Blackwells (Hereford) Limited

Blackwells

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 13 January 2015, it was unannounced.

The home provides accommodation and personal care for up to seven people who have a learning disability or mental health needs. At the time of the inspection seven people were living at the home.

It is a requirement that the home has a registered manager. There was a registered manager in post who was registered with us in February 2014. 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.

People and their representatives were involved in planning and reviewing care arrangements. Professional advice had been appropriately sought in several cases to assist in care planning.

People liked the staff that supported them and they felt safe and relaxed at the home. Staff knew people well and understood their methods of communication and responded to these. Staff respected people's differences and treated them with respect. People felt staff were

Summary of findings

caring when they were ill. They were supported to make choices about how they wanted to spend their time and communication aids were used to help people understand information.

The registered manager had acted in accordance with the Mental Capacity Act 2005 and when people lacked capacity care decisions had been made in their best interest. They had also acted in accordance with the Deprivation of Liberty Safeguards (DOLS). Some restrictive practices that had been in place for a long time had been ended and people were empowered to be more independent. People were supported to make choices about what they ate and to be involved in making their own meals and drinks. A healthy diet was encouraged. They were enabled to access health services including routine preventive health checks.

People were supported by a sufficient number of staff that they liked and found helpful. The background of new staff were checked before they were employed and staff induction and training was provided to help them meet people's needs. Staff knew how to support people and help them stay safe. They understood their responsibility to protect people from harm and how to report any abuse. People's safety and risks were considered when their care was planned and their medicines looked after.

People felt the service was well run and they were asked their views. They and staff felt able to raise any issues with the registered manager and provider. There was a clear management structure in place and the provider was monitoring the service. The environment had been improved during 2014 and people were involved in decisions about the service. Complaints were taken seriously and responded to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. People felt safe, systems were in place to help protect them from avoidable harm and abuse. People were being supported by sufficient staff to meet their needs and had the help they needed with their medicines.

Good

Is the service effective?
The service was effective. People were receiving care from staff that were well trained and supported. People's consent to care and treatment was established whenever possible. Where people lacked capacity the legal requirements of the Mental Capacity Act 2005 were followed. People were supported to have the food and drink that they enjoyed and required and they had their health needs met.

Good

Is the service caring?
The service was caring. People were treated as individuals and their differences were respected. They had good relationships with the staff who they found helpful and kind. People were involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive. People's care needs had been reviewed and the service had become more personalised. People, their relatives and health professionals were involved in care planning.

People's views and preferences were respected and they were helped to stay in contact with their families and friends. They had opportunities to take part in meaningful activities and community involvement. Concerns were taken seriously and people felt listened to.

Good

Is the service well-led?
The service was well-led. People, relatives and staff felt there was an open culture where feedback was welcomed. The new registered manager had questioned existing care practices and had removed unnecessary restrictions. People were involved to make decisions about the service and their support. The management arrangements were clear and monitoring by the provider was leading to improvements.

Good

Blackwells

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 January 2015. The inspection was carried out by one inspector and was unannounced.

Before the inspection we spoke with other agencies for their opinions of the service including the local authority and Healthwatch. We looked at the statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We used this information to help us plan our inspection.

During our inspection we met the seven people who lived at the home and spoke with four of them. We also spoke with a visiting social worker, the registered manager and deputy manager, a team leader and two care staff. We spoke by telephone with two people's relatives and a health care professional.

Two people were not able to give us their views so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at a sample of records including two people's care plan, medicine administration charts, staffing rotas, staff training charts and records relating to the management of the home such as the complaints.

Good

Is the service safe?

Our findings

Everyone who gave us feedback told us that they felt safe and free from risk of abuse. Relatives we spoke with said they had confidence that the registered manager would take any concerns seriously and would take action to protect their family member. One said, "I have no concerns, [relative's name] would tell me if anything was wrong". There was 'easy read' information accessible to people about how to get help if they had been abused. The contact details for the local authority were not included so the registered manager told us he would add these so people had another contact point to raise any concerns with.

Staff said they had been trained on safeguarding adults from the risk of abuse and knew how to raise any concerns with the registered manager or the local authority. They also understood that they were protected by the provider's whistle blowing policy. Staff told us that senior staff listened to any concerns they raised. This meant that staff felt able to report incidents of abuse which helped to protect people from the risk of harm.

The registered manager had appropriately reported safeguarding incidents to the local authority and to us. In response to these alerts they had worked in partnership with other agencies to reduce future risks.

