Blackburn & District Supported Housing Limited

Grantham Street

Inspection report

13 – 19 Grantham Street
Blackburn BB2 4BZ
Tel: 01254 668834
Website: No website available

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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

Overall summary

This service provides personal care in two adjoining houses for people who have a learning disability. Staff are present at the houses 24 hours a day to assist the 8 people who live there. The houses are modern and equipped to look after people who have disabilities. There is parking for the disabled and accessible gardens.

We last inspected this service in May 2014 when the service met all the regulations we inspected. This unannounced inspection took place on the 23 September 2015.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service. All the people who used the service said they felt safe. Family members told us they thought their relatives were safe. Risk assessments protected people in the home and community.

Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

Summary of findings

Staff were trained in medicines administration and the procedures they followed meant people who used the service had their medicines when they needed them.

Staff were trained in infection control and regular audits helped ensure the risk of infection were reduced.

The service was run from an office which contained sufficient equipment to provide a functional service and checks were made to ensure the equipment was safe.

Staff were aware of the Mental Capacity Act (2005) and Deprivation of Liberties Safeguards. This meant staff were aware of how to protect a person's rights in the least restrictive way.

People who used the service were able to choose what they ate but were given good nutritional advice when required.

Staff were inducted, well trained and regularly supervised. Staff were supported to competently perform their roles.

Plans of care were personalised, developed with people who used the service and regularly reviewed to keep people's care and treatment up to date.

There was a stable staff team who knew what care and treatment people who used the service needed.

People were able to attend a good variety of group or individual activities to help them lead fulfilling lives.

People felt able to raise concerns or talk to the manager or staff if they wanted to.

There were systems in place to monitor the quality of the service provided. Family members were encouraged to help run the service for their relatives benefit.

Summary of findings

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. There were systems in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse. Staff used their local authority safeguarding procedures to follow a local protocol.

Arrangements were in place to ensure medicines were safely administered. Staff were trained to administer medicines safely.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. This was because staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their general and mental health needs were met. Care plans were amended regularly if there were any changes to a person's medical conditions or social care needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle. People were assisted to prepare food by staff who had been trained in nutrition and food safety.

Is the service caring?

Good

The service was caring. People who used the service and their families thought staff were helpful and kind and said they went above and beyond what was expected of them

We saw that people who used the service or their families had been involved with developing the plans of care. Their wishes and preferences were taken into account and staff were flexible with their support.

We observed a good interaction between staff and people who used the service, either in a group situation or with one on one support.

Is the service responsive?

Good

There was a suitable complaints procedure for people to voice their concerns. The manager responded to any compliments, concerns or incidents in a timely manner and analysed them to try to improve the service.

People were asked their opinions in monthly house meetings and reviews of care. This gave people and their families the opportunity to say how they wanted their care and support.

People who used the service had a wide range of activities they could enjoy including holidays and outings in the community.

Summary of findings

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this service.

During meetings and at supervision sessions the service obtained the views of staff. Staff said the managers and provider were supportive.

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service. The registered manager liaised well with other organisations.

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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.

This inspection took place on 23 September 2015 and was unannounced.

The membership of the team consisted of an inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert was experienced with people who have a learning disability.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We requested a Provider Information Return (PIR) and received the information prior to planning the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The service provided us with a lot of information in how they were meeting the regulations.

During the inspection we observed care and support in the communal areas of the home. We looked at the care records for two people who used the service and medication records for four people. We talked with several people who used the service, two family members, two members of staff and the two senior care staff who were in charge on the day of the inspection. The registered manager was on holiday. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe at this service. Relatives said they thought their family members were looked after safely.

Staff had been trained in safeguarding issues and the staff we spoke with were aware of their responsibilities to report any possible abuse. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow local protocols. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy makes a commitment by the organisation to protect staff who report safeguarding incidents in good faith. The service had reported any safeguarding issues in a timely manner to the local authority and the Care Quality Commission.

Family members and people who used the service thought there were enough staff to meet their health and social needs. The person in charge said they looked at what people were doing each day and adjusted staff accordingly to ensure people were able to attend their activities and appointments.

There were administration of medicines policies and procedures for staff to follow good practice. All staff who administered medicines had been trained to do so. We saw that medicines were stored in a locked cupboard. The person in charge told us of the procedures for the ordering, safe storage, administration and recording of medicines. This followed the policies and procedures.

Staff had access to the British National Formulary and patient information leaflets to check for side effects or to see what a medicine was for.

The temperature of the room medicines were stored was recorded to ensure medicines were stored with the manufacturers guidelines. No medicines that needed to be kept cool were currently being used although there was a fridge if required. No current person needed controlled drugs.

The local pharmacy audited the system to check for any errors or were available to provide advice. The registered manager and senior staff also audited the system and checked staff competency.

Drugs were stored individually and separate from other clinical supplies. Most people were prompted to take their medicines and were not able to reliably self-medicate.

We looked at the medicines records for people who used the service. We saw staff recorded medicines as they were given. Each person was given their medicines individually. The medicines records were accurate and did not contain any gaps or omissions.

