

Scope

# Blake Court

## Inspection report

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Date of inspection visit:  
17 March 2016

Date of publication:  
18 May 2016

## 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?

Outstanding ☆

# Summary of findings

## Overall summary

This inspection took place on 17 March 2016 and was unannounced. At our previous inspection in December 2013, we found the provider was meeting the regulations we inspected.

Blake Court provides accommodation and care for up to four people with physical disabilities. The accommodation is made up of four self-contained flats which are owned by Croydon Churches Housing Association, but are managed and staffed by Scope. There were four people using the service at the time of this inspection. The reader should note that we also refer to people who use the service as 'customers' within parts of this report.

There was a registered manager who had worked in the service since November 2013. 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 and associated Regulations about how the service is run.

People told us they felt safe and were given information about how to report any concerns. Staff knew how to recognise and respond to abuse correctly and had received safeguarding training. People were encouraged to take positive risks and live their lives to the fullest. They were supported to overcome challenges and negative attitudes. People's needs were assessed and reviewed regularly to ensure people were kept safe.

The recruitment and selection process ensured staff had the right skills and experience to support the people who used the service. People received effective care and support because there were enough staff who were trained to meet their needs. Staff understood their roles, responsibilities and were supported to maintain and develop their knowledge and skills through ongoing supervision and training.

People living at Blake Court all had capacity to make decisions about their care. Their rights were protected because the registered manager and staff understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This is legislation that protects people who are not able to consent to their care and support, and ensures people are not unlawfully restricted of their freedom or liberty.

People were at the forefront of the service and were cared for as individuals and encouraged to develop and maintain their independence. People were active members of their local community and led busy and fulfilling lives. Staff supported individuals to maintain their hobbies and interests. The registered manager and staff were constantly looking into new ideas and opportunities for people. Individuals had enjoyed new experiences, gained new skills and increased their independence.

People made decisions about their care and had personalised support plans that they had created. The care plan records included important information on how each person liked to live their life. Staff knew people well and were able to explain what mattered most to individuals. People were involved in reviewing and

providing feedback on the care and support they received. The service was responsive to their changing needs or circumstances because people's needs were consistently monitored and reviewed.

People were supported to keep healthy and their nutritional needs and preferences were met. Any changes to their health or wellbeing or accidents and incidents were responded to quickly. Referrals were made to other professionals to help keep them safe and well. There was ongoing monitoring and reassessment of risks which ensured that staff took actions to protect people. Medicines were managed appropriately and people had their medicines at the times they needed them.

Staff were aware of the values of the service and the care they provided was centred on each individual. Our discussions with staff showed they applied these values in everyday practice. People's independence was recognised and encouraged; they led their chosen lifestyle and had the opportunity to make the most of their abilities. Staff showed understanding; patience and people were treated with respect and dignity.

Blake Court was safely maintained and considered the needs of people with physical and sensory disabilities. People were provided with the equipment they needed to promote their independence and meet their assessed needs. Individual flats were furnished to comfortable standards and homely. The standards of décor and personalisation by people who used the service supported this.

People told us they found the staff and management approachable and could speak to them if they were concerned about anything. The registered manager and staff were committed to make sure people living at Blake Court were at the centre of its services. People and those important to them were closely involved in developing the service. People were frequently consulted about the care and support they received. Where people made suggestions or raised issues, they were listened to and resulted in change. Comprehensive quality assurance audits were used to monitor the quality of the service and plan improvements. There were systems in place to ensure that people received their care and support in line with best practice.

Staff experienced effective leadership and direction from the registered manager who in turn had full support and guidance from the provider. The staff were motivated and passionate about the quality of care provided and followed a person centred approach to supporting and empowering people. The registered manager led by example and there were innovative systems in place to develop staff and promote reflective practice.

## 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. People felt safe and staff knew about their responsibility to protect people from the risk of abuse and harm. There were enough staff to support people's needs and safe recruitment procedures were followed.

People lived in a well-maintained environment. Risks were identified and steps were taken to minimise these without restricting individual choice and independence. Management monitored incidents and accidents to make sure the care provided was safe and effective.

