

Voyage 1 Limited

Blackberry Hill

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

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

Blackberry Hill accommodates up to 10 people who have a learning disability. Most people are non verbal and all need 24 hour support. They live in a two storey house which includes a purpose built extension. There were nine people using the service at the time of this inspection.

At the last inspection in April 2015 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good:

People were safe at the service because individual and general risks were assessed and managed with as little restriction to the person as possible. Recruitment, staffing, medicine management, infection control and upkeep of the premises protected people from unsafe situations and harm.

Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The registered manager worked appropriately with the local authority safeguarding adults team to protect people.

Staff were trained and supported to be skilled and efficient in the roles. They were very happy about the level of training and support they received and showed competence when supporting people.

People's legal rights were understood and upheld. People's health care needs were met.

The premises provided people with a variety of spaces for their use with relevant adaptation to meet their needs. Bedrooms were very individual and age and gender appropriate.

Staff promoted people's dignity and privacy. Through listening to people's views, using person specific communication methods and the staff commitment to the people in their care, the service was centred on each individual. Staff were kind and caring and people using the service were happy to return to Blackberry Hill following a period away from the home.

Support plans were detailed and reviewed with the person when possible, staff who support the person, external professionals and family members. Staff looked to identify best practise and use this to people's benefit. Staff worked with and took advice from health care professionals.

People had a variety of internal activities (such as music therapy) and external activities which they enjoyed on a regular basis. An advocate said, "There are lots of meaningful activities and staff are responsive to individual needs. They know (the person's) needs well".

The registered manager ran a well organised service. People's views were sought and opportunities taken to improve the service. Staff were supervised, supported and clear what was expected of them. Audits and checks were carried out in-house and through the provider so any problem could be identified and rectified.

The registered manager understood and met their legal responsibilities.

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

Blackberry Hill

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.

This was a comprehensive inspection. It took place on 4 December 2017 and was announced. The reason it was announced was so people who would find our visit a challenge, could be informed that we would be visiting and supported if required.

The inspection team included one adult social care inspector.

Prior to the inspection we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We met each of the nine people using the service and received feedback from one. During the inspection we also used different methods to give us an insight into people's experience. This included informal observation throughout the inspection. Our observation enabled us to see how staff interacted with people and see how care was provided.

We spoke with four people's family members, three support staff and the registered manager. We reviewed two people's care records, two staff files and looked at quality monitoring information relating to the management of the service and safety records. We received feedback from one health and social care professional and saw other feedback from questionnaires the service had received during 2017.

Is the service safe?

Our findings

The service continued to be safe.

People were protected from abuse and harm because staff knew how to respond to any concerns. All staff had received safeguarding training and safeguarding was a regular agenda item at staff meetings. The registered manager had informed the safeguarding team, appropriately, when there had been a requirement to do so, such as when an altercation took place between people using the service. Safeguarding concerns were handled correctly in line with good practice and local protocols.

Each person had risk assessments in place to protect them from harm. For example, relating to their diet, car use, fire safety and medicines. These were under regular review. Accidents and incidents were recorded and monitored to look for trends and patterns toward improved safety.

Incidents were monitored and the outcome of investigations was used toward increasing safety. One person's family member said, "Yes, I feel that (the person) is perfectly safe at Blackberry Hill".

There was equalities and diversity policy in place and staff received training on equalities and diversity. Staff understood their responsibility to help protect people from discrimination and ensure people's rights were protected. For example, they included people in decision making where this was possible.

There were recruitment processes in place. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. Staff confirmed that they did not work at the service until all checks had been completed.

People's needs were met through sufficient numbers of staff. However, people's family members were concerned about the turnover of staff which they felt led to less consistency of care for people. The registered manager said there were three staff vacancies and the service was actively recruiting. Current staff were able to cover additional shifts to meet the staffing shortfall and agency staff had not been needed since April 2017. Normal staffing consisted of six support staff in the morning and at least four support staff in the afternoon and evening. There were two waking night staff. Staffing arrangements were flexible. For example, when a person needed emergency medical treatment two staff stayed with them and other staff came in to ensure that other people's needs were fully met and they were safe. A staff member said, "With the staffing we have we can provide meaningful activities for people".

