

Blueberry Transitional Care Ltd

Blueberry House

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

We inspected this service on 30 January 2018. We gave the provider 24 hours notice of our inspection visit as this is a small service and people are often out during the day.

Blueberry House 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 is delivered from a semi-detached house. The house is a three storey building and provides accommodation and personal care for up to three people with a learning disability or autistic spectrum disorder. Two people lived at the home on the day of our inspection visit. One of the people had moved into the home four days before our inspection.

There was a registered manager in post at the service. 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.

At the last inspection in September 2016 the service was rated as requires improvement. We found a breach of the regulations because improvements were needed in the governance of the service. We also found improvements were needed in ensuring people received consistently safe care. Following the last inspection visit, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe and well-led to at least good.

This inspection visit was a comprehensive inspection and during this inspection we checked to make sure improvements had been made. We found improvements had been made and the rating in all key areas is now 'Good'.

Since our previous inspection in September 2016 we have reviewed and refined our assessment framework, which was published in October 2017. Under the new framework certain key areas have moved, such as support for people when behaviour challenges, which has moved from Effective to Safe. Therefore, for this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings.

The care service had been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People felt safe and cared for at Blueberry House. There were two staff on duty at all times so people

received support when they needed it and were able to participate in activities as they wished to. Staff knew what to do if they had any concerns about people's health or wellbeing and understood their responsibilities to challenge poor practice. Staff were knowledgeable about risks to people's health and wellbeing and the support they needed to manage those risks.

The environment was clean and well-maintained and people had the equipment they needed to keep them safe.

The provider had ensured managers and staff had the skill, experience and support to enable them to meet people's needs effectively. People were supported to attend routine and emergency healthcare appointments and received their medicines as prescribed.

Staff worked with people to give them maximum choice and control over their lives. Where the level of supervision of people amounted to a deprivation of liberty, the appropriate applications had been submitted to the authorising authority.

Staff were kind and caring and provided an environment where people were enabled to live their lives, pursue their interests and maintain their independence. People were supported to take part in social activities which were meaningful to them and to maintain and build relationships with family and friends outside the home.

There was an open culture at the home where staff felt well supported and able to raise any concerns. Staff worked in a co-ordinated way with other organisations and healthcare professionals to ensure people received appropriate support and opportunities to achieve their potential.

The provider had systems to monitor and improve the quality of service so people received safe, effective, responsive care.

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.

Staffing levels ensured people received support when they needed it and were able to participate in activities as they wished to. Risk management plans kept people safe, but also promoted their independence. Staff and managers understood their responsibility to protect people from the risks of harm and abuse. Medicines were stored and managed safely and staff ensured the environment was clean and hygienic.

Is the service effective?

Good ●

The service was effective.

The provider ensured staff had the skill, experience and support to enable them to meet people's needs effectively. Managers understood their responsibilities under the Mental Capacity Act 2005. People had freedom of choice and were encouraged to make as many of their own decisions as possible. Staff supported people with their dietary and health needs. People's needs were met by the design and adaptation of the premises.

Is the service caring?

Good ●

The service was caring.

People liked living in the home and felt happy and confident with staff. Staff were enthusiastic about their role and spoke with warmth and affection about the people they cared for. Staff encouraged people to be independent and to maintain and build relationships with friends and family.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual physical, emotional and social needs. People were supported to maintain hobbies or activities they enjoyed and were meaningful to them. People's views about their care were taken into consideration and any concerns dealt with promptly and in accordance with the

provider's complaints procedure.

Is the service well-led?

The service was well-led.

There was a clear management structure and managers understood their legal responsibilities. Staff enjoyed their work, understood what was expected of them and were motivated to provide people with positive outcomes. The provider had systems to monitor and improve the quality of service and worked with other organisations to ensure people achieved their potential.

Good ●

Blueberry House

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.

The inspection visit took place on 30 January 2018 and was conducted by one inspector. It was a comprehensive, announced inspection. We gave the provider 24 hours notice of the first day of our inspection visit because it is a small service and people are often out during the day.

As part of our inspection we reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR was very detailed and reflected the service.

During the inspection visit we spoke with two people who lived at Blueberry House. We also observed the interactions between people and staff and how people were supported in the communal areas. We reviewed one person's care plan and daily records in detail to see how their care and treatment was planned and delivered. We also looked at specific areas in another person's care plan. We spoke with the registered manager, the deputy manager, two members of care staff and a director from the provider company. We looked at other records related to people's care and how the service operated, including medicine records, the provider's quality assurance audits and recruitment records.

Is the service safe?

