

Blythson Limited

Blythson Limited - 33 St. Johns Church Road

Inspection report

33 St Johns Church Road
Folkestone
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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: 33 St. Johns Church Road is a small residential care home providing accommodation, care and support for up to three people with a learning disability and some complex behaviours. At the time of our inspection, three people lived there.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; the service accommodated up to three people. There were no signs outside the property to identify it as a care home. People were encouraged to be a part of the local community; attending clubs and music events, visiting local shops and cafes.

People told us they felt safe with staff.

People had good relationships with staff, who were knowledgeable of their physical, emotional and communication needs, as well as likes, dislikes and interests. Staff were responsive to changes in people's health needs, they sought advice from relevant professionals when needed.

People felt included in planning their care. People's rights and their dignity and privacy were respected.

People were supported to live the lifestyle of their choice. People told us they were listened to by staff, they took part in local community projects and were encouraged to be as independent as possible.

People could involve relatives and others who were important to them when they chose the care they wanted. An advocacy service was used if needed.

People received a person-centred service that met their needs and helped them to achieve their goals and ambitions. People were encouraged to be as independent as possible.

People were fully involved in their care planning and received information in a way they understood. Care plans were consistently reviewed and updated. Care planning informed staff what people could do independently and what staff needed to do to support people.

Staff supported people to maintain a balanced diet and monitored their nutritional health. People had access to GP's and their health and wellbeing was promoted by prompt referrals and access to medical care if they became unwell.

People were protected from the spread of infection and medicines were stored and managed safely. There were policies and procedures in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People felt comfortable about raising any complaints with staff and the registered manager.

People were asked for feedback about the service they received.

People found the registered manager approachable and supportive.

The registered manager recruited staff with relevant experience and the right attitude to work with people. New staff were given an induction and on-going training. Staff were deployed in a planned way, with the correct training, skills and experience to meet people's needs.

The registered manager and provider monitored the service in various ways to ensure they continued to provide a good quality service that maintained people's safety. The provider visited the service often and knew staff and people using the service well.

The registered manager and staff worked with a clear vision for the service.

More information is in the detailed findings below.

Rating at last inspection: This service was rated, "Good" at the last inspection on 8 December 2015.

Why we inspected: This was a planned comprehensive inspection to check the service remained Good. We found overall that the service continued to meet the characteristics of Good.

Follow up: We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

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 was safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

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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 based on the rating of the last inspection to check whether the provider continued to meet the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a current rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

33 St. Johns Church Road is a care home. People in a care home receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that they are registered with the Care Quality Commission and with the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the home. This included details about incidents the provider must notify us about, such as serious injuries. The provider had completed a Provider Information Return. 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.

Not everyone living at 33 St. Johns Church Road could tell us about their experiences living of there. We spoke with two people, and spent time observing staff with people in communal areas during the inspection. We spoke with the registered manager, the provider, three staff and one person's relative.

During inspection we looked at the following:

We reviewed some records, this included one person's care and medicine records. We looked at supervision and training records of all staff. We reviewed some records relating to the quality and management of risk within the home.

- The environment, including the kitchen, bathrooms and people's bedrooms
- We met each person and spoke to two people living at the home and one relative
- We spoke to two care workers, one team leader, the deputy manager, the manager and the provider.
- One person's care records
- A sample of medicines records
- Records of accidents, incidents, complaints and compliments
- A sample of audits
- Deprivation of Liberty records
- Staff training records
- Fire, health and safety and maintenance records

After the inspection we received additional evidence from the registered manager to corroborate aspects of support provided to people at the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

Assessing risk, safety monitoring and management:

- A visitor, speaking about their relative who used the service, told us, "I feel they are safe, we haven't had cause for concern about their safety because we are always kept updated."
- All aspects of people's lives were assessed for risks and staff worked with people to manage the risk. There was guidance in place for staff to follow to reduce the risks. For example, specific medical conditions, when people were out in the community, travelling or taking part in activities.
- Staff received training in managing behaviour that could challenge, they described potential behavioural triggers, how people may respond and how they would support people. Clear guidance and processes ensured people were supported consistently.
- People were encouraged to take positive risks; staff used social stories and spent time with people to manage their anxieties and expectations about upcoming events. For example, people voted at a recent election and one person was supported to play a full and important role in a family event, which initially was thought could be overwhelming for them. Two people attended their friend's funeral.
- Regular checks were completed on the environment to ensure it was safe for people, staff and visitors. Staff checked water temperatures on a daily basis to prevent the risk of people scalding themselves. Staff also completed checks on fire prevention equipment to ensure it was in working condition and practiced fire drills with people.