People received their medicines as prescribed and medicines were stored and managed safely.

### Is the service effective?

Good ●

The service was effective. People were supported by a skilled staff team that had access to a varied training programme. Staff received up to date information to enable them to undertake their roles and responsibilities. Staff were supported through regular supervision and work appraisal.

People received the assistance they needed with eating and drinking and to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005. Staff obtained people's consent before they delivered care and support and knew what action to take if someone was being deprived of their liberty.

### Is the service caring?

Good ●

The service was caring. People told us that staff were caring and supportive and always respected their privacy and dignity.

People were fully involved in making decisions about their care, treatment and support. Staff understood people's different communication needs. There was a visible person centred

culture and the service showed innovation and empowered people to take control of their lives.

Staff were aware of what mattered to people and used this knowledge to support them in achieving their goals.

### Is the service responsive?

Good ●

The service was responsive. People received a personalised service. Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

Staff understood the concept of person-centred care and put this into practice when looking after people. People were supported to achieve their goals and live life to their fullest ability both in the home and local community. People were encouraged to maintain and develop their independence.

There were systems in place to deal with complaints. People felt comfortable to talk to staff if they had a concern and were confident it would be addressed.

### Is the service well-led?

Outstanding ☆

The service was very well-led. The registered manager and staff had developed a strong and visible person centred culture in the service, people spoke positively about them and how the service was run.

The service had clear vision and values for the future which included choice, involvement, dignity, respect, equality and independence for people. Staff understood and applied these values in their interactions with people and with each other.

The provider used thorough and effective quality assurance systems to monitor the care, facilities and support for people using the service. Ongoing audits and feedback from people was used to drive improvement.

The registered manager and staff team were proactive in seeking out ways to improve and develop the service. Staff were supported to improve their practice across a range of areas.

# Blake Court

## **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.

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. Prior to our visit we also reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on the 17 March 2016 and was unannounced. This inspection was carried out by one inspector. We spoke with four people using the service, the registered manager and four members of staff during the course of our visit. People were able to give us direct feedback about their care and experiences.

We looked at records about people's care, including three files of people who used the service. We checked records kept for staff recruitment, training, supervision and staff allocation. We looked around the premises and at records for the management of the service including quality assurance arrangements, action plans and health and safety records. We also reviewed how medicines were managed and the records relating to this.

Following our inspection, we telephoned two people's relatives and two health and social care professionals to obtain their views about Blake Court. The registered manager also sent us information we had requested about quality assurance findings, staff training and development records.

# Is the service safe?

## Our findings

People told us they felt safe living at Blake Court and with the staff who supported them. Relatives were also confident their family members were safe. One relative said, "Very safe, they [staff] keep an eye on his medicines and make sure they are right." People using the service had been given a booklet, "How Scope keeps me safe." This was produced in easy read format to promote people's understanding and set out the safeguarding arrangements in place with relevant contact telephone numbers.

Staff were clear about their role in safeguarding and the systems in place to protect people. All staff had received safeguarding training and the registered manager had received enhanced training delivered by the local authority. Policies about protecting people from abuse and whistleblowing provided staff with clear guidance on how to report and manage suspected abuse or raise concerns about poor practice. Information and contact details for the local safeguarding adults' team were displayed for easy reference. Where concerns had been raised in the past the registered manager had notified the relevant authorities and taken action to ensure people were safe. This was supported by comments from one person's relative who told us the staff had acted quickly to prevent a potential incident of fraud involving their family member.

Risks to people's health and welfare were identified and managed appropriately. People had personalised risk assessments that covered all areas of their individual care needs. The assessments gave guidance for staff on how to minimise the risks whilst promoting people's independence. They included areas such as individual safety in and outside of the home, managing money and personal care. There were additional risk plans associated with people's healthcare needs such as mobility, epilepsy and eating and drinking. Staff demonstrated knowledge and understanding of how they kept people safe. They shared examples such as always checking hoists and slings for damage and preparing food correctly for people who had swallowing difficulties. One member of staff said it was important, "to communicate with the customer at all times" when using hoisting equipment.

