

Blake Court Limited

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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 took place on 19 April 2017 and was announced. We gave the provider 48 hours' notice that we would be coming. We gave notice to the provider of this inspection because we needed to be sure that someone would be available to support us with the inspection process.

The service was last inspected and rated on 11 July 2014 and was rated Good.

At this inspection we found that the service remained Good.

Blake Court Limited is a supported living service which consists of seventy three flats. People are given varying levels of support with their personal care dependent on their needs. At the time of our inspection there were 14 people using the service.

People living at Blake Court told us they were happy and content. They felt safe knowing that someone would always be available to support them when assistance was required.

Care staff knew what safeguarding meant and were able to describe the different types of abuse and the actions they would take where abuse was suspected.

A number of robust systems and processes were in place to ensure people were kept safe and free from harm. Risk assessments had been completed and reviewed, which identified people's individual risks associated with their health and care needs.

Recruitment processes were seen to be safe and comprehensive to ensure that all staff employed were suitable to work with vulnerable.

People's medicines were managed safely and sufficient numbers of staff were available to support people according to their needs and requirements.

Staff told us and records confirmed that they received regular training which supported them in their role. Staff confirmed that they received regular supervisions and an annual appraisal but in addition a member of the management team was always available whenever additional support was required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

Blake court provides minimal support to people to enable them to maintain their independence. People were able to choose and cook their own meals, but where support was required this was assessed and provided where appropriate. Blake Court also had dining facilities within the building where people had the option to have a cooked meal prepared for them and for them to dine in the communal areas.

People were able to access a variety of healthcare professionals where required and were supported by staff to access additional support if and when needed.

The management and staff knew the people they supported well and were aware of their likes, dislikes, personalities, needs and requirements. We observed caring and positive interactions which had been established based upon trust and mutual respect.

Care plans were detailed, person centred and clearly outlined the person's needs and requirements as per their wishes. Information provided within the care plan also included background information about the person, their life and information about people that were important to them.

People were able to access a variety of activities that were planned and organised by the service.

People and relatives knew who to complain to if they had any concerns or issues to raise. The service had not received any complaints since the last inspection but if a complaint was made there were clear processes were in place on how this would be dealt with.

People and relatives knew the registered manager and felt confident in approaching them and the management team whenever they needed to. Staff told us that they felt appropriately supported in their role. A number of systems were in place which monitored the quality of care delivered and included quality satisfaction surveys, care plan audits and health and safety checks.

Further information about our findings is detailed in the sections below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Blake Court Limited

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 April 2017 and was announced. We gave the provider 48 hours' notice that we would be coming. We gave notice to the provider of this inspection because we needed to be sure that someone would be available to support us with the inspection process.

One inspector carried out this inspection with the support of an expert by experience who carried out telephone calls to people, relatives and staff on 21 April 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we spoke with the registered manager, two duty managers, six care staff (known as housekeeping assistants), six people who used the service and three relatives. We also observed interactions between people that used the service and staff. We looked at eight care plans, nine staff and training records, three medicines records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People and relatives we spoke with were complimentary of the service that they received and confirmed that they felt safe knowing that there was always support and assistance available when required. One person told us, "Yes. I am safe as I have a button to press when I need help." One relative, when asked about whether their relatives was safe said, "Yes I think so. They always try and look after her the best they can."

Staff were able to clearly define the terms safeguarding and whistleblowing and the steps they would take if they suspected people were being abused. Staff told us, "It is when you make sure the person you are looking after is protected from being harmed. I would write it down in the log first then report it to the duty manager right away" and "Whistleblowing is when you see something and you want to report it secretly. I would go to the senior person and if they were involved I would go to social services, police or the Care Quality Commission (CQC)." Staff told us and records confirmed that they received regular training on safeguarding which was refreshed every two years.

As part of the care planning process, the service completed risk assessments for all people using the service. Environmental as well as individualised risks associated with people's health and care needs were identified and assessed. Care staff were provided with relevant information and guidance on how to reduce or mitigate the identified risk in order to keep people safe from harm. Examples of identified risks included falls, moving and handling and risks associated with swallowing difficulties. Each risk assessment highlighted the risk or hazard, who could be at risk, what staff needed to do to manage the risk and what preventative measures were in place to reduce the risk. Risk assessments were reviewed on a three monthly basis or sooner where people's needs had changed.

