

Blundellsands Classic Management Limited

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Inspection report

19 Blundellsands Road West
Blundellsands
Merseyside
L23 6BA

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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

About the service:

The Blundellsands Classic provides personal care and support to people in their own homes. People who used the service lived on site in their own private apartments or bungalows within the grounds. There are communal areas for the use of people who live independently within the grounds. The service provides 24-hour staffing for emergency support. At the time of the inspection the service was supporting four people.

People's experience of using this service:

People told us that they felt safe with the support they received from the staff. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm. Person centred care was delivered, giving people choice over the time they received support for their daily routines in line with their preferences.

Staffing levels were appropriately managed and people received care and support from regular staff. Enough staff were employed each day to meet people's needs. People and their relatives told us that care and support was provided in a safe manner.

Recruitment processes were robust. The necessary pre-employment checks were completed and people received care from staff who were suitable to work in adult social care environments.

Staff received regular training, supervision and appraisals to ensure they had the necessary knowledge and skills to effectively support people.

Processes and systems were in place to ensure people received their medicines from trained and competent staff.

People's overall health and well-being was effectively assessed and managed. Referrals were made to external healthcare professionals accordingly.

People were supported with meals, drinks and snacks, as required.

People were supported in a kind, caring and compassionate manner. Staff were familiar with people's support needs. People's privacy and dignity was respected when care was provided to them.

The registered provider had a complaints policy in place. People and relatives knew how to make a complaint if they needed to. However, no-one had made a complaint for some time. We received positive feedback about the quality of care and support people received.

More information is in Detailed Findings below

Rating at last inspection:

Good (Report published 13 October 2016)

Why we inspected:

This was a planned comprehensive inspection to check that this service remained Good. It is the Care Quality Commissions (CQC) methodology to re-inspect 'Good' providers within a 30-month timescale.

Follow up:

No concerns were raised within this inspection. We will therefore aim to re-inspect this service within 30 months. We will continue to monitor the service through the information we receive. If any concerning information is received 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?

The service remained safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led

Details are in our Well-Led findings below.

Good ●

Blundellsands Classic Management Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one adult social care inspector.

Service and service type:

This service provides care and support to older people living within a supportive housing community. Retirement security housing is purpose-built accommodation in a shared site or building. The accommodation is bought, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using the Blundellsands Classic receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was an office on site for the registered manager and duty manager. Duty managers were available on site 24 hours a day for emergencies.

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:

The service was given 48 hours' notice because the location provides a domiciliary care service to people. We needed to be sure that the registered manager would be available.

What we did:

Prior to the inspection we reviewed the information we held in relation to the Blundellsands Classic. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority to get their opinions of the service. We also considered any information received from the public and professionals. We used this information to plan our inspection.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider was not asked to complete the required Provider Information Return for this inspection.

During the inspection we spoke with the registered manager, one member of the care staff, four people who lived at the Blundellsands Classic, and a visiting relative.

We looked at two people's care files, two staff recruitment files, medicine administration processes, incident records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to help make sure people were protected from the risk of abuse. A 'safeguarding vulnerable adults' policy was available to support staff with aspects of abuse.

Assessing risk, safety monitoring and management

- Risk assessments and support plans had been completed to help ensure people's needs were met and to protect people from the risk of harm. We saw risk assessments had been completed for medication, falls, skin integrity and mobility.

Staffing and recruitment

- Staff were recruited safely as the provider had a robust recruitment process. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.
- There were appropriate numbers of staff employed to meet the needs of people who were receiving a service. People said they always received the support they needed; staff told us they covered any absence for sickness and holidays.

Using medicines safely

- Medication processes and systems were in place. Staff received the necessary training and regularly had their competency assessed.
- Medication was safely stored in locked cabinets, were administered in conjunction with guidance and instructions; medication administration records (MARs) were appropriately completed.
- Routine medication audits were completed. Audits ensured that medications processes were assessed and areas of risk were identified and improved upon.

Preventing and controlling infection

- Staff received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control. Staff used personal protective equipment (PPE) where required.

Learning lessons when things go wrong

- Records were kept of any incidents or accidents that occurred and were reviewed regularly to identify any patterns or trends. The information was used to re-evaluate people's assessed needs and inform healthcare professionals.