Systems were in place to prevent, monitor and record any accidents and incidents that occurred in the service. Any accidents and incidents were reviewed by the registered manager and reported to the provider every month. This was to check for any themes or trends. There was evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved them. For example, risk plans around managing finances were strengthened for one person.

The home was well maintained which contributed to people's safety. There were up to date servicing and routine maintenance records for the premises and utilities such as gas and electricity. This helped ensure people were protected from specific risks associated with the building and facilities. Wheelchairs and hoists were regularly checked to make sure they were fit for purpose and safe for people to use. Fire alarms and equipment were tested to ensure they were in working order. Fire evacuation drills were held regularly involving both people using the service and staff. Staff regularly reviewed the water temperatures to ensure they were at a safe level.

There were arrangements in place to deal with foreseeable emergencies. People using the service had

pendant alarms to alert staff when they needed assistance. Individuals we spoke with said these helped them feel safe and told us that staff responded quickly when they needed to use them. The provider had emergency policies and procedures for contingencies such as utility failures or in the event of a fire. People had individual evacuation plans which explained how staff should support them to leave the building in the event of a fire. Appropriate numbers of staff were trained in first aid and there was an on-call system in the event of emergencies or if staff needed advice and support.

People were protected from the risk of unsuitable staff because the provider undertook the required checks before staff began employment. Potential new staff were asked to visit the home and meet the staff and people living there before attending an interview. People took part in the recruitment of staff and could ask their own questions. Staff files contained a checklist of all the recruitment checks undertaken by the provider. These included a job application form, interview notes, qualifications and training certificates, health declaration and proof of identity. Checks with the Disclosure and Barring Service (DBS) and up to three references were also undertaken to ensure staff were of good character and suitable for the role. The provider had robust recruitment policies and procedures for when concerns were raised about the conduct or performance of staff. This helped to ensure that people were protected from unsafe care.

There were enough qualified, skilled and experienced staff to meet people's needs. Staff allocation records showed that people received appropriate staff support and this was planned flexibly. There was a minimum of two to three staff during the day with one staff on duty overnight. Additional staff were arranged when needed, for example, when people went on outings or holidays. The registered manager worked as part of the staff team and was available to provide support if required.

People's care records had detailed information regarding their medicines and how they needed and preferred these to be administered. One example included, "I take tablets but would like staff to support me to put in a cup and then give it to me." Profiles also included information about any allergies, the type of medicine, the required dose and the reasons for prescription. There were individual protocols where people needed medicines 'as required' or only at certain times. These helped ensure staff understood the reasons for these medicines and when and how they should be given.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People had individual medicine cabinets in their flats and there was an additional locked cupboard in the office to store stock medicines. We checked the medicines for two people which corresponded with their medication administration records (MAR). The records were up to date and there were no gaps in the signatures for administration.

There was an up to date procedure for the safe management of medicines and all staff had completed training on safe handling of medicines. Staff had annual refresher training and their competency to administer medicines was checked every six months to make sure practice was safe. Designated staff had the responsibility of overseeing medicines and undertook regular audits. These weekly and monthly medicines audits were completed to ensure any issues or errors were picked up and addressed promptly.



# Is the service effective?

## Our findings

People and relatives we spoke with felt confident that staff were trained to meet their needs. One person told us they used specialist equipment including two hoists and said that staff "always" assisted them to move or transfer in the right way. A relative explained that their family member had a specific medical condition and training was organised for staff so they could support the person's needs. The relative told us this had resulted in a positive impact for the person as they were "much happier" and "more accepting of staff helping."

The provider used the Care Certificate, introduced in April 2015, which is a nationally recognised framework for good practice in the induction of new staff. The registered manager had completed an assessor training course and existing staff had started to complete self-assessments to review their competencies against the expected standards.