All accidents and incidents were recorded and gave detailed information about the accident, the actions taken as an immediate response to the accident and future preventative measures put in place to prevent re-occurrences. Where the accident was noted as a fall, these records were kept separately where an overview was available for each person, the number of falls they had and the actions taken. This also included referrals to the appropriate health care professionals including the falls clinic so as to identify ways in which the person could be supported to minimise and further falls occurring.

We looked at rota management systems that the provider used to ensure that the appropriate number of staff were available to support people safely. The registered manager explained that staff were available 24 hours a day and shifts were split into a morning, afternoon and night shifts. Staffing levels were then adjusted depending on the level of need required throughout the day especially where people required an escort service to activities or appointments. People and relatives confirmed that there was always someone available when needed. One person told us, "When I ring the bell they come pretty much straight away." One relative when asked if they felt there were sufficient staff available said, "I think so, they do seem to always be busy but they take their time and help her."

Robust systems were noted to be in place to ensure the safe recruitment of staff. Records confirmed that the provider followed those systems which included identity checks, criminal record checks and reference

requests confirming potential staff past performance in previous employments.

People were supported with medicines where this was identified as an assessed need. Only three people were receiving support with medicines at the time of this inspection. Records were in place to ensure the safe administration of medicines which included appropriately completed Medicine Administration Records (MAR), internal provider medication record sheets, receipt and returns of medicines and medicine error reports. Staff were also provided with appropriate information and guidance to any risks associated with medicine administration and how people were to be supported with their medicines. The registered manager checked all completed MAR's on a monthly basis but did not record the findings of their checks. We highlighted this to the registered manager who confirmed that all medicine audits would be recorded going forward.

All duty managers and care staff had received training in safe medicines management. However, only those care staff who felt confident, along with duty managers, were put forward to complete competency assessments to administer medicines. Each staff member was required to complete three observational competency assessments before being confirmed competent to safely support people with their medicines.

Is the service effective?

Our findings

People and relatives told us that care staff knew how to support them and felt that staff were adequately skilled and trained to deliver safe and effective care. One person told us, "The carers are good natured and competent. They are trained and skilled." Relatives comments included, "Yes definitely" and "Yes they all seem to know what is going on and they really do want to look after her."

Care staff told us and records confirmed that staff received an induction prior to commencing work. This covered mandatory training in topics such as first aid, moving and handling, safeguarding and health and safety. Following the induction, records showed that all training was refreshed every two years. Care staff told us and records also confirmed that training in additional topics such as person centred care, dementia, risk assessments and deprivation of liberty safeguards (DoLS) was also provided. Care staff told us that they felt supported to approach management to receive any additional training that they felt was appropriate to carry out their role effectively. One staff member said, "I got specific training to support people with their catheter from the district nurse." Another staff member told us, "Yes we are always offered some sort of training to do."

Care staff told us that they were appropriately supported in their roles and received regular supervision every three months. In addition to this staff told us that they were always able to approach senior managers if they had any issues or concerns. Comments from care staff included, "I am very much supported in my role", "The manager is very approachable and I do receive regular supervision. But if I have a problem I would immediately go to my manager" and "I feel supported in my role and we work as a team." Staff records confirmed that supervisions and an annual appraisal had taken place, however these were not consistent or regular as was told to us by staff. We told the registered manager about this who confirmed that this was an area that needed to be addressed and that plans were in place to ensure regular supervisions were recorded.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service did not support any person currently who was subject to a DoLS authorisation. All staff we spoke with demonstrated a sound knowledge of the key principles of the MCA and how this was to be implemented when delivering care. People and relatives told us that care staff always sought consent when supporting them. Care plans also contained documents confirming that people had agreed to the care and support that they received. Where appropriate, records also detailed the level of involvement from relatives and next of kin where a person had been assessed as lacking capacity.

People receiving support from the service were generally able to make decisions about the level of support required with their nutrition and hydration and were able to express their choices and preferences. Where people were assessed to require support with their meal this normally involved preparing a ready meal or the provision of a meal from the main kitchen service provided at the scheme. People also had the option to eat in the main communal dining area where a selection of meals were available to order. Care plans

recorded people's likes and dislikes as well as cultural needs and requirements in relation to food. One person's care plan stated, "I am no good at cooking at all. I appreciate good food preparation. The food at Blake Court is extremely good. The only thing I dislike is onions. I do enjoy a glass of wine."

