

Blue Sky Care Limited

Belmont Road

Inspection report

87 Belmont Road
Kirkby In Ashfield
Nottingham
Nottinghamshire
NG17 9DY

Tel: 01623754191
Website: www.blueskycare.org

Date of inspection visit:
27 November 2019

Date of publication:
30 January 2020

Ratings

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

Summary of findings

Overall summary

About the service

Belmont Road is a residential home that provides care for one person who is living with a learning disability.

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

The care home is a standard domestic property which has been adapted to meet the person's needs. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with the person.

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

The person was supported by staff who were caring. The person's views were listened to and they were successfully supported to gradually increase their skills and confidence. There had been a positive impact on the person as a result of the care they received from the staff.

The person was supported by staff who understood how to protect them from potential abuse, and also how to manage risks in a positive way and enable the person to live their life. The care home environment was clean and safe; and staff knew what to do in emergencies. The person was supported by staff who had been selected based on their attitude, skills and abilities. Staff ensured the person's medicine was managed safely. The registered manager reviewed incidents, so lessons could be learned from any themes identified.

The person's needs had been assessed and care plans were in place which guided staff on how to support the person effectively. Care staff were well trained and were supported by the registered manager. The person was supported to choose what they wanted to eat and drink and was encouraged to learn new skills. The building met the person's needs and the person told us they enjoyed living there.

The person was assisted to access the healthcare support they needed by staff who understood how to help reduce the person's anxieties. The person was supported in ways which respected their rights and the staff understood the importance of ensuring any decisions taken were always in the person's best interest.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The person received care that was personalised to meet their needs. They chose the activities they wanted to engage in and staff were attentive to any changing needs. The person's communication needs were met by staff who took the time to explain things to them. The person had been supported to develop friendships, which had been difficult for them to do previously. This had widened their social circle and helped boost their self-confidence.

The person had been supported to achieve positive outcomes because of the support provided by the care team and registered manager. They had been supported to reduce the number of incidents by the introduction of a consistent and stable staff team. The registered manager understood the regulatory requirements of providing care services; and was approachable, open to new ideas, and easily accessible to the person, staff and relatives.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure the person, who uses the service, can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for the person using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

The person's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 18 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Belmont Road

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Belmont Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider, or registered manager, would be available to support the inspection. We also needed to give the provider enough time to explain, to the person living at the care home, that the inspector would be visiting.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the person who used the service. We spoke with four members of staff including the provider's Head of Care, registered manager and care workers. We reviewed a range of records. This included the person's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and quality assurance records. We spoke with a relative of the person who uses the service. We spoke with one professional who regularly visited the service and obtained feedback from the local authority about the care home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the person was safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person was safe. The person told us, "I am safe here.", "I like it, I like my house." The person had a positive and trusting relationship with their care staff who understood how to safeguard them from abuse. Care staff had received safeguarding training, were aware of safeguarding procedures, and knew how to use them.
- The person was protected by the provider's procedures. The registered manager understood their responsibilities for keeping the person safe, including reporting safeguarding issues to relevant authorities. These arrangements ensured the person was protected from the risk of abuse.

Assessing risk, safety monitoring and management

- The person's risks were assessed well. The registered manager had a proactive approach to anticipating and managing the risks faced by the person. Care staff understood their role in assessing risks, recognising when risk changed, and revising support plans accordingly.
- The person's risks were managed positively. When the person behaved in a way which may challenge others, care staff managed the situation in a positive way and protected the person's dignity and rights. The registered manager regularly monitored this; and worked with the person to support them to learn to manage their own behaviour and reduce the risks it might present.
- The person lived in an environment which was safe. Routine health and safety checks were regularly carried out.
- The person was supported by staff who knew what to do in an emergency. The provider had a fire risk assessment in place and effective systems to carry out regular fire safety checks. Care staff had received fire safety training so the person could be supported to exit the care home in an emergency.

Staffing and recruitment

- The provider had an effective recruitment policy and procedure in place. Staff pre-employment checks had been carried out. However, not all staff records included a full work history and copies of employment references. After the inspection, the registered manager told us they had obtained full staff employment history records and updated their staff files. This helped to ensure people employed as staff were suitable to work with the vulnerable person.
- The person was supported by care staff selected because they had the right mix of skills to meet the person's needs. The registered manager had recruited a consistent staff team, so the person was supported by staff they knew well and trusted.