Staff told us they received the training they needed to care for people and meet their assessed needs. This included mandatory and planned refresher training on key subjects such as moving and handling, epilepsy, medication and safeguarding. One staff member told us, "The manager asks how you prefer to receive your training, for example, e-learning or face to face."

The provider had its own training programme and offered development opportunities for all staff. The staff training record was maintained electronically and showed all completed training as well as where staff were due to attend refresher courses. This helped the registered manager ensure that staff kept their knowledge and skills up to date and at the required frequency. Where staff requested further training this was provided, for example, end of life care training had taken place.

Staff received ongoing supervision and appraisal to discuss their performance with the registered manager. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually yearly. Unannounced spot checks were used to assess staff capability when using moving and handling techniques or administering medicines for example. Staff were also supported to improve the quality of care they delivered to people through direct observation of their practice. Records included feedback about observations and discussions on any learning or development needs.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS is a lawful process whereby a person could be deprived of their liberty because it was in their best interests. We checked whether the service was working

within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of the inspection everyone who used the service was assessed to have capacity to make decisions about their care and no DoLS applications had been made. People's support plans included a decision making profile, which set out the support people needed. Mental capacity assessments, specific to the decision being made, had been completed. The registered manager and staff understood the legal framework that needed to be put in place if a person was being deprived of their liberty. Policies and guidance were available to staff about the MCA and DoLS and all staff had received relevant training. One member of staff told us they found the training useful as it taught them about "knowing when to step in and when to involve other people."

People confirmed that staff always sought their consent before care and support was provided. We saw staff speaking with people as they provided support and checking they were happy with the care being provided. Records confirmed formal consent had been requested for certain aspects of care such as the management of people's money and sharing of records. People using the service had signed in agreement with records about their care. Staff knew their responsibilities and what to do if a person could not make decisions about their care and treatment. This included involving people close to the person as well as other professionals such as an advocate or GP.

People told us they were involved in planning their weekly food shopping and went out once or twice a week to select and buy their provisions. One person told us, "Staff help with the preparation then I cook my own meals." Another person said, "The food is varied, I usually have a cooked evening meal and staff always ask for my decisions and choices." Support plans contained details about people's likes and dislikes and the level of support people needed to prepare their meals. Risks associated with any dietary and hydration needs were assessed and reflected in the plans. For example, there was information to ensure food was prepared safely where a person was at risk of choking. One person had guidelines for eating and drinking following involvement from the Dysphagia team. (Dysphagia is the medical term for swallowing difficulties) This helped staff know how to support the person's physical needs and preferences and manage any risks.

People had access to the health care services they needed. Records supported that people were in regular contact with various community based health care professionals. This included the GP, district nurse, physiotherapy, dental and chiropody services, occupational therapist and speech and language therapist (SALT). All appointments with health and social care professionals were recorded and staff had made timely referrals for health and social care support when they identified concerns in people's wellbeing. This enabled staff to help people keep healthy and receive any necessary care and treatment. Health action plans included information about people's past and current health needs and staff were familiar with this information. The records were personalised and showed people's health needs and preferences were kept under review. People also had hospital passports. This was a document that could be taken to the hospital or the GP to make sure that all professionals were aware of people's individual needs.

Blake Court was designed to meet the needs of people with physical disabilities. There was wheelchair access and rooms were equipped to enable people to be as independent as they could be. There were low level work surfaces in the kitchens, adapted bathrooms and hoists for assisting people to transfer comfortably and safely. Care records included information about what equipment people needed to support their independence and guidance for staff about what support each person needed with their mobility. This included a detailed moving and handling plan with photos of different slings people used for activities such as sitting and transferring to the bath. An external professional told us that a person's flat had been made more accessible for them.

## Is the service caring?

### Our findings

People consistently told us that staff were caring and supportive towards them. One person said the care was "excellent" and said, "I wouldn't change a thing about the staff." The person also spoke highly about two particular staff members, which included their keyworker. They told us, "They always listen; they are patient and very caring." The person gave an example where their keyworker had supported them through a bereavement and they often needed time to talk about their loss. They told us the staff member reassured them by saying, "I've got time for you."

