our observations of the support people received and the feedback from people's relatives, the staff at the home and visiting healthcare professionals, showed that there were sufficient staff employed to meet people's needs.

Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place.

During the inspection we looked at the records of three newly recruited staff to check that the recruitment procedure was effective and safe. Recruitment procedures were in place and being followed to ensure only suitable staff were employed by the service. Prospective staff completed application forms and the information provided included a full employment history. Pre-employment checks had been carried out. These included Disclosure and Barring Scheme checks, health clearance, proof of identity documents, including the right to work in the UK, and two references, including one from the previous employer.

The provider had policies and procedures to offer guidance for staff on 'Safeguarding service users from abuse or harm'; and 'Whistleblowing'. A copy of the local authority's adult protection procedure was also available for staff to refer to.

We checked the safeguarding records in place at Blackley Premier Care. We noted that a tracking tool had not been developed to provide an overview of safeguarding and care concerns that had been received, we noted these records had been placed in a folder for reference. The deputy manager created a tracking tool while we were on inspection that captured the details and highlighted any trends in the concerns captured. Examination of individual safeguarding records confirmed the provider had taken appropriate action in response to incidents. Training records viewed confirmed all of the care staff employed at Blackley Premier Care had also completed training in safeguarding adults.

Staff spoken with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

We looked at the management of medicines with the deputy manager. We were informed that only the deputy manager and designated senior staff were responsible for administering medicines. All staff responsible for the management of medication had completed medication training and undergone an assessment of competency which was reviewed periodically.

A list of staff responsible for administering medicines, together with sample signatures was available for reference and photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a suitable policy for staff to reference.

The medication policy dated April 2016 was available in the medication storage room for staff to view. Blackley Premier Care used a blister pack system that was dispensed by a local pharmacist. Medication was stored in a medication trolley that was secured to a wall in a dedicated storage room. Separate storage was also available for homely remedies and for controlled drugs.

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of

any medication on the relevant medication administration record.

Systems were also in place to record fridge temperature checks; medication returns and any medication errors.

Monthly medication audits were undertaken by the deputy manager. Furthermore, medication stock checks and counts were completed by staff on a daily basis. This helped to ensure that people were safeguarded against the risks associated with medicines management and stock control.

We saw that an emergency plan had been developed to ensure an appropriate response in the event of an emergency. The plan contained contact details for various emergency evacuation places and contact numbers for staff and contractors in the event of a gas, electric, plumbing, nurse call or other emergencies.

We noted that personal emergency evacuation plans (PEEPS) had also been produced for people using the service. PEEPS provide a clear contingency plan to ensure people are kept safe in the event of a fire or other emergency.

Areas viewed during the inspection were clean and well maintained. Staff had access to personal protective equipment and policies, procedures and audits for infection control were in place.

Good

Is the service effective?

Our findings

We asked people who used the service if they found the service provided at Blackley Premier Care to be effective.

People spoken with told us that their care needs were met by the provider.

Comments received from people included: "They (staff) are easy to talk to, nothing is too much trouble"; "You could not wish for nicer girls, if I want an ice cream they will get one for me, I have no worries here" and "The staff are good to us."

Likewise, comments received from visitors included: "When [person's name] came in, she had been depressed, I told staff, they helped [person's name] and me, they listened to me. I was grateful I needed that, [person's name] is doing well now" and "The staff keep me up to date on how mum is."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under MCA.

The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the deputy manager. Discussion with the deputy manager showed they had a clear understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

We saw that there were policies in place relating to the MCA and DoLS. Information received from the deputy manager confirmed that at the time of our visit there were 11 people using the service who were subject to a DoLS. Additional applications were also being considered by the local authority for authorisation. Where people did not have the capacity to make decisions about their care, meetings were held with people, their relatives, and health and social care professionals to help ensure that any decisions were made in the best interests of people using the service

The deputy manager maintained a record of people subject to a DoLS, together with the type (standard or urgent) and expiry date.

We found that the majority of the staff had completed the MCA and DoLS training. There were three staff members that were due to complete this training in the near future. The staff we spoke to had a good understanding of MCA and DoLS; and were aware of which people using the service were subject to a DoLS.

By observing the care during the inspection we saw that care staff gained consent from people before providing any support. For example, before people were assisted to move with manual handling equipment and before assisting people with food and drink. This showed us that care workers made sure people were in agreement before support was provided.

We spoke to three members of staff during the inspection who confirmed they had access to a range of induction, mandatory and other training relevant to their roles and responsibilities.

Examination of training records confirmed that staff had completed key training in subjects such as first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; control of substances hazardous to health; infection control; dementia; and health and safety.

Additional training courses such as national vocational qualifications / diploma in health and social care; record keeping; falls and nutrition and dignity training had also been completed by the majority of staff.

