TLC Care Homes Limited

# Blamsters Link

## Inspection report

Blamsters Link
Howe Chase
Halstead
Essex
CO9 2QJ

Tel: 01787479343

Date of inspection visit:
24 September 2018

Date of publication:
23 October 2018

## 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? | Requires Improvement |

# Summary of findings

## Overall summary

Blamsters Link is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Blamsters Link accommodates up to five people who may have a learning disability, in one adapted building. At the time of our inspection, five people were using the service.

This inspection took place on 5 April 2018. The inspection was unannounced, this meant the staff and provider did not know we would be visiting.

There was no registered manager in post at the service, but a staff member had been recruited who planned to apply for their registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice. A range of activities was provided, which included involvement and use of local and wider community based activities.

The service had appropriate systems in place to keep people safe and staff followed these guidelines when they supported people. There were sufficient numbers of care staff available to meet people's care needs and people received their medication as prescribed and on time.

People were cared for and supported by staff that understood their needs and knew them well. Staff treated people with dignity and respect and were sensitive to their needs. The care and support people received was individualised.

The provider had a robust recruitment process in place. Staff had been recruited safely with the skills and knowledge to provide care and support to people.

People's health and emotional needs were assessed, monitored and met in order for them to live well. The service worked closely with relevant health care professionals and people received the support they needed to have a healthy diet that met their individual needs and choices.

There were systems in place to drive improvement and audits were carried out on a regular basis, which looked at the quality of the service people received. The registered manager had a clear oversight of the service.

Further information is in the detailed report below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains good. | **Good** |
| **Is the service effective?**<br>The service remains good. | **Good** |
| **Is the service caring?**<br>The service remains good. | **Good** |
| **Is the service responsive?**<br>The service remains good. | **Good** |
| **Is the service well-led?**<br>The service remains requires improvement. | **Requires Improvement** |

# Blamsters Link

**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 comprehensive inspection took place on the 24 September 2018. It was unannounced and was carried out by one inspector.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events, which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection. We also reviewed the information the provider had given us in their Provider Information Confirmation (PIC). This form asks the provider to give some key information about the service, what the service does well, and the improvements they plan to make. We also sought feedback from commissioners who had funded people to live there and monitored the service.

During our inspection, we spent time observing the people to help us understand the experience of people who could not talk to us. We spoke to three support workers, the staff member applying to become the registered manager, and the coordinator. We spoke with one person and two relatives.

We looked at the care records of three people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, minutes of meetings with staff and people who lived in the home and arrangements for managing complaints.

Good

# Is the service safe?

## Our findings

People were being cared for safely. Staff were motivated and strived to provide safe care and support. One person said, "The staff are very good, they look after me, they do." A relative said, "They are very safe living there. If they wasn't happy, everyone would know. [Name] can be very explosive."

Individual risk assessments were in place for people who used the service. These gave staff clear instructions as to how to keep people safe. For example, assessments had been undertaken to identify any risk of people falling and appropriate controls had been put in place to reduce and manage these risks.

The actions that staff should take to reduce the risk of harm were included in detailed risk management plans. These plans also identified triggers for behaviours which had a negative impact on others and outlined what steps staff should take to defuse the situation. Any incidents that had occurred had been recorded and managed in a way that kept people safe.

Relatives told us their family liked living at Blamsters Link and spoke positively about the care their family members received. They told us that people had good relationships with staff. They described the atmosphere as calm. They told us that they managed problems well, when they arose. One relative said, "They are very good. They are excellent with [Name.] They anticipate them. [Name] can be explosive, but they spot that quickly and deal with it very well." The interactions we observed between staff and people were warm and relaxed. One relative said, "I find it is brilliant. The staff are very friendly. [Name ] is extremely happy there. The staff are welcoming. They do their utmost to help you and who they are caring for."

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and the acting manager knew that if any safeguarding issues arose that they would have to complete the relevant notification for the Local Authority and Care Quality Commission (CQC). Staff we spoke with told us they had been trained in safeguarding people and knew how to raise any concerns they may have in the correct way.

People were safe in the service as there were arrangements in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety, maintenance, emergency procedures, fire drills, accidents and incidents were all recorded with necessary action taken if this was required.