Another person commented they felt very comfortable with all the staff. They told us, "They [staff] are caring, they ask about my needs, do I want anything and they take my feelings into account." Another person told us, "There's a good crew here." Relatives were equally complimentary about the care provided. One relative described staff as "very kind" and said that two members of staff were "exceptionally good." Another relative said they found the staff helpful and told us, "[my relative] gets what she needs."

Staff knew people very well and told us detailed information about how people preferred their care and support to be given. These details had been accurately reflected in people's support plans which were personalised and individual. Staff were knowledgeable about person centred care and spoke about empowerment and allowing people to do as much for themselves as possible. This included planning for the future and developing skills such as budgeting and travel training to enable the person to increase their own independence.

People were able to make decisions about their care and lifestyle. They told us they felt valued and staff always respected their choices and independence. Where people did not have verbal communication skills, staff used other methods to interact with individuals and help people make decisions. New technology, including a tablet computer had been introduced to support this for one person. There was detailed information about people's communication needs. Examples included, "Staff need to pay more attention to my body language and facial expressions whenever they are giving me support" and "Due to my communication difficulties I like staff to maintain eye contact with me at all times." We observed staff followed these guidelines; they showed patience and took time to listen and respond to people's individual needs.

People's support plans focussed on what was important to people and how staff should support them. Their individual preferences and decisions were recorded in their plans and reviews. Staff spoke in a compassionate and caring way about the people they supported and celebrated people's achievements and progress. They shared examples where one person had become more independent and could cycle to London on their own. They described how another person had "come out of their shell" and was "more sociable." Staff knew people well and had a good understanding of their individual care needs, preferences and personal histories. Their comments corresponded with what we saw in the care plans.

People were supported to maintain relationships with their families and friends. Relatives told us they were involved in the home and were always made to feel welcome. In people's care records a circle of support

was recorded. This recognised all of the people involved in the individual's life, both personal and professional, and explained how people would continue those relationships. Relatives confirmed they were invited to yearly review meetings and that the manager and staff were good at sharing information. One relative told us, "We get reports about what [person] has been doing."

People told us their flats contained everything they needed, and were decorated and furnished in the style they had chosen. Everyone had been recently involved with choosing new paint colour for their rooms. People had the right specialist equipment to promote their independence and meet their physical and sensory needs. We saw items of personal value on display, such as photographs, pictures, memorabilia and other possessions that were important to individuals and represented their interests.

People we spoke with told us the staff were respectful at all times and upheld their privacy and dignity. One person commented, "Staff always knock on the door." Individuals confirmed that staff supported them with personal care sensitively and discreetly. One person took on a role as dignity champion in Blake Court and had attended a course to enable them to facilitate training for staff. People were also provided with a dignity charter which outlined the values, attitudes, skills and knowledge that staff were expected to show. We found that staff followed these principles when they cared for people. Staff were able to describe the steps they took to ensure this was always the case. For example closing doors when care was provided, keeping people covered and allowing people private time if they requested it.

People's personal information was kept secure and their records were stored appropriately in the service. Staff addressed people respectfully and maintained confidentiality when discussing individuals' care needs. Staff had received training about person centred care and respecting people's privacy and dignity.

Although people in the service were young adults, consideration had been given to end of life care and people's personal wishes. Any particular requests by the person or their family had been discussed and documented as part of the individual's support plan. The registered manager and staff had undertaken training which gave them the skills and knowledge to help people consider end of life issues and to ensure their wishes and views were taken into account when planning care.

## Is the service responsive?

### Our findings

People made positive comments about the personalised care they received. They felt staff responded to their needs. One person said, "They are good, respectful of my choices, for instance I like to be woken early." Another person told us, "They always respect my decisions and choices- if I don't feel like talking for example." One person showed us photos and pictures of events they had chosen to undertake with their keyworker. Relatives had confidence that the service met people's needs and one relative spoke about the progress their family member had made since living at Blake Court. They described the service as "marvellous" and told us, "Things have stabilised a lot" and "In the early days they [staff] didn't understand [name of health condition] but now they do." Feedback from external professionals involved in the service included, "The carers show great attention to detail particularly in medication request" and "The initial assessment was good."