We noted that the registered provider did not have systems in place for new staff to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Further discussion with the deputy manager confirmed any newly recruited staff who did not have experience in adult social care would undertake a national vocational qualification. The deputy manager was not aware the Care Certificate should be covered as part of induction training of new care workers.

We recommend that registered provider ensures all new staff are enrolled on to the Care Certificate to ensure the new minimum standards are met as part of induction training.

We looked at whether the environment was suitable for people who were living with dementia. People living with dementia can often spend time walking round their living space. A home providing good dementia care will look at ways to facilitate this as well as providing objects of interest to help stimulate people's minds. We spoke to the deputy manager who was keen to improve the service for people who were living with dementia and agreed more work was needed to facilitate this within the home. We saw some areas of the home had dementia friendly signage to help people orientate themselves, but there were areas within the home that could be made more dementia friendly.

We therefore recommended the home access best practice guidance in relation to the environment to promote the health and wellbeing of people who are living with dementia.

There was a four week menu which provided a good variety of food to the people using the service. The catering staff member we spoke with explained that choices were available and special diets such as gluten free and diabetic meals were provided if needed. The cook explained that they were aware of people's likes and dislikes and that the senior staff told them if someone had any specific dietary needs. Everyone we asked said that they liked the food they were being offered at mealtimes.

The most recent local authority food hygiene inspection was in April 2016 and Blackley Premier Care had been awarded a rating of 3 stars. The highest award that can be given is 5 stars. The provider was given

actions on what they needed to address by the Food Standards Agency (FSA). During the inspection we noted the kitchen had been newly refurbished to ensure the home is fully compliant with the FSA.

We observed a meal time and saw that people had different options and a drink of their choice. Additional refreshments and snacks were also seen to be provided throughout the day. Staff were observed to be accessible and responsive to people requiring support at mealtimes. Records were kept of the amounts people ate and drank when they were at risk nutritionally and we found that they were completed consistently. People were weighed monthly and appropriate action was taken if people lost weight, for example a referral to the dietician therapist or an appointment with a GP.

During the inspection we spoke with two community nurses visiting the home. Both were complimentary of the standard of care being delivered to people at the home. One community nurse commented, "The staff team here are excellent, they always keep us informed of people's progress when we visit."

We saw from observation and from support plans that the people who used the service had complex health needs which required input from a range of healthcare professionals. In the three support plans we looked at we noted individuals had been seen by a range of health care professionals including GPs, opticians, dentists, a physiotherapist, chiropodists and other specialist healthcare professionals. Visits were recorded in the daily records for each person and upcoming appointments were recorded in their care files.

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. One person said, "The care here is superb, I am very happy." One relative told us, "[Person's name] always looks well dressed and looks as if she is being cared for, which she is."

A relative whose family member had recently passed away commented, "They (staff) could not have done more, I did not want [person's name] to be left on her own and staff knew this, so they made sure that when the family was not there, extra staff would come in on their days off to sit with [person's name]. You could tell they cared about [person's name]. They were upset like us when (person's name) passed away."

We saw care workers were provided with information about the personal history of the person they were supporting. The information included which members of their family and friends knew them best, the person's interests and hobbies as well as their work and family history. Care workers were able to understand the interests and experiences of the person they were supporting.

People's privacy and dignity were respected. We observed that people were clean and were supported to maintain their personal hygiene needs. People were supported to go to the bathroom when they wanted.

We saw staff were discreet when discussing people's personal care needs with them and ensured that personal support was provided in private. The staff we spoke with explained how they maintained people's privacy and dignity, One staff member said, "I treat people with the utmost respect and always ensure people's dignity is not compromised when carrying out any care." We observed staff knocking on people's bedroom doors and waiting before entering.

The deputy manager and the staff team were warm and welcoming and the atmosphere in the home was calm and relaxed. Staff were observed to spend time interacting with people using different resources to stimulate or help people to relax.

Staff we spoke with understood their obligations with respect to people's choices. Staff told us that people and their families were involved in discussions about their care.

During the inspection we noted there was one person living at the home who was receiving end of life care. We asked if there was a specific approach or model of end of life care that the home would provide should anyone be approaching the end of their life. The deputy manager provided evidence that the staff were currently undertaking the 'Six Steps' end of life programme, this was due to be completed by April 2017. The aim of the 'Six Steps' end of life programme to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care.

People's wishes for their end of life care were recorded. For example, some people had a do not attempt resuscitation (DNAR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw that the person concerned and their family were involved in this

decision.

None of the people receiving personal care services at the time of our visit had particular needs or preferences arising from their religious or cultural background. The provider's assessment process would identify these needs if necessary. Equality and diversity training was included in the provider's basic training programme.

The provider had developed a range of information, including a 'service user guide' for the people living in the home. This gave people detailed information on such topics as medicine arrangements, telephones, meals, access advocacy services, complaints and the services provided.