Using medicines safely

- The person received their medicines as required and medicine management systems were safe. The

provider followed safe procedures for the receipt, storage, administration and disposal of medicines. Medicine audits were carried out by the provider's management team. This helped ensure medicine management was safe and the likelihood for error reduced.

Preventing and controlling infection

- The person was protected from the risk of infection. The care home had a homely feel. Hygiene in the care home was maintained without creating the impression of it being a clinical environment. The person's bedroom, bathroom and other areas were clean.
- Staff understood how to prevent and control the spread of infections. All staff had completed infection control training. Personal protective equipment, such as disposable gloves and aprons, was available for use. This protects the person, and care staff, from acquired infections.

Learning lessons when things go wrong

- Lessons were learned from incidents. The registered manager reviewed incidents to identify themes. These reviews were shared with care staff, and relevant partner organisations.
- Learning was put into practice. Support plans were revised because of learning from incidents. The number of significant incidents had reduced substantially over the previous 12 months. The registered manager explained there had previously been non-regular staff supporting the person who required consistency. Action was taken to recruit a stable core staff team, with the right skills and attitudes. It was believed that contributed to the reduction in incidents.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The person received support which met their needs. Care staff delivered support in line with best practice guidance received from external agencies. The registered manager monitored the effectiveness of the support and ensured the care team took a consistent approach.
- Comprehensive assessments were in place. Assessments informed the person's care plans which provided guidance for care staff to follow. A staff member told us, "We review the care plans at least every three months, but we also read them if anything changes." The outcomes, that the person expected from the support they received, were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- Staff received suitable induction training. New care staff worked alongside experienced care staff. Care staff told us they received the training needed to meet the person's needs. We observed care staff using their skills to support the person effectively and sensitively.
- The person was supported by staff with the right competence, knowledge, and skills to carry out their roles. The provider had a training plan to ensure staff were kept up to date with training.
- The registered manager supervised and supported the staff effectively. Care staff told us they had regular handover sessions, supervision meetings and an annual appraisal.

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

- The person was supported to eat and drink enough to maintain a balanced diet. Staff had a good knowledge of the person's food preferences and the provider had appropriate systems in place to monitor the person's diet and weight.
- The person was offered a variety of food and drink they enjoyed, and alternatives were readily available if they preferred something else. The person told us, "I have my favourite food here." The person also went out for meals in the local community, which increased the variety of food and drink options available to them.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked collaboratively across services to understand and meet the person's needs. For example, the staff identified the person no longer wanted to attend a day activity they had previously enjoyed. The staff worked with the activity provider to understand what had changed. The person was supported to attend on a different day, meeting different people, and they enjoyed attending the activity again.

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

- The building met the person's housing needs. The care home was adapted to meet the person's needs and promoted their independence. For example, privacy film had been applied to some windows to protect the person's privacy and reduce the likelihood of the window glass shattering if struck. This subtle adaptation did not affect the homely feel of the care home.
- The care home was a safe place. The registered manager told us, "Person] feels safe here. When they are out, and get anxious, they sometimes wait until they get home before demonstrating those behaviours, because they know they are safe here. We were really pleased that they now call this place 'home'."
- The layout of the building had been adapted with the person in mind. The kitchen area had been extended in area to make it safer for the person if they became anxious or upset. That increase in kitchen space created a safer environment and reduced the potential for injuries if the person became agitated.
- The person had personalised their bedroom. The person told us, "I can sleep Ok here." , "I like my bedroom. I have had a new TV." This meant the person was enabled to express their creativity by deciding how they wanted their bedroom decorated and furnished.
- The care home was homely. The care home looked like an ordinary family home and, as such, was untidy in places and looked 'lived in'. The person told us they regarded it as their own home. This met the person's need to feel comfortable.