Using medicines safely:

- Medicines were stored appropriately and records of administration were up to date and accurate.
- There were protocols in place for people who had 'as and when' (PRN) medicines including access to rescue medicines when they were away from the service.
- People were supported to attend appointments with health professionals to review their medicines to make sure that their medicines were meeting their needs; reviews of prescribed medicines ensured their use and dose remained appropriate to avoid any risk of overmedication.
- Staff received training and competency checks in medicine administration and told us they felt confident to support people with their medicines.
- Any incidents, accidents and near misses with medicines were reported by staff in line with the provider's policy.

Lessons learnt when things go wrong;

- Incidents were recorded and analysed to identify patterns and trends in people's behaviours.
- When patterns were identified, staff discussed changes with some people and introduced a reward based

positive behaviour plan to support another person.

- Staff acted to support people to learn from any incidents and put plans in place to reduce the risk of them happening again, including additional support if needed.
- When things went wrong, for example if there was an accident or incident staff documented this in people's notes and shared this information within handovers.
- At the start of each shift, staff reviewed people's daily notes, and the handover documentation.
- Staff discussed any incidents and how to reduce the likelihood of them reoccurring during team meetings.
- People were safe living at St Johns Church Road, accidents or incidents showed a sustained downward trend.

Supporting people to stay safe from harm and abuse, systems and processes:

- The registered manager and staff understood their responsibilities to keep people safe from abuse and worked proactively with local authorities.
- Staff were aware how to recognise and report any concerns they may have. Staff were confident the registered manager would act appropriately.
- The registered manager had reported concerns to the local safeguarding authority and had worked alongside them to keep people safe.

Staffing levels:

- There were sufficient staff to meet people's needs. Permanent staff covered sickness and annual leave, the registered and deputy managers knew people well and provided cover if needed.
- People told us that they always received their support when they needed it. The timing of the support could be changed to support people to attend appointments and activities.
- Staff were recruited safely and checks were completed before they started work at the service including references and full employment history. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers to make safer recruitment decisions.

Preventing and controlling infection:

- Staff received infection control training and supported people to keep their home clean.
- Staff had access to and wore gloves when needed, to prevent the risk of infection.

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

Good: 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

- One person had moved into the service since our last inspection.
- The providers pre-assessment included meeting with the person, making observations about the care they needed, speaking with staff who supported the person and their family. The person visited the service before moving in and had met the other people living there. The registered manager told us they were under no pressure to take a new person.
- The assessment process also considered people's protected characteristics under the Equalities Act 2010 including their culture, religion and sexuality.

Staff support: induction, training, skills and experience

- Staff continued to receive training and the support needed to complete their roles.
- Staff training was up to date, there was an established induction process for new staff to follow.
- Staff told us they received regular supervision. The management team often worked alongside staff, any performance issues were promptly resolved.

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

- People were supported to eat and drink sufficient amounts to maintain good health. People told us they were offered a varied and balanced diet.
- People were asked about what they wanted to eat and drink and told us they sometimes helped staff to prepare food.
- During mealtimes, staff sat with people and supported them to ensure they were protected from potential risks, for example choking.

Staff providing consistent, effective and timely care. Supporting people to live healthier lives, access healthcare services and support

- People had regular appointments with healthcare professionals including the GP, dentist and optician.
- People had information to take with them to share with other healthcare professionals, for example if they needed to go into hospital.
- People were supported to live healthier lives. Staff encouraged people to spend time outside of the service and supported people to attend community events.

Adapting service, design, decoration to meet people's needs

- People were involved in the decoration and design of their rooms. For example, people chose colours and the posters on their walls as well as bedding.

- People's bedrooms were personalised, person centred, and contained collages of them enjoying activities and holidays.
- People had access to a garden with raised beds, that they helped staff to maintain during the summer months.
- The service was very homely, with photographs of people enjoying activities around the service. We observed people moving freely around the service during our inspection.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.
- When people needed to make more complex decisions about their care and treatment, staff organised best interest meetings. For example, two people were preparing to move to supported living housing. Advocates were available if people needed extra help to support them making some decisions.
- Staff showed a good understanding of the MCA and how they supported people with decision making. One staff member told us, "We ask them about everything from the drinks and food they want, if they want to go out for a walk and how and where they want to spend their time."

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.

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

Ensuring people are well treated and supported:

- We saw people being treated with kindness and respect. Staff knew people's choices and preferences and supported them in these.
- Staff spoke to people in a discreet way and adapted their approach to people according to people's needs.
- People were supported to maintain relationships that were important to them. Visitors were welcome at any time and one person used their computer to see and speak to their family.
- People, staff and family members had been supported through an emotional time following the unexpected passing of a person who had lived at the service.
- People told us staff treated them well. One person told us, "The staff are good, they help me when I need it."

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

- People were encouraged to express their views about their care and future plans.
- Staff made sure people's wishes were represented at best interest meetings, when they were unable to do this themselves. Two people had expressed wishes to move to a supported living environment. Staff ensured their views were heard and processes were in place for this to happen.
- People were encouraged to make decisions about how they spent their time and what they wanted to eat.