We looked at two staff records and found recruitment was robust. The staff files contained a criminal records check called a disclosure and barring service check. This check also examines if prospective staff have at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. Most staff had been employed at the service for many years.

There were risk assessments for activities of daily life and for health needs. This included assessments for activities such as swimming or for moving and handling needs. The assessments were to keep people safe and not to restrict their lifestyle.

There were policies and procedures in place for the prevention and control of infection. Staff told us they had been trained in infection control techniques and used protective clothing such as gloves and aprons when required. We saw from the records that there was a rota for cleaning and people who used the service were encouraged to do as much for themselves as possible. One plan of care showed one person was able to do his own laundry. The cleaning rota was signed by the staff member who supported the person when they had completed the tasks which was made available for management to check up on. We saw that shower heads were cleaned regularly to prevent Legionnaires disease.

People lived in their own homes as tenants. The companies who provided the housing were responsible for the maintenance. We visited the communal areas and saw that they were well maintained and decorated. There was suitable equipment for people living at the home such as a hoist in the bathroom.

We looked at the maintenance of the office. Fire records were maintained for the testing and periodic maintenance of the fire system. There were records for the testing of fire alarm points and extinguishers were checked annually by a

Good

Is the service safe?

suitable company. The electrical and gas equipment had been maintained and included portable appliance testing and ensuring emergency lighting was in good order. There was a fire evacuation plan and a business continuity plan for how the service would function in an emergency such as a fire, electricity, gas or water failure.

Each person had a personal emergency evacuation plan in the fire log book. This would tell the fire service what assistance they would require in the event of a fire.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. Most staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. There were policies and procedures regarding the mental capacity act and DoL'S for staff to follow the correct practice. The service had been involved in arranging a best interest decision for a person and had supplied relevant information for social services and independent professionals. Two people had an independent advocate to support their wishes and one person had a solicitor who acted upon their behalf. Staff were aware of the MCA and knew when to protect people's rights.

Each person had a tenancy agreement with the housing association who owned the property. This told people of their rights and the terms, conditions and financial arrangements to live in the house.

People were supported to eat a nutritious diet. Staff supported people to shop, prepare meals and clean up after themselves. On the day of the inspection we saw people helping in the kitchen, making food or drinks dependent upon their abilities. Staff has been trained in food safety and advised people how to store food and rotate supplies. The local environmental health department had unusually visited the houses (it is a person's own home not a care home) and had given the service a very good rating which meant the systems used for the preparation, storage and provision of cooked food was effective. On the day of the inspection the kitchens were clean and tidy.

The dining rooms contained sufficient tables and chairs for meals to be taken in a social atmosphere and we were told family members and one person's boyfriend regularly took meals together. Although staff were not fully responsible for people's nutritional needs the person in charge said they offered healthy eating advice and one person had agreed to go on a diet and was losing weight. Staff were also able to support a person if they required a diabetic diet.

We saw that there was a supply of fresh fruit available for people to snack on and people had drinks when they wanted.

People assisted staff with shopping for what they wanted to eat and it was their choice what they ate each day. Part of the activity program was cooking and baking sessions to help people improve their life skills.

We looked at two plans of care during the inspection. Plans of care had been developed with people who used the service or where necessary a family member to ensure their wishes were taken into account. There was a 'pen picture' in each of the plans. This was written by staff from information supplied by people who used the service and told us what a person liked or did not like, what activities they liked to do, personal care needs, the financial assistance required, mobility needs and mental health or social needs. This gave staff a great deal of information to be able to treat people as individuals.

Each need was highlighted under a separate heading, for example, mobility needs, personal care, communications needs and family involvement. There was a detailed description of what each person wanted and their personal choice. This could be a preference of a bath or shower or what they liked to do. The plan clearly told us what each person's capabilities were and what they could do for themselves to remain independent. The plans were reviewed with people every three months. Staff sat and went through the plans with people who used the service and their families if they wished.

Part of the review was to form a development plan. This told us of the goals each person aspired to reach.

We saw from the records that people had access to professionals. One person had a dental appointment on the day of the inspection. One family member said, "Staff are quick to respond to any kind of medical need, however minor, and will make appointments when needed." Each person had their own GP. Most people who used the service accessed community health professionals and were generally supported by staff or a family member.

Good

Is the service effective?

New staff were given an induction prior to working with vulnerable people. Part of the induction was to familiarise themselves with key policies and procedures and we were told staff would be 'shadowed' until they were competent and confident to work with vulnerable people. There had not been any new staff for some time.

We looked at two staff files and talked to four staff about their training. Staff completed training in topics such as first aid, fire safety, moving and handling, food safety, infection control and health and safety. Staff were also encouraged to undertake health and social care training such as a diploma or NVQ. Staff had completed NVQ three at this service. Further training included care of people with dementia, equality and diversity, good hand hygiene, COSSH (the safe use of cleaning materials and chemicals) and person centred care. All the staff we spoke with said they felt they had enough training to perform their roles competently.

Staff received supervision every six to eight weeks. This gave them the opportunity to bring up any training needs or work related topics and discuss the care of people who lived at the houses. One staff member told us, "We get supported by the manager and there is a good staff team. There is a good management structure that staff understands and staff are on call for emergencies."