Blake Court only supported people with their health and medical needs where this was required. Most people were able to manage their own needs independently but where support was required, the service had established links with a variety of health care professionals which included GP's, pharmacists, podiatrists, chiropodists, hairdressers and district nurses. Daily handover notes recorded when people were seen by a health care professional and the outcome of the visit. Where people were required to attend hospital or other health related appointments, the service arranged for care staff to support them to do this. People and relatives told us that they were confident that if any health care concerns were noted the service would notify the appropriate healthcare professional immediately to ensure that the person received the appropriate care and support. One relative told us, "Yes we haven't had anything major happen. But they are visiting her twice a day and I feel confident enough they will notice any deterioration in her health."

Is the service caring?

Our findings

People and relatives told us that care staff were caring and treated them with respect and dignity. Comments from people included, "It's fantastic. Yes they are caring, I couldn't fault them", "They [care staff] all have a nice happy smile" and "Very good and caring, we all are very lucky to be here." Relatives, when asked if they thought care staff were caring told us, "Yes they are. The way they talk to us. If she is ever muddled they will reassure her and call me to let me know what is going on. She does feel like she's cared for."

Throughout the inspection we observed there to be a calm, positive and homely atmosphere where people were enabled to live as they wished. People told us that this was their home with the added benefits of participating in activities and social events. People told us and observations confirmed that they had also developed positive and caring relationships not only with the staff that supported them but also with other people who lived at the service.

People and relatives told us that they were actively involved in the care planning process and were able to decide and agree the level of support that they required. One person told us, "They check with me and review my care regularly." One relative said, "Yes, when she first moved she didn't need any help but as time went on I went to them and asked them for extra care. They sorted it out right away."

People and relatives confirmed that care staff always treated them with dignity and respect. One relative told us, "Yes very much so. They tell her that we are not taking away any independence from you but we think we should do this or that to help support you. They also have keys to the flat and they will ring instead, they don't just barge in." We observed staff to be respectful of people's privacy and always knocked on the door of the flat and announced who they were before they entered the person's home. In addition care staff also demonstrated other ways in which they ensured people's dignity and privacy was respected. One staff member told us, "The way you talk to people making sure to always be friendly and respectful. Ring on the bell instead of just walking in and making sure there is no one around when I am helping them get changed."

Is the service responsive?

Our findings

People and relatives told us that care staff listened to them and were responsive to their needs and requirements. One person told us, "Whatever I ask them [care staff] to do, they will do." Care plans contained detailed assessments that were completed when a need for care and support had been identified. Completed care plans that we looked at demonstrated that the care and support provided was in response to people's needs, choices and wishes.

Clear, detailed and person centred information and guidance was available in each person's care plan. This included information about the person, their health and medical needs, likes and dislikes, their care and support needs as well as a paragraph about the person's life and past history. This meant that care staff were able to provide individualised care and support with the advantage of knowing about the person, their life and their individual preferences and interests. One care staff told us, "We have a plan that is designed around each resident and how best to look after them. Someone might be vegetarian or one resident prefers to have a shower instead of a bath. Things like that."

Care plans that we looked at were reviewed on a three monthly basis or sooner where required especially if any significant changes were noted in the person's health and support needs. People and relatives confirmed that they received care and support from a team of regular care staff who were always responsive to their needs and requirements and were always willing to assist in whichever way possible. One person told us, "I have to regularly go to the eye clinic and I have a care worker who comes with me. She [care worker] never whinges about the time and stays with me and supports me." Another person told us about the positive support and assistance that they received in dealing with an application for a disabled person's blue badge parking permit.

People were supported and promoted to maintain their independence and were able to decide when, where and the level of support they required. Care staff were very aware of people's need, requirements and capabilities which focused on supporting people only where required so as to encourage independence. Care staff told us, "I will support people in the way they need. Each person is individual. You have got to know them. Their likes and dislikes" and "We are here for the people. They are number one."