Our findings

At our last inspection visit we found the safety of the service required improvement because the entrance to the home was unsafe and people did not have access to aids and equipment to keep them safe in the home. Also, systems to administer medicines were not consistently safe. At this inspection we found improvements had been made and the rating in 'Safe' is now Good.

The provider had installed a concrete ramp at the entrance to the home so people who used mobility equipment such as wheelchairs were able to access the home independently. People had the equipment they needed and staff had received training so they could assist people to transfer and mobilise safely. Some alterations had been made to one person's bedroom to ensure staff had the space to use equipment effectively and in accordance with best practice.

People received their medicines as prescribed. Medicines were securely stored and staff were trained in administering medicines; their competence to do this safely was assessed regularly. Some people were prescribed medicines to be given 'as required'. These were to be administered when people needed them for medical emergencies such as pain relief. There were clear guidelines for staff to follow to ensure these medicines were given safely and consistently.

Some handwritten amendments had been made to the Medicine Administration Records (MARs). These had not been countersigned by a second member of staff to ensure their accuracy in accordance with best practice. The registered manager assured us the handwritten MAR was a temporary measure for the person who had recently moved to the home. They told us in future the MAR would be produced by the pharmacy which would reduce the risk of errors.

People told us they felt safe living at Blueberry House. One person we spoke with told us, "Nothing is going to hurt me here, I'm fine." Another person said, "Staff are nice, they are very friendly", which demonstrated staff were good at building relationships with people.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a member of the management team. A member of staff told us, "If I see something is not right, I have to report it." The registered manager told us they would report any concerns to the local authority safeguarding team to keep people safe.

There were two staff on duty at all times to support and guide the two people who lived in the home. This meant people received support when they needed it and were able to participate in activities as they wished to. The registered manager told us there were some staff vacancies, but these were currently being covered by staff from the provider's other home. They told us the provider was supporting them to recruit more staff. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

There were risk assessments to identify any potential risks to people and detailed plans informed staff how those risks should be managed to keep people safe. Risk assessments around the completion of domestic tasks in the home ensured that people were encouraged to maintain as much independence as they wanted. The registered manager explained, "We want people to take controlled risks. We are about promoting independence rather than restricting people." Where people had capacity, they had signed to confirm their involvement in planning how risks to their health and wellbeing were managed. Staff we spoke with were knowledgeable about each person's risks and the support they needed to manage those risks.

Staff had received training in physical intervention techniques as a means of reducing risk of harm to people whose behaviour may present challenges. However, where a need had been identified, people had 'positive handling plans' so staff knew how to avoid events that could trigger anxiety and agitation. We looked at one person's positive handling plan and found it lacked detail around how staff could distract the person from their anxieties. The registered manager explained the person had recently moved to the home and assured us the plan would be developed as their knowledge of the person increased.

The provider had conducted risk assessments of the premises and equipment and had identified actions required to minimise risks, such as, contracts for regular safety checks and planned maintenance. Records showed this included regular checks of water and electricity and identified when action was needed to minimise risk.

There had been no accidents and incidents since our last inspection visit. However, staff told us they were aware of their responsibility to record and report any issues so the registered manager could ensure appropriate action was taken to prevent such incidents occurring again.

The provider ensured people were protected from the risks of infection. At the time of our inspection visit, the environment was homely, tidy and hygienic. All staff had received training in infection control and were responsible for carrying out cleaning duties. There was a cleaning schedule to ensure every part of the home was regularly cleaned. PPE [Personal Protective Equipment], such as gloves and aprons, was readily available, and staff made sure they used these when necessary, for example when providing personal care.

The provider had taken measures to minimise the impact of unexpected events. Fire safety equipment was regularly tested and practice fire drills undertaken. Each person had their own fire evacuation plan so staff and the emergency services would know what support people needed in the event of an emergency.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

New staff followed an induction programme to ensure they understood their role. The induction included training in all areas the provider considered essential and an opportunity to become familiar with the care and support needs of the people who lived in the home. The induction was linked to the Care Certificate which assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care. In addition to completing the induction programme, staff had a probationary period to ensure they had the right skills, values and attitudes.

Staff told us they felt confident in their skills because they had a range of training that was relevant to people's needs and their responsibilities in the home. One staff member told us, "The training is really good. I have recently been promoted to team leader so I have done a course to supervise other staff." Another said, "Anything I have asked for in training, I have been given."

Staff told us they received regular supervision to discuss their role and the registered manager encouraged them in their own personal development by supporting them to gain qualifications in health and social care.

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). We checked whether the provider was working within the principles of the MCA.