At the time of the inspection, there were two staff vacancies. The area manager told us they used agency staff to cover any gaps. Agency staff members received an induction. Our observations showed that at the time of the inspection, there were sufficient staff on duty and we saw that the staff on duty corresponded with the rota. The area manager said, "The retention here is very good and staff have worked here for a long time." Staff told us that they worked well together and staffing levels were good, enabling them to spend meaningful time with people. One member of staff told us, "We aren't too bad on staffing. There is enough."

Relatives told us there were sufficient staff to meet individual needs and they were enabled to go out with

staff and undertake activities of their choice. Staffing levels for accessing the community were assessed and some individuals were supported by two staff. One relative said, "The staff are pretty stable" Another relative said, "The staffing is good. I have never had any concern. The staff are static, there are no big changes."

Staff files inspected, demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment.

There were effective processes in place for the management and administration of people's medicines. Medicines were safely managed. Staff with the responsibility for the administration of people's medicines had received training and their competencies had been tested annually.

Medicine audits were carried out and whilst there had not been any shortfalls or errors, the system was robust and designed for any errors to be quickly identified and addressed. We saw that people received their medicines in the right way and as prescribed. We observed staff explaining the medicine people were to take. Medicines were stored securely and there was clear guidance for staff to follow where medicine was prescribed "as required." Staff documented on the back of the medication administration charts when and why they had administered "as required" medicine.

People were protected through the prevention and control of infection. We saw that the service was clean and tidy. Staff were trained in infection control and had the appropriate personal protective equipment needed, to prevent the spread of infection. The provider had a five-star food hygiene rating. Staff were observed following good infection control practices to help reduce the spread of infection, including regular hand washing and wearing aprons to protect their clothes.

Good

# Is the service effective?

## Our findings

The needs of people were met by staff who had the right competencies, knowledge, skills, attitude and behaviours they needed to carry out their role and responsibilities. Staff had a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively.

New staff completed a two-week induction which included shadowing a more experienced member of staff. The induction for new staff was included the care Certificate Standards and assessments of competence.

Staff told us and training records showed that they received training in core subject areas and subjects specific to the needs of people using the service. We viewed the training records for three members of staff. These identified when staff had received training in specific areas and when they were next due to receive an update.

All staff received core training which, among others, included; first aid, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Two staff needed to complete Mental Capacity Act (MCA) training and all staff needed to be trained in Equality and Diversity. We found these training courses had been booked. The provider also offered additional training, suited to the needs of the people living at the service, such as, dignity and compassion, epilepsy, positive behaviour support and autism.

Staff were supported to complete the Qualifications and Credit Framework (QCF) in social care. This is a nationally recognised training system that awards credits for assessed learning and gives the learners the ability to get qualifications at their own pace. One staff member said, "The training is brilliant. You are not even allowed to start working with people until you have done a certain amount. I know enough to enable me to carry out my role." Relatives told us the staff were well trained. One relative said, "They are competent. I am happy with the standard of care. It is well set up there."

Staff told us they received support to carry out their roles effectively. Records showed the service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Team meetings were held on a six weekly basis. Staff told us that these sessions were used to reflect on training and look at how they could put what they learnt into practice.

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 (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People were able to choose where they spent their time, such as in their own room or in communal areas and they could move freely around the home. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguards (DoLS)

authorisations had been requested .

People chose what they wanted to eat and were involved with choosing their menus. We saw people had access to a variety of drinks throughout the day. We saw staff being very patient and encouraging people if they needed additional support. Meal times were flexible and we saw people choosing when and where they wanted to eat and drink. Some people sat together at tables, others chose to stay in their seat. We observed people enjoying their meal and relatives told us that the food was good.

Staff understood the risks posed to people who needed additional support to eat and drink in a safe way. At the time of the inspection no one had support from the speech and language teams, but we noted, the area manager had made a referral for two people to have swallow assessments completed. People were weighed on a regular basis and this information was monitored by the management team.

People told us that the food was, 'nice' and 'good.' We saw that people were consulted about what they wanted to eat and drink and we observed that staff and the people who lived in the service worked together to prepare meals. The meals served looked appetising and we observed that individuals enjoyed what was prepared. Individuals and staff sat around the table together and the atmosphere was relaxed and informal. A food hygiene inspection had recently been undertaken and had given the service a rating of five stars.

People were supported by staff with their health needs. One person told us, they were able to see their GP when they were ill. Records confirmed that people had been seen by a variety of health professionals including nurses, dentists and chiropodists. Health management plans were in place which gave clear guidance to staff about the management of health conditions such as epilepsy. Where people's needs had changed we found staff had sought advice promptly from health professionals. All of the relatives we spoke with said, that they were communicated with and updated as needed.