Respecting and promoting people's dignity and independence:

- People were supported to be as independent as possible. Staff and external healthcare professionals, including physiotherapists, psychologists and occupational therapists, worked with people to improve their independence.
- People told us and we saw staff knocking on their doors and waiting to be asked in.
- People's care records were kept securely and staff understood their role in maintaining people's confidentiality.

Is the service responsive?

Our findings

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

Good: 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

- People were supported in a person centred way. For example, one person was found to become anxious and could have behaviour that challenged. The provider and staff had developed reward based positive behaviour strategies, which had reduced the frequency and intensity of incidents. The person had settled and their improvement enabled their placement at the service to continue.
- Other people were supported through social stories, best interest meetings and discussion with their families to start a transition process to a supported living environment. Supported living is an arrangement whereby someone wants their own tenancy or own home, but also has support from a care provider to help them live as independently and safely as possible.
- One person, previously too anxious to leave the house, had been to a local barber with staff and had their hair cut.
- People received individual care from a staff team who knew them well. For example, staff were aware of potential behavioural triggers and consistently used strategies to reduce occurrences and reward positive behaviours.
- People's care plans we reviewed were up to date and reflected their needs.
- Information was provided in an accessible way to people that they could understand.
- People were involved in regular reviews, that included healthcare professionals.
- People were supported to take part in meaningful activities of their choice.
- Some people attended a local day centre for educational courses and took part in community improvement projects and recreational activities.
- People were supported to take part in a range of activities including swimming, canoeing, discos, walks, wood chopping, equipment safety checks, autism friendly theatre trips, visiting cafes, the countryside, other towns and using specialist community facilities such as sensory rooms.
- People were involved in the local community. For example, they had helped in a local litter pick.
- People were supported with the use of technology to enhance their care and support. For example, the service used an epilepsy monitoring tool to help ensure the correct support was in place and met with nationally recognised standards.

Improving care quality in response to complaints or concerns

- There had been no complaints logged since our last inspection.
- There was a complaints process in place, and people and their relatives were supported to discuss any issues during reviews.
- People and a relative told us they were aware of the process and knew how to raise concerns or complaints. One relative told us, "We have never had a complaint, communication is very open."

End of life care and support

- There was no one being supported with end of life care at the time of our inspection.
- The registered manager had discussions with people and their relatives during their care reviews to develop end of life care plans.

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.

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

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- There was an affective quality system in place to identify any shortfalls in the quality of the service.
- Accidents and incidents were clearly recorded and received oversight from the provider and registered manager. Risks were assessed and documented, they were reviewed by the registered manager and measures taken to reduce the risk occurrence.
- The registered manager had informed CQC of significant events that happen within the service, as required.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service and on the providers website, where a rating has been given. This is so people, visitors and those seeking information about a service can be informed of our judgements. The provider had displayed the rating conspicuously in the service.

Provider plans and promotes person-centred, high quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- There was an open and transparent culture within the service. People and staff told us they could contact the management team at any time and felt supported.
- A charter of support set out the values and behaviours expected from staff. These were discussed with staff during supervisions to ensure they were fully demonstrated by staff.
- Staff felt the culture at the service was transparent and open. People using the service and a relative told us they thought the service was well led.
- The provider frequently visited the service, they knew people by name, were aware of their support needs and were instrumental in sourcing and delivering the support required.
- Staff discussed people's support at handover each morning and were kept informed of any changes.
- Planned improvements to the service included the introduction of epilepsy bed monitors to increase people's privacy, rather than visual checks and sound monitors. Subject to successful trialling, care plans were due to be introduced in an electronic format to improve use of staff time and enable real time access to care notes by family members and stakeholders. Plans were in place to develop the garden together with introducing competitions and events for people with other services owned by the provider.

Engaging and involving people who use the service, the public and staff:

- The service had developed pictorial questionnaires to help enable people to express their views. Staff met with people on a regular basis to ask their opinion on the quality of the service and any suggestions they may have.
- Additional surveys gained the views of stakeholders, people's families and staff. The provider had analysed survey results for the previous year. The results were positive and any suggestions made had been put in place.
- Staff attended regular meetings to discuss their practice, keep up to date and make suggestions.

Continuous learning and improving care; working in partnership with others:

- The management team attended in-house and external local forums with other registered managers to keep up to date with any changes and continue to develop best practice.
- The registered manager and provider told us they had worked extensively with health and social care professionals to settle a person into the service. This success meant the person was able to stay at the service as previously the continuation of their placement had been in doubt.
- The provider and registered manager were proud of the improvement they had seen in people; particularly the prospect of two people transitioning to supported living.
- The service worked closely with other agencies including the local authorities and mental health services.