Good

Is the service caring?

Our findings

All the people we spoke with thought staff were kind and caring. Family members told us, “Staff are kind and caring. They go way beyond what is expected”, “Staff listen to parents and residents” and “They understand the resident’s needs.”

People had a fact sheet that could be used in an emergency to supply other organisations with basic information about people’s personal preferences and medicines they took. However, we were told that staff always accompanied and stayed with people for the duration of their stay in hospital to ensure they were cared for correctly and to help reduce any anxiety. Two members of staff told how they had stayed with a person for several days working long hours.

We observed staff during the inspection. We saw that staff had a good rapport with people who used the service. All care was given professionally and in private.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. Social services also supplied details about a person’s needs. The assessment covered all aspects of a person’s health and social care and had been developed to help form the plans of care. We looked at two assessment records. The assessment process ensured agency staff could meet people’s needs and that people who used the service benefitted from the placement.

Staff had worked at the service for some time. Many for years. This meant they knew the people who used the service well and how to care for them.

The plans of care contained many details about a person’s preferences and choices. This enabled staff to treat each person as an individual.

Two people attended church regularly to follow their faith. People had the opportunity to follow their religion if they wished.

Each person had their last wishes recorded and a funeral plan. This meant staff would know what to do to ensure people got the care they wanted at the end of their life.

Good

Is the service responsive?

Our findings

People who used the service told us they had enjoyed the days hydrotherapy session. People had access to many forms of entertainment and were able to pursue their hobbies and interests. On the day of the inspection several people went swimming, one person went out to have their hair cut and one person was working. Plans of care showed what preferences people had to follow their interests and hobbies. Activities and outings included going to football matches, arts and crafts, drama groups, meals out, social clubs, hydrotherapy, voluntary work experience at Blackpool Zoo, animal therapy, baking, farm experience, growing and cooking food, fitness sessions, bowling, walking in parks, gardening and going to places of interest. Some activities were held in a group whilst other activities like completing jigsaws were done individually.

The person in charge said staff were matched to activities they enjoyed or could do. One example was only staff who could swim or were prepared to get in the pool accompanied people who used the service when they went to the pool.

People were accompanied to go on holiday. Some holiday's people had been on included breaks in Spain, Wales, Yorkshire and Blackpool. People who used the service were offered interesting holidays and activities to help keep them occupied.

We saw evidence in the plans of care that the service had good links with other organisations such as social services and other professionals. The registered manager met with people who used the service, family members and other organisations involved in people's care to gain their views and work in partnership to provide people with the service they wanted. This also ensured necessary information was shared for the benefit of people who used the service.

People who used the service told us they felt they could talk to staff if they had any concerns. Two family members said they had not needed to raise any concerns and commented, "The service is marvellous." People had access to a complaints procedure. The procedure told people how to complain, who to complain to and the timescales the service would respond in. People were supplied with the contact details of the provider, an advocacy service, the local authority and the CQC to take a complaint further if they wished. Nobody had any concerns on the day of the inspection and the one complaint made since the last inspection had been investigated by the service. The result of the investigation and response from the complainant is still ongoing.

Although the service did not send out questionnaires to people who used the service they met regularly for house meetings to gain people's views on the service. Staff also sat down regularly in one to one sessions to see what people needed. Family members could be involved in the care of their relative if they wanted by attending the meetings or one to one sessions.

Some of the people who used the service found it difficult to communicate orally. Staff had worked at the service for some time and knew what people wanted because they knew them well. We were told no communication aids were used at the time of the inspection. It would be good practice to explore how communication aids could reduce reliance on staff and help people who used the service be more independent in the community.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All the people we spoke with said they could talk to the registered manager and staff when they wanted to. They told us staff knew them well and listened to them. Three family members said the registered manager, managing director and staff were approachable.

This service has a committee made up of family members and people who were independent to give a balanced view of how the service should be run. The registered manager attended the meetings to give her views and also respond to what the committee wanted.

The registered manager conducted audits which included health and safety, infection control, the environment, all equipment used, medication and plans of care. We saw that from the audits work had been completed on the gas equipment. The registered manager undertook such audits as were necessary to check that systems were working satisfactorily.

There were policies and procedures which the registered manager updated on a regular or as needed basis. We looked at many policies and procedures including data protection, the tenants charter (this covered areas such as privacy, dignity, religion and discrimination), the care of tenants policy, which gave staff very good guidance on the care of individuals, health and safety, safeguarding, mental capacity, consent, moving and handling, medication, whistle blowing and restraint.

There were regular staff meetings. Topics discussed included activities, review of care plans, team working, rota changes, changes in the management structure, training, decoration of rooms, update on the tenants, staff matters such as annual leave, lateness, management of the houses and the importance of good communication. Staff told us they were able to speak at meetings and bring up topics they wanted to. Each house held separate meetings regularly. Staff were kept up to date with any changes and given the opportunity to help with how the service was run.

There was a recognised management structure which staff were aware of and an on call system for emergencies.

We saw there was a system for responding to concerns, incidents, accidents and comments. Management analysed the information to help improve the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.