Before a person moved into Blake Court, an assessment of their abilities and needs was undertaken. This was achieved through gathering information about the person's background, areas of independence, needs and aspirations in their daily lives. One person had recently moved in and we reviewed how the service had prepared for their admission. The person told us they visited the service before making a decision whether to live there. They explained how their flat was adapted according to their needs and choices. This included installation of a walk in shower, full redecoration and choosing new furniture. The person told us, "They [staff] ask every week how I am getting on" and "My keyworker reminds me to raise any issues when needed." An external professional told us that a member of staff came to a meeting at the person's former placement and that the service consulted with other appropriate professionals after the person moved. Records confirmed that referrals and appointments were arranged as necessary for the person.

The needs assessment was used to develop a support care plan and people were actively engaged in developing their plan, expressing preferences about what they wanted to do and how they wanted support. People's support plans were individualised and focussed upon the support they required. Each plan included expected outcomes for the person and personal goals for them to achieve. There had been input from families and contributions of the staff team who knew them well with the involvement of people themselves.

Documents related to people's care and support were consistently reviewed and updated to reflect people's changing needs. Annual meetings involved the individual, relatives and other professionals involved in people's care. All aspects of the person's health and social care needs were discussed at the review meetings which followed a person centred approach. The 'My Review' document included "Who is here?" and "What's working/ not working" and "What we like and admire about [person's name]". After the meeting the person was asked for their comments on a feedback document that included pictorial faces to represent a score rating. One person had responded that things were "working really well" for them.

Each person had a designated key worker who had responsibility for reviewing people's support plans and personal goals. Key worker meetings were held every month for people to discuss their care and support. Records of these discussions focussed on the person's needs, preferences and progress to meet their goals.

Staff also completed daily records which reflected people's day to day experiences and gave a good overview of their health and wellbeing and any other significant issues. Staff shared information at each shift change to keep up to date with any changes concerning people's care and support. Our observation of a handover supported this and included a discussion about actions following a person's recent visit from the SALT.

The service was flexible and responsive to people's individual needs and used creative ways to enable people to live fulfilling lives. People were supported to do the things they liked to do and enjoyed a range of activities that met their needs and choices. Care plans set out how people should be supported to promote their independence and develop their independent living skills. People were encouraged to cook and help keep their flats clean and tidy. Staff were enthusiastic about supporting people to achieve their aims and ambitions and gave us examples of this. One staff explained how they supported a person to travel abroad for the first time and to visit their favourite football ground as part of their birthday celebrations. Records showed that staff helped people achieve their goals and wishes. For example, one person had said they wanted to attend two particular sports events and their keyworker was helping them to organise this. Another person was interested in horses and staff had arranged a day at the races.

People's diverse needs were understood and supported and care records included information about their needs. The support plans included details about people's ethnicity, spiritual needs and culture. Staff had completed equality and diversity training and knew how to support people's cultural, religious and personal needs. People had the equipment they needed for meeting their physical needs such as wheelchairs, hoists, adapted beds and bathrooms. Where people were unable to communicate verbally, they were provided with visual aids and communication tools to express their views. Information was provided in pictorial formats that considered people's communication needs.

People told us that staff listened and felt assured that any worries or concerns would be dealt with. Relatives knew how to complain, but had not found this necessary as they had regular contact with the service about any updates or concerns in relation to their relative. Staff were familiar with people's different communication methods. This meant they understood when a person was indicating how they were feeling and why this might be. People also had monthly opportunities to discuss their care and support with their keyworker. There was also a suggestions box for people and visitors to share any comments about the service.

People were given a complaints procedure when they came to live at Blake Court. The procedure set out the steps they could follow if they were unhappy about the service. There was information about who to contact and how complaints would be managed. This was written in plain easy to read English, illustrated with pictures and could be produced in other languages if needed. We looked at the complaints records, which showed one complaint had been made since our last inspection. The record outlined how the service had responded to the complaint and taken action to resolve it.