We saw that there were systems for managing people's risks. We were given examples of how the registered manager had reviewed and changed arrangements for managing some of the risks. This had led to some longstanding restrictions being removed such as the keypad lock on the kitchen door. One person told us that the level of staff support they needed to access the community had been reduced. This had been a positive step for them and they hoped to become even more independent over the next year. Staff explained how they kept people's risks to a minimum. For example, they assessed people's mood before they went into the community so the experience would be a positive one for them without incident.

Risk assessments formed part of each person's care plan, covered the support they needed and also any environmental risks. Those we sampled had clear information guiding staff how to reduce risk. The registered manager told us that incidents and accidents were recorded and monitored so lessons could be learnt. These were then put into a monthly report for the provider including any action that had been taken. The registered manager told us that when they took up the post they reviewed the risk management arrangements in place and made changes where needed.

People told us that there was always staff available to help them. Staff told us that it had been difficult during the summer of 2014 when there were posts vacant but three new staff had joined the team which had improved the situation. The registered manager told us that there was the full complement of staff but they were recruiting to cover a worker's maternity leave. A new worker told us that they had not started work until the provider had received background checks. This included references from previous employers and clearance from the Disclosure and Barring Scheme. This meant people were supported by sufficient and suitable staff.

We looked at the arrangements for supporting people with their medicines. People who took medicines told us that staff gave them to them correctly. We saw that there was suitable secure storage. The recent administration records we looked at showed that people had been given their medicines correctly. Staff attended training on medicines administration. Their competencies were checked by senior staff observing them to make sure they were confident following the procedures. Medicines were counted three times a day to ensure doses had been given correctly and all could be accounted for. This meant that suitable arrangements were in place to protect people from the risks associated with medicines.

The registered manager told us they had ordered lockable cabinets for each person's bedroom. This was part of a plan to support people to be more involved in looking after their own medicines to increase their independence and to provide a more personalised service.

Good

Is the service effective?

Our findings

People told us that they liked the staff that supported them and they felt they had the right skills. One said, "They are helping me be more independent". A visiting professional told us that they found the registered manager and staff professional and helpful. They said, "They are supportive to my client and have given them space to settle in without any pressure". One person's relative told us that they would like staff to update them more often on their family member's welfare. The registered manager told us they would make sure this happened. Another felt the staff were competent and helpful.

A new worker told us that they had worked through a formal induction process and had been given time to get to know people before assisting them alone. Staff told us they were supported to stay up to date with good practice through training and regular one to one meetings with a line manager. They felt they had received training that reflected the needs of the people they supported. They were able to tell us how they applied the training in their roles, for example, one explained how they gave a person space if they became anxious which was the most effective way to help them. Specific training had been held to ensure staff knew how to safely assist a person who had mobility needs. The registered manager showed us that the training needed was planned and refreshers booked when required. There was an annual staff appraisal process and training was discussed during these meetings. This meant people were supported by staff that were trained to meet their needs.

People told us that staff asked their consent before providing support. One person said, "Yes they ask me if they can help me, like when I want my bath". We saw that staff asked people if they would like their help to do something, such as prepare a meal or go into town. Staff encouraged people without pressurising them and were flexible if the person wanted to wait until later. Staff told us they always seek people's consent and wait for a time when they want to receive their support.

The registered manager told us that there was a policy in place regarding the Mental Capacity Act 2005 (MCA). There was also one on the Deprivation of Liberty Safeguards (DoLS) but this was being further developed. Staff had signed to show they had seen the MCA code of practice. Training had been provided, but the registered manager said more was being planned to help staff embed the principles into their daily practice.

The registered manager told us that when people needed support to make decisions because they lacked capacity these were made in the person's best interest. Examples were given where decisions had been made after consulting people's representatives and professionals. The care plans we saw included information about people's mental capacity and which areas they needed support in.

The registered manager told us that DoLS applications had been made for some people. One made earlier during 2014 had been authorised by the supervisory body. This was being kept under review and the person this related to had an Independent Mental Capacity Assessor (IMCA) appointed to advocate for them about their support and the restrictions in place. The other DoLS applications had not been assessed yet by the local authority but they related to people being closely monitored by staff for their own safety. This meant the registered manager was taking the action required to protect people's rights.

People told us that they liked the food and they had a choice of what they ate. We saw staff offer people food and drinks throughout the day. People had open access to the kitchen and the majority were involved in making some of their own food and drinks. When people needed support to eat or drink this was given in an unhurried and pleasant way. The registered manager said that the menu had been reviewed recently to try to make it more nutritionally balanced. Staff said they encouraged people to make healthy choices. They said that a person who was at nutritional risk had their weight monitored and offered as varied a diet as the person would accept. One person was given support to go into the community to buy their own ingredients. They told us that they had their own menu and made many of their own meals which they enjoyed. The menu was displayed in photographs to make it as accessible as possible.