People were able to make their own everyday decisions and staff respected those decisions so that as far as possible, people could live their lives as they wished. The registered manager told us they supported people to make more complex decisions by breaking the information down and presenting it in a way that was easier for the person to understand. For example, one person was able to look at pictures and make a decision about some special shoes they needed. If there was any doubt a person could make a specific decision, the registered manager assessed the person's understanding and memory, to check whether they could weigh information sufficiently to make the decision or whether the decision would need to be made in their best interests.

One person needed to be accompanied when outside the home to ensure they were safe. The registered manager had assessed they did not have the capacity to understand their vulnerability in the community. They had submitted an application to the appropriate authority as this level of supervision amounted to a deprivation of the person's liberty.

People told us they liked the food and they chose what they wanted to eat and drink. Nobody had any specific nutritional risks or special needs, but one person was supported by staff to make healthier eating options. Daily records showed people had a varied and healthy diet.

People's needs were assessed and regularly reviewed to ensure they received effective care and support. Where a need had been identified, people had specialised equipment to promote their independence. For example, one person had a non-slip mat under their plate and adapted cutlery to enable them to continue to prepare and eat their meals with minimal assistance from staff. Staff had also purchased a 'kettle tipper' so the person could prepare their own hot drinks under the supervision of staff.

Staff were knowledgeable about people's individual needs, which minimised risks to people's health. People had a health action plan that set out their medical history and current health needs. These detailed what action staff needed to take to support people to stay as healthy as possible. Staff followed the plans and supported people to attend regular appointments and recorded the outcome and any advice given. The registered manager explained they had developed a good relationship with the GP and were able to request appointments at quieter times of the day to ensure people were seen quickly to reduce their anxieties.

Both people who lived at Blueberry House attended college where they had access to physiotherapy, psychologists and counsellors. The registered manager told us they shared information through a student liaison officer and a communication book to ensure people received consistent and co-ordinated care. People had 'hospital passports' which contained important information about the person that could be passed quickly to health care staff if it was necessary for the person to be admitted to hospital.

The home was a semi-detached three storey building. One person used a wheelchair and their bedroom was on the ground floor so they could access their room independently. Some modifications were being made to the environment to ensure this person had easy access in their wheelchair to all areas on the ground floor. There was a comfortably furnished lounge and dining kitchen where people could socialise and join in activities. The height of the sofa in the lounge had been raised so people with mobility problems could transfer to it more easily. People's bedrooms were personalised to their taste and reflected their interests and personalities. There was a large garden with good access for everyone who lived in the home.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection. People said they liked the staff and felt cared for by them. One person said, "It's very happy here" and the other confirmed, "I'm so happy." The rating continues to be Good.

The PIR told us: "To make sure the service we provide is caring, we ensure that all staff treat our residents with sensitivity, compassion and kindness as well as recognising their differences. Our staff team work in a person-centred way ensuring they listen actively, respond appropriately to people and give empathy and support when needed." This level of caring support was clearly demonstrated during our inspection visit.

Staff were enthusiastic about the care and support they provided. They spoke with warmth and affection about the people who lived in the home and the importance of developing meaningful relationships with them. They described how they were enjoying getting to know the new person who had moved to the home and watching their interactions with the other person who lived there. However, they showed understanding that this was a big change in people's lives and they would require support and understanding while they adapted to that change. One staff member said, "We have a good relationship with them so they can talk to us at any time." Another said, "It is their home and they have to feel at home."

When people returned from college there was lots of chatter and laughter and a shared sense of fun. One person enjoyed talking about their journey home and the other described what they had been doing at college that day. Staff listened and took interest in what people had to say, but were also observant of people so they could see when they wanted to have time on their own or a quieter conversation.

People were involved in planning their own care and support. People were able to choose where they spent their time and could use the communal areas of the home or have quiet time in their bedroom if they wanted privacy. One person told us, "If I wanted to, I could just lock my bedroom door. Nobody comes in there unless I need them for something." Each person had a keyworker who was a member of staff allocated to support them on an individual basis. People knew who their keyworkers were and were happy they had someone to talk to.

People were encouraged by staff to be as independent as possible according to their abilities. For example, people were encouraged to help prepare their meals. One person particularly enjoyed this independence and told us, "I'm surprisingly a good cook!"

Staff supported people to maintain and build relationships with family and friends outside the home. One person told us how they had made a new friend at college that day. Staff supported the person to call their new friend on the telephone. The other person had a special friend who they had invited for dinner on Valentine's Day. Staff were helping the person plan the menu so it met their friend's cultural dietary needs.

Where people needed support to make major decisions, they were referred to independent advocates to support them through the decision making process. For example, a meeting was to be arranged with one

person's advocate to help them make a decision about a new mobile phone.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Care plans were personalised, easy to understand and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. There was clear guidance for staff about how to support people with their identified needs. People's views about their care had been taken into consideration and included in care plans. Care plans were reviewed and updated regularly and daily records showed staff supported people in accordance with their care plans.