## Is the service well-led?

### Our findings

There was an inclusive, positive culture within the service, the registered manager showed effective leadership and led by example. She encouraged open communication with people, relatives and staff. People told us they were well looked after by the staff and thought the service was well run. One person used their communication aid to tell us that the service was outstanding. Another person told us Blake Court was "excellent" and the "friendly atmosphere" was the best thing about it. A relative commented about the positive impact the service had on their family member's welfare and this gave them "peace of mind." The relative described the management as, "A quality care manager and deputy who take time to talk to you." An external professional told us there was good communication with the manager and staff.

The registered manager and staff had a clear understanding of the key principles and focus of the service, based on the organisational values. These included choice, involvement, dignity, respect, equality and independence for people. The provider's vision and values were part of staff induction and on-going training, and talked about in their supervision and team meetings. Individualised care was central to the home's philosophy and staff demonstrated their understanding of this by talking to us about how they met people's care and support needs. Staff members comments included, "The customers are all individuals, person centred training reinforces promoting independence for people" and "I will always push people to do their best." Staff knew people's preferences and were innovative in suggesting additional ideas, particularly for social and leisure activities.

People's rights were upheld and they were supported to understand and challenge discriminatory behaviours or practices displayed by others. Scope actively campaigned to change people's attitude towards disability and promote awareness of the Disability Discrimination Act 1995. This included "End the Awkward", a series of video clips designed to raise awareness of disability and the impact on people. Since its introduction, staff told us that people's confidence and self-esteem had grown.

People and staff were seen as an integral part of developing and shaping the service. There were innovative and creative ways to empower people and voice their opinions. People took part in the recruitment of staff and some had undergone specific training to undertake this role. Potential new staff were asked to visit the home and meet the staff and people living there before attending an interview. Records were maintained in relation to observing how candidates interacted with people and what responses they gave to questions. For example, questions from a person using the service included, "I am non-verbal and use a light writer [a text-to-speech device] to communicate. What skills do you have to support me with my communication?" This showed people were involved and able to influence the staff recruitment decisions.

Feedback was captured in a variety of other ways including surveys, monthly keyworker meetings and joint meetings between people and staff. People attended staff monthly meetings as part of the provider's customer engagement initiative. This enabled staff to be more aware of the needs of each person, what they have been doing right, what needed to change and what required improvement. People who were unable to provide feedback in writing or verbally, were supported to do so using their personalised communication methods.



Every year, people using the service were given questionnaires to feedback their comments. We reviewed the results in a survey report for 2015 which confirmed that people were very happy with the care and services provided. Information from these was used to help improve the service and the quality of support people received. Action points were drawn up to address the few identified areas for improvement. We saw that these had been completed and that the service took on board people's suggestions and comments. Examples included introducing a weekly 1 to 1 "Just Chat Session" for people to talk about their emotional needs and a series of joint training sessions for all staff and customers on, "What it means to be disabled." This showed that changes and developments came about from the feedback people gave.

People were provided with a quality policy which explained the standard of quality they should expect from the service and how this would be managed. A newsletter kept people and their relatives up to date on changes both locally and nationally within Scope. Newsletters were sent out every three months and gave information about activities people had taken part in, people's individual achievements, staff updates, awards and plans for the future.

The registered manager was experienced and demonstrated effective leadership. She encouraged open communication with people, relatives and staff. Staff felt well supported, were enthusiastic, motivated and had confidence in the registered manager. Comments from staff included, "My work is always noticed", "There is definitely good teamwork" and "The manager knows exactly what we are doing, and each staff's skills." Staff described the manager as "approachable", "on the ball" and "flexible." Staff had clear lines of accountability for their role and responsibilities and the service had an effective management structure in place. The registered manager was supported by an administrator and team leaders. Members of staff had designated roles in areas such as person centred care and safeguarding. These staff had received specific training in those areas in order to make sure the service was following best practice.