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

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

- Assessments of people's care needs were completed in good detail and included people's needs and choices. A comprehensive assessment was completed prior to people receiving support and used to help plan effective care for people.
- Care records were reviewed and updated following a change in need, for example, following deterioration in physical health.

Staff support: induction, training, skills and experience

- Staff were well trained and had a good understanding of people's needs. Training courses were completed on induction and were refreshed on a regular basis. Most staff had achieved a recognised qualification in health and social care.
- Staff received an induction at the beginning of their employment, received regular supervision and had an appraisal annually. All staff we spoke with confirmed they received good support from their colleagues and managers. In addition, staff meetings were held to help ensure effective communication with the staff team.

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

- Some people were supported to eat and drink regularly by staff. People told us they were happy with the meals and snacks staff prepared for them.

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

- Staff responded promptly to people's changing needs. Records showed staff had engaged well with health and social care professionals to ensure that people's needs were effectively met.
- Information was shared with other agencies when people needed to access other services such as GPs, district nurses and hospital consultants.
- Routine appointments were made for people ongoing with the optician and chiropodist.

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

- Staff supported people to maintain good health; the input of health and social care professionals was sought if people's needs changed.

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 with appropriate legal authority. For services supporting people living in the community applications must be made to the Court of Protection. No any applications had been made to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- People had given their consent in writing to receiving the help and support to meet their assessed needs.
- Staff ensured that people were involved in decisions about their care.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with care, compassion and kindness. Feedback from people confirmed this. Comments included, "The staff are fantastic" and "Wonderful staff".
- Staff were familiar with people's needs.
- We observed the positive interaction between staff and people who received a service. Staff demonstrated a caring nature towards people. Banter and humour was used in communication with people; we saw people were relaxed in staffs' presence.

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

- Staff were familiar with the level of care and support people required as well as knowing their likes, dislikes and preferences.
- People and family members had been given the opportunity to share information about their life history and important relationships. Staff used this information to get to know people and engage them in meaningful conversations.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and their independence was promoted. Feedback from people supported this. Comments included, "Staff always use my name" and "I've seen staff being very discreet to [name of person] when giving them their medication in the dining room".
- People were supported to remain as independent as possible. Care records showed what tasks and routines people were able to do for themselves and when staff support was required.
- People with a communication impairment had their support needs recorded. Particular reference was made in care records to ensure people wore their hearing aids and spectacles. Staff needed to speak to some people face to face to ensure effective communication.
- Information related to people who used the service was stored securely and treated in line with data protection laws.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records we looked at showed people's needs were assessed before receiving a service. Care plans had been developed where possible with each person, identifying the support they required and providing information about people's preferences and daily routines; their likes and dislikes and some had completed social histories.

- A range of care plans were completed to identify people's needs and the support required. For example, care plans were completed for medication, personal care, mobility and nutrition. Reference was made regarding people's communication needs to ensure any information was recorded to raise staff awareness and to enable staff to converse with a person and be understood.

- People we spoke with told us they received care when they wanted it and how it was required.

- Staff worked with family members to support people with their medication and personal care. Family members ordered medication and supported people with medical appointments.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, which was made available to people. No complaints had been received since the last inspection. People who received a service said they knew how to make a complaint if they were unhappy but told us they were very satisfied with the service they received. A relative told us, "I have never had any complaints, the service they [family member] get here is fantastic; it means I can sleep at night now and not worry."

- The service received compliments regarding individual staff members from people and their family members.

End of life care and support

- At the time of our inspection, the service was not providing end of life care or support to anyone in their own home.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service was run by a registered manager. They were clear about their role to provide high quality care for people.
- The registered manager promoted a positive person-centred culture. Staff were positive about the management of the service and told us they were well supported.

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

- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.
- The registered manager and duty managers had individual responsibility for different aspects of service delivery, to ensure a high quality and reliable service was provided.

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

- People voiced their opinions and the management team responded to comments and suggestions made. The registered manager had an open-door policy and people came with their individual matters directly.
- The registered manager sent questionnaires to people every six months, to obtain their views.

Continuous learning and improving care

- There was an effective system in place for checking the quality and safety of the service and making improvements.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team. Regular reviews took place to ensure that high standards of care were met and maintained.

Working in partnership with others

- The registered manager and staff maintained good working relationships with partner agencies. This included working with health and social care professionals.