One person had recently moved to the home from another service. The registered manager explained how this had been planned over a period of time to ensure a smooth transition with minimal disruption to the person's daily routine and activities. Staff from both homes had been involved in planning the move, together with other healthcare professionals to make sure staff could meet the person's assessed needs. The person already living in the home had been consulted and a series of visits had given both people an opportunity to get to know each other so staff could be confident they would get on.

Care plans contained guidance on how staff could present information to people to a way that ensured their understanding so they could make their own decisions and choices. For example, one person had poor eyesight. Staff were instructed to ensure any written information was printed in bold in a large font size so it was easier for the person to read.

Staff were responsive to changes in people's needs because they shared information in a handover between each shift. The handover was recorded in writing to ensure nothing was missed and staff could refer back to it if they were not at work for any period of time.

The registered manager told us the service provides each person with their home for life. They told us that while everybody was currently fit and well, they would work with the person and other healthcare professionals to support them to stay at the home if they became poorly.

People were supported to engage in activities and interests that were meaningful to them. Both people attended college every week day where they were given opportunities to try different activities and work experience. One person told us they had been doing printing and laminating at college on the day of our inspection visit and were gardening the next day. This person was also a member of a social group and had taken part in activities such as basketball, football and scuba diving. People were also supported to go on holidays of their choosing. We saw photos of one person smiling and enjoying themselves on their most recent holiday.

Staff told us that in the house, people liked to engage in activities and occupation typical of their young age group. They liked watching 'the soaps', listening to music, dancing, playing computer games, cooking and beauty therapy treats. People were also encouraged to be involved in the running of the home. We were told

one person had chosen the new colour scheme for their bedroom and were going to help paint it. Staff told us the 'in house' activities gave them an opportunity to support people's independence and social needs and promote a feeling of involvement and engagement with staff.

Information about how to raise a complaint was displayed in the hall and in the service user guide people were given when they moved to the home. The service user guide was in an easy read format which made it accessible to the people who lived in the home. There had been one complaint in the previous twelve months. The complaint had been investigated and responded to in line with the provider's policy and procedure and the person had signed to confirm they were happy with how it had been resolved.

Is the service well-led?

Our findings

At our last inspection visit we found the leadership of the home required improvement because the provider had not notified us of certain events in accordance with their legal obligations. Also, the provider's system for auditing the quality of service was not sufficiently robust. At this inspection we found improvements had been made and the rating is now 'Good'.

There was a clear management structure in the home with a registered manager supported by a deputy manager. The registered manager had a clear understanding of their obligations under the Health and Social Care Act 2008. They had only had to notify us of one event since our previous inspection and this had been done in a timely way.

There were systems in place to monitor and improve the quality of service. These included checks of the quality of people's care plans, medicines, infection control and maintenance checks. The provider also employed an external auditor to do monthly checks of the service against the key questions of whether the service is safe, effective, caring, responsive and well-led. The findings were shared with the registered manager who was responsible for completing any actions to ensure improvements were made in a timely manner.

The PIR told us: "We operate in an open and transparent workplace in which staff and resident feedback and criticism is welcomed in a productive way and where possible ideas are used to continually develop the home.We aim to empower the staff team to provide the highest quality of care available and join the staff team in caring for our residents so that we are able to lead by example and demonstrate our expectation of the staff team in an inclusive way". This open and inclusive leadership was confirmed by staff who told us the provider, registered manager and deputy manager were encouraging and appreciative of their work. In turn, staff told us they enjoyed their work, understood what was expected of them and were motivated to provide people with positive outcomes. Comments included: "The managers and provider are all very supportive and good at listening.Even on a night shift [the provider] will check everything is okay."

Staff told us management support was available 24 hours a day. One staff member told us, "They always pick up the phone, never mind what time it is." Another confirmed, "I can call them or send them a message and they will respond straightaway so I never feel any anxiety because I know they are there."

Staff told us they had regular opportunities to share ideas or discuss issues in staff meetings. One staff member told us, "If there are any issues or anything needs to be said, then it is a time when we are all in the same room. It is really free and open. We feel we can say whatever in front of the managers and if there is a problem they will do their best to sort it out."

People were involved in making decisions about how the service was run. They planned their own menus and activities and were regularly asked in meetings with managers and keyworkers if they were happy with the care they received, and whether there were any changes they would like to make. For example, one

person had asked for a blind at their bedroom window and we saw this had been done.

The provider and registered manager shared information with other organisations and healthcare professionals for the benefit of people. This ensured people were given all the appropriate support and opportunities to achieve their potential and gain as much independence as possible while living at Blueberry House.