Staff supervision was consistent, managed effectively and centred on the people using the service. Records also showed that staff practical performance was monitored in a number of ways. This involved observation of staff behaviours and competencies every three months. An example included, "I value customers; I have a positive attitude and effective communication with the customer." Staff practice was scored against criteria such as "Uses relevant communication methods with the customer including use of relevant equipment, signing, and body language to create an appropriate interaction." Other expected behaviours included, "I work as part of a team; I interact positively with family members and other professionals" and "I take responsibility, I solve problems; I comply with procedures and support plans and manage risk effectively." This meant staff performance was continually under review so as to ensure people were receiving the best possible care.

There were consistent staff meetings where staff were able to discuss issues openly and were kept informed about matters that affected the service. We saw that meetings were undertaken every month and focussed on people using the service. At a meeting in December 2015 the manager and staff reflected on the successes of the year. Staff had commented about customers' individual achievements, improvements in the service and how training experiences had helped them support people more effectively. As well as meetings, a communication book, daily shift plans and handover meetings were used to support the sharing of information. We observed a handover during our inspection which included detailed discussions about each person using the service and their needs.

The organisation had a reward scheme recognising employees for achievements in the workplace. Staff were nominated by their colleagues when it was felt they had made a significant difference in their work. Six members of staff had achieved awards respectively. Examples included recognition for one staff member's "outstanding performance and persevering role in providing emotional support to customers." Another staff



member showed an "exemplary leadership role working as part of a team supporting customers in ways that put their personal needs and aspirations over and above everything else." Staff were also rewarded if they met 'exceeding' in their annual performance review or personal development plan (PDP).

The registered manager ensured her own personal knowledge and skills were up to date. She undertook training to help her manage the service effectively and keep up to date with best practice. This had included completing an assessor course on the Care Certificate standards and managing people through supervision and performance management. The manager attended regular learning events at forums run by the local authority and information from these events was shared with staff through meetings and correspondence.

The provider had a number of arrangements to support home managers. Managers had annual conferences, monthly meetings and one to one supervisions with their line managers. A designated quality assurance team shared information with managers about latest guidance and updates from CQC. This was shared with staff to ensure that they followed the fundamental standards of quality and safety in line with best practice. A protocol had been developed which outlined staff expectations during a CQC inspection. This gave an overview of the inspection process and helped staff understand their role.

A comprehensive range of quality assurance processes and audits were used to monitor the quality, safety and effectiveness of the service. These were in place to measure the success in meeting the aims and objectives of the organisation. The staff team undertook regular audits to ensure the home's quality and safety. These included audits of medicines, care records, building checks and maintenance issues, fire equipment and other health and safety issues. Where audits identified shortfalls, records showed these were dealt with in a timely manner. The ongoing review of people's support plans ensured that they were always an accurate reflection of where people were in their goals, achievements and all other aspects of their care.

A regional manager visited the service every three months to ensure that people were provided with good standards of care and support. The manager completed a monthly compliance report on a number of areas including complaints, staffing, accidents and incidents and finances. The report contained performance indicators that identified how the service performed, areas that required improvement and areas where the service performed well. The reports were sent to the provider's quality assurance department and enabled the organisation to have an overview of the service and any risks so these could be jointly managed. This system also allowed for any themes or trends to be identified and acted on. Thematic audits had also been introduced on areas such as safeguarding.

The PIR gave us detailed information about how the service performed and what improvements were planned. A service improvement plan had been created for the manager and staff to implement in the service. This identified where improvements were needed, the actions to be undertaken and timescales for completion. Progress updates were also recorded. We noted that there were few actions needed and these had been addressed.

The registered manager told us that the organisation was working towards the BDFs Exemplar Employer of Disabled People. Blake Court was also a member of a number of policy and lobbying organisations such as The Care and Support Alliance and the Equality and Diversity Consortium.

We had not received any recent notifications from the service and the manager told us this was because there had not been any reportable events. During our visit we checked information relating to accidents and incidents, these confirmed that appropriate action had been taken and none needed to be shared with CQC. A notification provides details about important events which the service is required to send us by law.