People were protected from infection. The premises were clean and fresh. A coloured coded system was used for mops and cutting boards and staff had personal protective equipment, such as gloves, to reduce any possibility of cross contamination. Laundry equipment was suitable for the needs of people using the service. For example, washing machines had a sluicing and hot wash cycle. There was an infection control policy and the staff received appropriate training in infection control and food hygiene.

The premises were well maintained through a programme of maintenance and servicing. For example, gas, electricity and water checks were carried out in accordance with the level of risk. A maintenance person was on call and the system for reporting maintenance issues worked well. For example, when a carpet became loose this was made safe within two hours of it being reported.

Vehicles used by people using the service were safe to transport people. All staff had received health and safety training. There were arrangements in place for on-going maintenance of the building. General risk assessments were in place, for example, relating to use of the garden and lighting to reduce the possibility of falls.

There were arrangements in place should an emergency occur. For example, there was a plan which included relevant contact details for emergency maintenance and each person had a personal evacuation plan, should this be necessary.

Medicine management protected people and there had been no medicine errors. No person using the service was able to manage their own medicines because of the degree of their disability and so staff trained in medicine management did this for them. Detailed protocols informed staff when medicines could be given and under what circumstances where these were 'as required'. Medicine records were clear and complete and regular audits ensured medicines were kept and administered safely.

People's finances were protected. People's allowances were kept securely on their behalf, with weekly balance checks in place and detailed record keeping.

Is the service effective?

Our findings

The service continued to provide people with effective care and support.

One person's family member and a health care professional said how well staff knew the people they supported. The health care professional said they were "Very impressed" with the care their client received at Blackberry Hill.

People's ability to communicate was affected by their disabilities but the staff were able to understand them and provide for their needs effectively. Staff were working with advice provided by a speech and language therapist toward more effective engagement with people. We saw video evidence of one person appearing withdrawn with eyes looking downward to full engagement and happy and laughing expression with a staff member. This showed that the service took professional advice and sought to find ways to improve people's lives.

The service sought appropriate health care in accordance with people's needs. For example, from a GP, dentist, chiropodist and epilepsy specialist. When a person had an unwitnessed fall, staff responded appropriately. Each person had a health action plan in place, should they require hospital treatment.

Staff received regular training in all subjects relating to providing safe and effective care. Mandatory training was organised through the provider. Training included all aspects of health and safety and subjects of relevance to people's individual conditions, such as epilepsy. The arrangements for staff training had recently been changed. One staff member said, "The training is good, recently dramatically better because it is more suited to staff learning methods".

Staff received a detailed and thorough induction, including, for staff new to care work, the nationally recognised Care Certificate. One staff member said how they shadowed an experienced staff member whilst also undertaking induction training. They said, "Staff let you feel comfortable before you do things on your own".

The registered manager ensured that staff received regular one to one supervision of their work. New employees had reviews to see how they were doing and to look at any areas where there was concern on either side. Yearly appraisals ensured staff performance was kept under review.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). No person using the service had capacity to make all necessary decisions relating to their care and support. The MCA provides a legal framework for making 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 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 interest and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There had been a DoLS application for each person using the service for their protection and all but one had a legal authorisation in place to deprive them of their liberty. An advocate for one person said that when they visit Blackberry Hill the support staff have been able to provide "Thorough feedback" about the person, which informed them about the level of protection the person needed.

Restraint was not used at the service. Staff said that they received training in how to protect people, and themselves, if a person's actions had the potential to lead to injury or harm. Where this had happened the service had acted appropriately to keep people safe.

People were supported to receive a nutritious diet that they enjoyed. There was a choice of two options for lunch and the evening meal. On the day of our visit these were homemade chicken soup or quiche for lunch and pasta bake or pork casserole for the evening meal. People were observed having drinks regularly throughout the day. One person had a specialist diet to reduce the risk of choking and there was clear information for staff about this. There had been a choking incident but staff had acted appropriately. Each person's weight was monitored with clear indication of when professional advice should be sought if there were concerns.