Blamsters Link was a modern detached house, which had been modified to meet people's individual needs. The provider ensured that the environment was well maintained and free from hazards. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. There was an on-going programme of maintenance and people had been encouraged to personalise their bedrooms; people were involved in choosing the colour scheme in their room and the furniture and furnishings. Each room reflected the individual's personality and was equipped to meet their needs.

Good

# Is the service caring?

## Our findings

We observed staff interacting with people in a positive and caring way. There was a calm and relaxed atmosphere throughout, and we could see people had developed positive relationships with staff. One relative said, "The staff are most definitely caring. I have never seen anything that would give me any concerns. I have seen the other side of poor care, but nothing here." Another staff member said, "I have no concerns. The staff are caring and relate to us well. They all look after each other there."

We observed that people were happy and at ease with staff. We saw that staff had a good rapport with people. For example, we saw natural interactions and staff treating people with warmth, and kindness.

When we arrived, staff explained to people the purpose of our visit and obtained their permission before we entered their personal rooms. Staff were responsive to any changes in people's behaviour they provided appropriate reassurance and when necessary diverted people's attention. This reduced people's anxiety. Staff had a good knowledge of people's backgrounds, their current needs, and strengths and anxieties.

People were involved, where possible, in decisions regarding any interventions for care and support. For example, detailed information relating to how people may respond to choices offered to them was recorded. People were encouraged to choose the gender of the staff member who supported them. Their choice was recorded within their care plan and their wishes upheld.

The relationship between staff and people receiving support demonstrated dignity and respect at all times. Staff involved people and facilitated choice on how they spent their day, where they wanted to go out to and what they wanted to eat. People had choice over their daily routines and were supported to change activities and plans when they decided to.

Independence was promoted and staff provided active and individualised support that enabled them to participate, where they were able, in day to day living activities such as shopping, cleaning, laundry, cooking and bed changing.

People and their relatives were involved in the care and support planning process. It was evident from discussion with people, the registered manager and review of care records that important events such as family occasions, family contact and involvement and continued care with health and social care professionals was recognised.

People were encouraged to express their views through surveys, key worker meetings, and support plan reviews, as well as through daily interactions and activities. People were aware of their care plan, and pictures and symbols were used to explain to people what the information meant. At the time of the inspection, no one had advocacy involved, but that a referral was going to be made for one person.

The atmosphere within the service was welcoming, relaxed and homely. The staff all spoke of people with fondness and had got to know people well. They had spent time gaining the knowledge and understanding

as to how people communicated and expressed their wishes. We saw that staff understood and were able to interpret certain gestures that people made which helped them communicate together.

Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments. Doors were always kept closed when people were being supported with personal care and staff asked people's permission before entering a person's room.

The provider met the requirements of the General Data Protection Regulation (GDPR.) The GDPR is regulation on data protection and privacy for people. We found that people's information was locked away securely.

Good

# Is the service responsive?

## Our findings

The service was flexible and responded to people's needs and people were supported and encouraged to follow their interests. People took part in activities outside the home such as visiting local country parks, going to the garden centre and having meals out at local pubs and cafes.

The management team and staff focussed on trying to enhance people's life experiences further and supported people to try new experiences, such as going on holiday. Staff told us how important it was to motivate and stimulate people and ensure they got as many opportunities, which could enrich their lives. We saw photographs of people taking part in activities, which helped remind them of the things they had done and helped them to share their experiences with their families and friends.

Each person had a detailed care plan in place that showed how their assessed needs should be met. This included information on their background, hobbies and interests and likes and dislikes. When people had a specific communication need this had been considered and suitable arrangements put in place.

Care plans included detailed assessments, which took into account people's physical, mental, emotional and social needs. Care plans had been reviewed regularly or when people's needs changed. Relevant health and social care professionals were involved when required and professionals told us their advice was listened to and acted on by staff.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals. Any changes to people's care was discussed at handover meetings. Staff told us this was important so they were aware of any changes to people's needs. Handover meetings enable staff to share important information during shift changes.

On the day of our visit some individuals went out with staff but others stayed in and spent time doing crafts and watching TV. We saw photographs on the walls of people participating in a wide range of different activities and having fun.

Relatives told us that staff knew their relative well. Staff had significant knowledge about people that they supported and understood their personal needs. We saw that each person had a detailed and person centred support plan in place, which had been reviewed regularly.