Supporting people to live healthier lives, access healthcare services and support

- The person experienced positive outcomes regarding their health and wellbeing. For example, staff had supported the person to access an urgent medical intervention. It was known the person found it difficult to tolerate that, but the staff team had provided calm and consistent support which enabled the person to receive the treatment they required without incident.
- The person was involved in making decisions about their healthcare. The person told us, "Staff help me with my medicine, I'm taking medicine for [a short-term medical condition] and it's going now. I also take medicine for my [long term medical condition] and they help me to sort that out too." The staff team explained the options available to the person and the reasons why healthcare treatment and medicine was required.
- Staff supported the person in their relationships with health care services. Care staff made appropriate referrals to healthcare agencies when required and advocated on behalf of the person. A relative told us, "The staff can read [person] really well and I know they have their best interests at heart. They work hard to make sure [person] gets the right support".
- Staff supported the person with oral healthcare. The person had been supported to improve their dental hygiene skills. Staff arranged for the provision of a specialised tooth brush which had a positive impact. The provider told us they were in the process of developing oral health care training for all their care staff.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- The person's rights under the MCA were respected. Care plans contained details of any DoLS authorisations in place and any conditions associated with them.
- Mental capacity assessments were in place. The care plans included mental capacity assessments and details of best interest decisions. This helped ensure any decisions taken on the person's behalf were in their best interest.
- Staff received training, in relation to MCA and DoLS, and worked within the principles of MCA. Appropriate referrals to the local authority DoLS team had been made.

Is the service caring?

Our findings

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

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

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

- The person's views were listened to. The staff helped the person to express their view on the care they receive. For example, the person had been supported to give a video presentation at the provider's staff forum conference about their life story. This was an achievement for the person, and evidenced the creative support provided by the staff team.
- Staff understood the person. Staff recognised when the person was unhappy or tense, and how those emotions were demonstrated by the person. Staff were skilled at exploring, and trying to resolve, any conflicts and helping the person to reflect on how to resolve them positively.
- The person was encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. The person told us, "I decide what I want to do."
- Meetings for the person using the service, and their relative, were held regularly, providing them with the opportunity to decide on things that happened within the service and giving them choice and control. A relative told us, "If there is ever anything I am not sure about, or unhappy about, then we have the circle meetings where I can raise anything, or ask questions, and the team act on that. They ask me what I think about things and involve me in the decisions."

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

- Staff cared about the person. A staff member told us, "[Person] is the reason we are here. They can be challenging at times, but it's great to see the progress they are making. It's the number one reason why we all come to work." We saw the registered manager, and care staff, had an exceptionally empathic and kind approach to the person. There was a strong, visible person-centred culture.
- Staff were compassionate. Care staff understood the importance of establishing boundaries in the person's life. For example, they had identified the need for a structure, around family contact, as a way of reducing the person's anxiety and upset. The introduction of a regular timetable meant the person was now more relaxed and difficulties had reduced as a result.
- Staff were extremely proud to work at the service. One explained, "It's great working here. [Person] is a real character. They go through some difficulties sometimes, but we try and make sure the good times really make up for that."
- There were many positive interactions between the person and staff. The person told us, "I like the staff." Staff were attentive and, it was clear from the jovial exchanges, smiles and laughter, the person had developed positive and trusting relationships with staff.
- People told us the staff were kind. We received positive feedback from healthcare professionals and a relative about the caring attitude of the staff.

- The person's disability support needs were met. The registered manager assessed the person's equality and diversity support needs. This helped ensure a person's equality and diversity needs were considered when planning their support.

Respecting and promoting people's privacy, dignity and independence

- The person was supported to become more independent. A staff member told us, "[Person] does the vacuuming now and has started to help in the kitchen. It might not sound a lot, but they do a lot more than they used to do, and they enjoy it." The person told us, "I do the hoovering myself, and I also go to the shop and buy the four things I need. I pay with money from my purse." The registered manager explained these were all achievements for the person. Previously they had not always been able to do those tasks without becoming anxious and having significant incidents.
- The person's privacy and dignity were respected. A staff member told us, "If they are in the shower we always ensure they close the door. We also have privacy screening on the windows."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The person received care and support which met their individual needs. The person told us they attended numerous activities they enjoyed. This meant the person spent their time in ways they chose.
- Care plans contained personalised information. Care plans were comprehensive and covered areas such as personal care, health action plans, nutritional needs and activities. This meant care staff knew how to meet the person's care needs.
- Staff were attentive to the person's changing needs. A care staff told us, "[Person] is changing all the time, but we notice that and make sure we change as well. We get additional training if we need it." This meant support continued to meet the person's changing needs.

Meeting people's communication needs

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

- The person's communication needs were recorded in care plans. We saw evidence that information was available in a variety of formats. For example, easy read documents and posters were present. However, staff took the time to explain things verbally to the person, so they could understand. This meant the person's communication needs were met.