People's diverse needs were being met through the way the premises was used. There had been upgrading in 2017, for example, there was improved lighting and redecoration of some corridors. There was lounge and conservatory rooms on each floor. People had a variety of spaces in which they could spend their time. People's family members had provided a large and well equipped sensory room. Each person's bedroom was very individual to their needs and preferences and very comfortably furnished in line with their age and gender choices.

Is the service caring?

Our findings

The service continued to be caring.

Each person's family member said how happy (the person) was at Blackberry Hill and how they were always happy to return there. Staff engaged with people in a friendly, respectful and caring way which included them in activities of daily living, such as preparing lunch. Advocacy was used to support people. An advocate said, "(My client) is relaxed and happy at Blackberry Hill".

People's privacy was promoted. Each person had an en suite bathroom and all personal care was provided in private. People were supported to maintain their dignity, for example, through clothing appropriate to their choice and needs.

Staff supported people to maintain relationships which were important to them. People's family members were regular visitors to the service and people were supported to visit their family home or enjoy outings with them.

A 'Family-Gram' magazine was used to keep people's family up to date with events at the service, such as new staff, in-house and external activities and events. We noted that people receiving the service were referred to as 'your children', which does not afford them the dignity of being adults of equal status to other citizens. The registered manager said they would give this consideration. In person, staff did not refer to people other than by their actual name and people were treated with dignity and respect.

People's views were sought and responded to through daily and on-going informal communication in part through people's key worker.

People were offered choice and supported to spend time as they wanted to. Views about the service were also sought through formal questionnaires.

Is the service responsive?

Our findings

The service continued to be responsive.

People using the service were supported to enjoy meaningful activities according to their preferences and capabilities. People's family members said people enjoyed trampolining and horse riding, for example. One person helped in the kitchen and went shopping with staff. People attended a weekly disco in Taunton and people made Christmas cards in an arts and crafts session during our visit. There was a weekly music therapy session. One person's family member said, "On the whole there are lots of activities".

An advocate said, "There are lots of meaningful activities and staff are responsive to individual needs. They know (the person's) needs well".

Staff understood people's verbal and nonverbal communication and were able to recognise needs and respond appropriately. For example, one person was very vocal, and sounded distressed, but this was how they expressed their pleasure as they were about to leave to go to the cinema.

People's care and support plans were detailed, person centred, in regular use and under regular review. Plans included detailed protocols to protect people, for example, with regard to managing conditions such as epilepsy and the use of medicines.

The service reported one formal complaint made, and resolved, in the previous 12 months. This related to a professional visitor to the service. This had been investigated in line with the provider policy and procedure. People's family members said they were happy to take any concern to the registered manager and they believed a complaint would be acted upon.

The Care Quality Commission has not received any complaints or concerns about the service.

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Is the service well-led?

Our findings

The service continued to remain well-led.

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. Blackberry Hill has a manager who was registered in December 2016.

Staff and people's family members talked of how organised the registered manager was. A health care professional said the registered manager had done "A lot of work" toward achieving a good service for people.

Standards at the service were under regular review by the provider. This took the form of having to achieve certain scores, for example, to achieve mandatory training requirements. Those scores had risen regularly since the registered manager was in post. This showed that the service was looking to increase efficiency toward better and safer outcomes for people.

Some people's family members said they did not always feel communication had been as good as they wanted. In particular, they were unhappy that they had not been informed about a change in staffing arrangements. Families now had a magazine informing them about changes and events at the service.

Staff were supported through regular staff supervision and meetings. Records of the meetings showed that agenda items included: training updates, activities, health and safety and safeguarding. The meetings were also used to communicate where staff were expected to improve their practice, for example, keeping people fully informed about what is happening during their support. This shows that the registered manager expects staff to maintain standards of good practice.

The registered manager asked the staff to be "creative", "receptive to each other" and "respect the difference of the diverse staff team". To this end staff had undertaken role play using one scenario where respect was not shown and one scenario where respect was shown and discuss how this made them feel. This showed an innovative way to approach building a strong staff team.

There was an open and happy atmosphere at Blackberry Hill and the ethos of providing people a good life in their home was being met.

The registered manager understood and met their legal responsibilities.