People told us that staff helped them with health appointments and gave them all the support they needed when they were unwell. People's care records showed that routine health appointments were accessed including annual 'Well Person' checks at the GP surgery. Discussions showed that staff worked with health and social care professionals to help reach the best outcomes for people.

Good

Is the service effective?

For example, when a person's behaviour indicated they were in pain, their psychiatrist, dentist and an occupational therapist (OT) were involved. The OT told us that staff had been helpful during the assessment process which had taken several weeks. Feedback from another health professional in July 2014 in the annual home's survey rated the service performance as, 'consistently high quality'.

Good

Is the service caring?

Our findings

People told us they found the staff helpful and kind. Comments included, “Yes, the staff are nice” another said, “I make my own decisions, they help me if I need them”. One person had recently suffered an injury and they said staff were giving them the extra help that they needed. We saw staff treat people with compassion and kindness. For example, staff offered a person pain relief medicine when they said they were uncomfortable. We also saw staff check a person who was sleeping in the lounge to see if they were warm enough. A visiting professional said, “The staff are genuinely caring”.

We saw that people were confident and at ease when receiving support from staff and some sought out staff specifically to discuss their plans with them. The staff spoke about people in a kind and compassionate way. Staff noticed when people were unhappy and responded to assist them. For example, when a person became anxious while there were visitors in the home staff offered them an outing which allowed them to leave the home.

We saw staff took time to work out what people wanted bearing in mind their methods of communication. For example, when a person became unsettled staff offered them several of their favourite things, one at a time, until they found what they wanted. The registered manager told us that people were enabled to stay in touch with people and staff at the home when they have left. Blackwells to reinforce that they were valued.

People told us they felt included in planning their support. One person said, “I wanted less staff support when I go out to become more independent and this is happening”. We saw that where possible people had been involved in planning their care. Two people had written their support plans themselves and others had their views or preferred routines included in their plan. The registered manager told us that the support was reviewed with each person every year unless there had been a change in the person’s circumstances. Lead staff (called key workers) held meetings with people during the year to check they were satisfied with their support.

The registered manager told us that some people found it difficult to discuss their support and their future plans. When this was the case he had used more informal ways of engaging the person. For example, he had arranged outings with a person to places that related to their past in order to prompt discussions about their life and any future wishes. This showed that a personalised approach was being taken.

People all told us that they were supported with dignity and respect. One person told us, “They knock on my door and wait until I say they can come in”. We saw staff assist a person to transfer from their armchair. This was done in an unrushed way that promoted their independence and protected their dignity. A new member of staff told us that their induction had included how people’s rights must be respected and their dignity and privacy promoted.

Good

Is the service responsive?

Our findings

People felt they received the support they needed. One person told us, "They help me when I want it, but also give me some space". Another said, "I find it hard to live with other people in a group and they are helping me with that". Staff told us they felt well informed about people's needs and preferences. They found their handovers between shifts worked well and kept them informed about people's changing needs.

The registered manager told us that each person's care plan had been updated recently. The two that we sampled confirmed this. We saw that these included details of the practical help people needed with daily living and self-care tasks as well as their communication and emotional needs. Staff were able to tell us about people's preferred routines and we saw these were followed. For example, one person often had a sleep after their meal, but because they did not like to lie on their bed during the day they slept in their armchair. People's needs were reviewed through regular meetings between the person and their lead worker (a keyworker) and in annual review meetings with the funding authority.

We were told about changes the registered manager had made to improve the support arrangements for people. An example was the flooring had been replaced in one person's bedroom because staff had been struggling to turn the person in their wheelchair because of the carpet. Staff told us this made the manoeuvre smoother for the person and less strenuous for them.

We found one example where a person's relative thought an emergency care plan was in place but the registered manager was not aware of this. They investigated and told us it was a past agreement which had been archived. They told us they would act quickly to review arrangements.

The registered manager gave examples of how the service was working with health and social care professionals to help ensure good outcome for people. Multi-agency review meeting were held where needed including health and social care professions and the psychiatrist funded by the provider. Discussions showed that this joint approach had led to positive outcomes for people. One example was the involvement of a community speech and language therapist which had helped a person learn to evacuate the home when the fire alarm sounded. They had a poster with symbols displayed in their bedroom to remind them and when a fire drill was held we saw the person left the house along with everyone else.