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

- The person was supported to maintain contact with their relatives. The person used the care home phone to call their relative. The introduction of scheduled visits helped reduce the person's anxiety and behavioural incidents. Supporting the person to maintain contact with their relatives is important and helps prevent social isolation.
- The person was supported to develop and maintain friendships. The person had found it difficult to establish friendships. The care staff noticed the person seemed to get on well with someone at a social event and had supported the person to establish a mutual friendship. That led to shared leisure activities and simply spending time in each other's company. The person told us, "I like to see my new friend [Name] who I met at the dance. I also have [Name], they are my friend too." This support successfully widened the person's social network.
- The person was supported in the community. This included trips to local events, shopping, meals out and a holiday away. The staff had gently persevered with encouraging the person to try new things at their own

pace. This enabled the person to be recognised as a member of their local community and to develop new interests.

- The person took part in activities at the care home. Care staff recognised the person needed to be busy but were aware of the risk of overdoing things. A relative told us, "[Person] was doing too much in the past, and meant they were getting tired and not wanting to do anything. They need time to be by themselves too, sometimes. But I think the staff have got the balance right now."
- The impact of new activities on the person was monitored. The registered manager reviewed notes made by staff following each activity. This identified whether the activity had a positive outcome for the person and the next steps to develop the activity if required. That meant the person's level of anxiety was reduced by careful planning.

Improving care quality in response to complaints or concerns

- There was a complaint procedure in place. The provider had received no formal complaints about the service since the previous inspection. A relative told us, "It's a very good service, if I have any problems I just contact [registered manager]."
- Although there had been no complaints, the registered manager, and staff, understood the provider's complaints policy which was also available in an easy read version.

End of life care and support

- An end of life plan was in place. The person's care plan contained a section relating to their end of life plan. That had been discussed with the person and their relative and provided guidance for staff to follow if it became necessary.

Is the service well-led?

Our findings

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

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

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

- The service helped the person achieve good outcomes. For example, since the previous inspection the person had experienced an increase in behaviours which were a concern. The registered manager obtained specialist support from an external healthcare agency. The numbers of incidents had gradually decreased; from being regularly weekly events to occurring approximately every other month. That had a significant impact on the wellbeing of the person.
- The registered manager, and all the staff we spoke with and observed, told us they were committed to providing person centred, high quality care. A care worker told us, "It's very good here now. We have built a consistent, stable team. We are all on the same side, working for [Person]. It just wouldn't work otherwise."
- The registered manager provided supportive leadership. Care workers told us the registered manager was approachable and they felt supported by them.

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

- The registered manager understood, and acted on, their duty of candour responsibility by contacting relatives after incidents involving family members occurred. This ensured relatives were notified of the incident and made aware of the causes and outcome.

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

- The provider ensured the necessary notifications had been made. The registered manager understood their responsibility for reporting incidents, injuries and other matters that affected the person using the service. Notifying the CQC of these events is important so we are kept informed and can check that appropriate action had been taken.
- All the staff we spoke with understood their roles within the service. The registered manager had a good understanding of regulatory requirements.
- An effective quality assurance system was in place. The provider carried out regular quality monitoring of the care home and had a continuous improvement action plan in place. That ensured the service continued to be good quality.

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

- The provider asked the person, care staff, and relatives to contribute their views on the service through satisfaction surveys and by asking people for their views. Issues identified were acted on by the registered manager.
- The person's equality and diversity characteristics were identified throughout their care plan. The care plan was available to guide care staff and was supported by the provider's policies.

Continuous learning and improving care

- The registered manager understood the importance of learning lessons, by reviewing incidents, to ensure the person received good quality care and support. For example, following an incident where the person had attempted to leave the property and had been injured, the registered manager arranged for additional security equipment to be fitted to ensure the person was kept safe. They also looked for underlying causes and that was fed back to the whole staff team. There had been no further incidents of that type.

Working in partnership with others

- The registered manager and staff worked in partnership with other professionals and agencies, such as GPs, day centres and community health services to ensure the person received the care and support they needed. A healthcare worker told us, "The new manager has been a breath of fresh air. They are very positive. They have been good for the service and are very energetic about new things."
- The registered manager worked in partnership with the person and their relative, through regular communication, to ensure people's views about the care being provided was listened to. A relative told us, "[Registered manager] is really chilled. They are easy to contact, and I know I can talk to them about anything."