Care plans continued to be informative and person centred. Regular reviews of people's care had been carried out. The care plan included information about people's preferences and wishes. One section was entitled, "How I make decisions." The emphasis throughout the plans was on promoting independence. People's cultural needs were not explored in depth and in most people's care plans this had been left blank. We spoke with the area manager about this and they assured us that this dimension of people's lives would be reviewed.

Care plans explored the way should support people to manage their emotional and mental health. One care

plan said, "I worry a lot about my health. Please give me reassurance.'

People's care plan included how to support people to maintain their oral health. People's oral health was considered and decisions were made in people's best interest when dental treatment was needed.

There was a formal complaints procedure which included a pictorial format for people to understand how to raise a complaint if they wanted to. This was displayed on the notice board. We looked at the records of complaints and saw that no concerns had been raised since the last inspection. One staff member said, "I think we don't have any complaints because we sit and chat, people are happy with their relative living here." One compliment from a professional had been received it said, "You have delivered consistent and proactive support. It is making a positive difference to the persons mental and physical wellbeing. I acknowledge your hard work as a team." A relative said, "I have no complaints. If your concerned you can head it off by talking to the staff."

The service was sensitive towards the needs of people in relation to end of life care and had policies in place. Three people had end of life care plan which had been completed in partnership with relatives. Care plans contained personalised information, such as what piece of music may be played and people's preferred flowers. We were told that other people did not want to consider this aspect and that plans relating to the end of people's lives were completed on an individual basis.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it; to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The management team had looked at each person's individual methods of communication and had used pictures which enabled them to understand the information they were being presented with. The care plan considered carefully, how the person communicated and any difficulties that may be present. For example, one person's care plan said that they loved to chat when they were in a positive mood. Anther persons care plan stated, please give me time to answer your questions, if I don't answer I don't want to respond.

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Requires Improvement

# Is the service well-led?

## Our findings

The service did not have a registered manager. The area manager told us, a few weeks prior to the inspection, a new person had had been appointed to oversee Blamsters Link and would be applying for registration. The area manager was involved in the day to day running of the service and told us they visited three to four time per week, to oversee the service and the care provided.

A senior support worker took a lead role on the management of the service, and supported the previous registered manager to provide day to day leadership. Staff spoke positively about this person and told us they helped the team to work well together that they supported the approach to delivering care and support which was centred on people using the service. Relatives spoke positively about the senior support worker. One relative said, "The manager is very good." Another relative said, "[Named staff] is very good, they are excellent. Very good."

Despite the absence of a stable registered manager, the service was well organised and staff told us the leadership was effective. Staff spoke positively about the management team. One staff member said, "It's a good place to work. Its consistently run." Another said, "It's like a military operation, we all get on well, it's well run." Another staff member said, "The management is brilliant. Can't complain."

Staff said that they were treated fairly, listened to and encouraged to share ideas about how to improve the service people received. Team meetings were held every six weeks. Staff said that these were conducted in an honest way, and looked at aspects of care that could be improved when things were working well and when things had gone wrong or could be improved.

The area manager was not aware of the CQC guidance of 'registering the right support' (CQC policy on registering and variations to registration for providers supporting people with learning disabilities.) They said that after the inspection they would review the guidance. We were told there were no plans to increase the current provision. The current provision meets the requirements of registering the right support.

Staff at all levels of the organisation were encouraged to uphold the service values, and staff told us these were to 'moving people forward to live in an independent way.' The new person planning to register as the manager said, their focus was to ensure that 'people rights were upheld and to make sure they were living happy healthy lives.'

A range of audits were in place to monitor the quality of the service. Audits were carried out by the management team and related to the day to day running of the service. An area manager from another area carried out monthly audits of the service on a monthly basis. This information was fed into regular reports about the service. Objective feedback was given with recommendations being made when improvements had been identified.

Action plans were put in place when areas for improvement needed to be made. When recommendations had been made we could see that the area manager was working to achieve these. For example, the area

manager said that a number of staff needed to complete equality and diversity training. We found they had arranged for this to take place. People, staff and families were asked for their feedback through surveys and care reviews. People had completed a satisfaction survey and positive comments were received.

The area manager explained that they were forging links with a group of providers in the locality and this looked at sharing best practice. The service supported charitable groups and had scheduled Macmillan coffee mornings to raise money.