A visiting social worker told us that their client had moved in recently on a temporary basis at very short notice. They said staff had supported the person well and given them time to settle without any pressure. The registered manager told us that a person had been helped to move in earlier in 2014 through a staged transition at a pace that suited them. The person told us they were happy at the home and had settled in well. Staff said the way it was managed had benefitted everyone by enabling allowing them to get to know each other slowly.

People told us they were supported to do things they enjoyed and stay in touch with their relatives. Relatives confirmed this. We saw people taking part in activities that had been arranged because they enjoyed them. One said, "I can go out when I want to, I like going into town". For example, one person went to a weekly community based music session which they said they enjoyed. This person also went swimming weekly which staff said they liked, but it also gave them therapeutic benefits. Two other people who had become friendly were going shopping and then to the cinema. Some people attended a place of worship but staff said that they chose to only go on special occasions. People had weekly activity plans in their bedrooms and where it helped them their plan included symbols. The registered manager told us that most people now went on a weekly pub outing as a group. They had found this had helped people socialise and live together with fewer incidents because they knew each other better.

People told us that they felt able to tell staff if they had any problems. Comments included, "I can tell staff if someone has upset me". One person's relative told us they had confidence that any concerns raised would be addressed. There was a system in place to record and show how concerns had been responded to. We saw records which showed that complaints were taken seriously and the people making the complaints were informed about the investigations and any actions taken. There was a form for making a complaint and a pre-addressed envelope so people could complain directly to the provider without staff's knowledge if necessary.

We saw that information in an 'easy read' format about how to make a complaint was available in the lounge and

Good

Is the service responsive?

displayed in people's bedrooms. One person living at the home had written back to the registered manager to say that they were satisfied with how their complaint had been dealt with. When responding to one person's complaint the registered manager had added symbols to the letter in order to help them to understand. The outcome was also explained to them by staff they knew well. This meant that people's views were listened to and their concerns taken seriously.

Good

Is the service well-led?

Our findings

People told us they were happy with the service and felt they could give their views. We saw several examples of changes the registered manager had made to make the service more inclusive and empowering. People had been consulted about the redecoration of the communal areas and the colour of new furniture. Some had been shopping and chosen the new pictures on display in communal rooms. People told us they liked the improvements made to the home, which had made it more homely. One person wanted to be involved when their bedroom was decorated and they were going to paint it along with staff support in the colour they had chosen.

House meetings were held every two to three months where people were encouraged to give their views on shared issues. These included menus, group trips and holidays. One person told us they felt able to say what they wanted at these meetings. The registered manager said people spent time with potential new staff as part of the interview process and their views were taken into account in recruitment.

People told us that they felt able to speak to the registered manager and found him friendly and helpful. Relatives had confidence in their management approach. One person's relative told us, "The manager does not take any nonsense from staff". Another said, "We can always speak to any of the senior staff". Staff also gave positive feedback. One said, "He listens and then gets things done".

Staff felt that the culture was open and the registered manager listened to their views and ideas. One said, "The manager has made improvements and he does value his staff". Another said they felt able to speak up at staff meetings. The registered manager said staff had been delegated additional roles in line with their strengths and were becoming more empowered to make decisions. Staff confirmed this and said it was helping the service run smoothly to meet people's needs.

We saw examples of where the registered manager had been proactive and tackled issues to get better outcomes for people. For example, one person enjoyed and benefitted from swimming. The registered manager told us when he took up the post he had made changes to ensure staff supported this person to go swimming. This meant the person now went swimming at least once a week, which they told us they enjoyed.

The registered manager was aware of his legal responsibilities and had reported notifiable incidents to us and other authorities as required. He told us accidents and incidents were monitored so that lessons could be learnt. Where an incident had resulted in the use of physical restraint he had met with the person to see if they had any complaints and then with staff at a debrief.

There were systems in place to audit all areas of the service, such as medicines, safeguarding, and infection prevention and control. There was also a full audit and survey as part of an annual service review that was used to plan for the following year. The last survey had been carried out in July 2014 when people using the service, relatives and professionals were asked for their views. The registered manager told us that the responses were all positive.

A senior manager visited the home twice a month to monitor the quality of the service. People said they knew the senior manager and they spoke to them during the visits. Staff said they felt able to raise any concerns and would ask for a private meeting if needed. These visits were recorded and we saw that action points were given to the registered manager when shortfalls were identified, such as the need to update people's care plans and to hold staff appraisals. These systems showed that the provider was actively involved in the service and was checking that essential standards were maintained.