We looked at records that were completed by care staff at the end of each care call that had been provided. Daily record books confirmed the date and time of the call and the care tasks that had been undertaken. For some people care staff also recorded whether medicines had been administered and how the person had been supported to take their medicine. These medicine records were specifically in place to confirm safe and responsive medicine administration for people who, due to swallowing difficulties, had to have their medicines administered in a specific way as advised by a speech and language therapist.

People were able to access a variety of activities that were planned and organised by the service in the communal area of the scheme. An activity timetable was clearly visible in the main corridor of the scheme as well as being circulated to all people living within the service. Activities organised included carpet bowls, bingo, seated exercise, movie time and scrabble. People told us that they could participate in any activities if

they chose to. People and relatives we spoke with confirmed that this was the case. One relative told us, "She [person] goes downstairs to the activities to do things she wants. She hasn't commented on things she wants to do and is not able to. I think the residents started a knitting club."

People and relatives told us that they were confident about raising any concerns or issues or lodging a complaint and were assured that their concerns would be dealt with appropriately. One person when asked if they knew who to complain to said, "I have no complaints. I'd soon have a moan if I did. Yes, I know who to speak to. I am not frightened to come forward." The registered manager told us that they had not received any significant complaints since the last inspection but if and when people or relatives did raise a concern or issues this would be dealt with immediately and to the satisfaction of the person or their relative.

A compliments and thank you folder was available which contained a number of cards and compliments that the service had received in recognition of the care and support people and relatives had received. One person had commented, "I have spent another year at Blake Court and as each year passes it seems to get better." One relative had written, "He could not have maintained his incredible fortitude and wellbeing without the total support of all the staff."

Is the service well-led?

Our findings

A registered manager was in post at the time of this inspection. 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 relatives that we spoke with knew the registered manager and members of the management and care team by name. People and relatives told us that all staff including the registered manager were approachable and were always available to listen to them. One person told us, "I know [name of manager]. I know all of them. I'm sure if I had any concerns, it would be fixed in no time. They would listen to me." One relative when asked if they knew the manager responded, "Yes I do and I like her very much. You can go talk to her about anything and she is very supportive."

All staff that we spoke with told us that not only were they well supported by senior management but that the ethos and culture was that of working as a team in order to support people appropriately. Staff comments included, "Good place to work and good people to work for. I am very much supported in my role", "I enjoy working here. I feel very supported and I can definitely give my opinions which are listened to" and "Yes I do feel supported, we have a good team. I do feel like if I have any problems I have someone to talk to." Staff told us and records confirmed that regular care staff and senior manager meetings were held which discussed topics such as people's issues, CQC visit, duty manager roles, training and updates on policy and procedures. Staff told us that they were able to positively contribute their ideas and suggestions at these meetings and were listened to.

The registered manager completed a number of checks and audits in order to monitor the quality of care and support that was delivered to people living at Blake Court. Audits included care plan checks, health and safety and building safety checks. Where issues were noted these were addressed to ensure that improvements to the quality of service were made. The registered manager also told us that they regularly checked all completed medicine administration records (MAR) to ensure that these were completed appropriately and that people were receiving their medicines safely. However, these were not always recorded. We highlighted the importance of recording all checks and audits to the registered manager so that any emerging issues or concerns could be monitored and where required learning and change could be implemented.

In addition to the checks and audits, the service also conducted annual satisfaction surveys which were sent out to people and relatives so as to obtain feedback from them on the quality of the service that they received. The registered manager told us that this process was very effective as it allowed them to continuously learn and improve on the provision of care services. The most recent satisfaction survey was completed in October 2016. Responses were overall positive and where people or relatives had highlighted minor concerns these had been addressed with the individual directly. A record of the actions taken had been kept on the relevant person's care records.

The service had established positive relationships with a variety of community services, groups and schemes within the local authority. A variety of information leaflets were available in the main reception area for people and relatives to access, which contained contact details for making a complaint, chemists, social groups, care directory and advocacy services. The registered manager also compiled a monthly newsletter for all people living at Blake Court, which gave information about events, birthdays, activities and changes within the scheme.

The registered manager told us about the formation of a social committee within Blake Court. A committee had been elected consisting of people who lived at Blake Court and the aim of the group was to organise a variety of events in order to raise funds that would go towards the scheme and towards the benefit of the people living at the scheme. So far, through the fundraising that had taken place, the service had been able to fund improvements to communal garden areas and provide subsidised activities and trips for people living at the service.