Good

Is the service responsive?

Our findings

We asked people who used the service and their representatives if they found the service provided at Blackley Premier Care to be responsive to their needs. People spoken with confirmed that the service was responsive to their individual needs.

For example, one person commented: "If I am not feeling myself the staff are quickly on hand to intervene and make sure the doctor visits me."

We looked at three care files for people who used the service. People's needs were assessed prior to moving to the home to ensure the service could provide the necessary care and support. Each person had a comprehensive care and support plan based on their assessed needs. Care plans described people's individual care and support needs, decision making capabilities and things they enjoyed or disliked. Care plans were then regularly reviewed and updated to reflect changes in the person's needs or preferences. The deputy manager / senior care workers audited the care plans to ensure they were appropriate to each individual's current needs and preferences. When people's needs increased the service recognised the importance of involving the person's family and appropriate professionals, such as the person's social worker. This ensured the provider was responsive to people's changing needs and ensuring the person's care needs were met.

Care plans provided clear guidance for staff on how to support people's individual needs. People were supported in line with their care plans by staff that had a good knowledge and understanding of their needs and preferences.

A complaints policy was available and included timescales for investigation and providing a response. Contact details for the provider and the Care Quality Commission (CQC) were also included within the document. We were informed by the deputy manager that no complaints had been received in the last twelve months. People we spoke with and their relatives said they would talk to the deputy manager if they had a complaint or concern. One said, "I have never needed to complain thankfully, but I know the manager would deal with any issues, if I ever did have any.

A monthly activities planner was available for the people living at Blackley Premier Care. Many of the activities included arts and crafts, pamper days, and reminiscence. Visitors also attended the home regularly to provide entrainment to the residents in the form of singing and acting. The local church visited the home once a month and provided a Holy Communion service. People living at the home were able to make suggestions on the activities at their resident meetings. The staff arranged a number fund raising events to help towards trips out for the people living at the home.

Good

Is the service well-led?

Our findings

People and staff told us that the deputy manager was liked and found to be approachable. Comments from staff included, "(Manager name) is supportive and works hard" and "The manager is firm but fair, we have a close strong team here and she is the reason why."

The provider employed a registered manager on a full time basis who worked flexibly between two homes. During the inspection we discussed the registered manager's role at Blackley Premier Care with the deputy manager and her staff. It was confirmed the registered manager was always contactable if staff needed her assistance and she did visit the home, but the frequency of these visits were not clear.

During our inspection the registered manager was not available; the deputy manager who worked full time at the home felt more than confident to assist us with our inspection. During our inspection we observed that people and their visitors felt able to approach the deputy manager directly and she communicated with them in a friendly and caring way. We saw that people referred to the deputy manager by their first name which evidenced there was a friendly relationship between them.

There was positive feedback from everyone we spoke with about the leadership of the deputy manager and there was a high degree of confidence in how the home was run. Staff told us the home was well led. The deputy manager had been employed at Blackley Premier Care for 17 years. Regular staff meetings took place and minutes of these meetings were kept. Staff confirmed this and said the staff meetings enabled them to discuss issues openly with the deputy manager and the rest of the staff team. Staff said the deputy manager was a good leader and they knew they could speak to her at any time. Communication was good and they always felt able to make suggestions.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner.

We noted team meetings had been coordinated for staff to attend throughout the year and that staff had access to annual appraisals and supervisions every two/three months. Staff practices were observed monthly, for example medication administering and infection control procedures. Staff spoken with confirmed they felt valued and supported in their roles.

We noted no audits had been completed by the registered manager. However, we saw that there was a system of routine checks and audits in place for a range of areas to enable the deputy manager to monitor the operation of the service and to identify any issues requiring attention. These audits were routinely carried out by the deputy manager. These audits covered infection control; medication; training; care plans; daily observations; night monitoring visits and health and safety checks / audits.

The quality assurance process for Blackley Premier Care involved seeking the views of a proportion of the people using the service or their representative throughout the year. We were informed by the deputy

manager this was happening twice annually.

Meetings for people living at the home and their relatives had also been coordinated throughout the year. The last meeting was in July 2016. These meetings are important to allow people living at the home the opportunity to share their opinions about the home

Overall the results were positive from each questionnaire type sampled. A summary report and action plan was not in place to demonstrate how the feedback would be used to ensure continuous development of the service and demonstrate what action had been taken in response to any constructive feedback. The deputy manager acknowledged this feedback and assured us that they would take action to develop a summary report / action plan to share with stakeholders.

We checked a number of test and / or maintenance records relating to: the fire alarm; fire extinguishers; gas installation; electrical wiring; portable appliance tests; water quality checks and hoisting equipment. All records were found to be in satisfactory order.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. We checked the records at the service and we found that all incidents had been recorded, investigated and reported correctly.