

Blue Pits Housing Action

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Blue Pits Housing Action is a domiciliary care service and supported living service providing personal care to 10 people with a range of needs. These included physical disabilities, mental health needs, sensory impairments, substance misuse difficulties, learning disabilities and young adults. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People using the service received planned and co-ordinated person-centred support which was appropriate and inclusive for them.

People's experience of using this service and what we found

People felt safe and staff understood their safeguarding responsibilities. Individual and generic risk were assessed, and staff understood how to reduce risks and promote good infection control. Safe recruitment processes were followed and there was a stable team of staff who knew people well. There were systems for oversight and the registered manager ensured action was taken in response to any accidents, incidents medicines errors and safeguarding concerns.

People's needs were assessed, and staff worked closely with other services and healthcare professionals to deliver appropriate support. People were happy with how they were supported to eat and drink, and care records contained information about people's likes and dislikes. Staff were positive about the training and support they received and felt confident in their job. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 support focused on people's individual goals and supporting them having as many opportunities as possible.

There was a consistent team of staff supporting people. We were told staff were kind and caring. Staff knew how to promote dignity and encourage people to be independent.

People received individual care and were supported to engage in a range of activities. People felt able to

raise concerns and these were investigated and addressed. Information could be adapted to meet people's needs and people were supported to plan for end of life care.

Staff were committed to driving improvements across the service and worked closely with other organisations to deliver good outcomes. Feedback was obtained from stakeholders to drive improvement and people, families and staff felt able to contribute their views. Staff were clear on their roles and responsibilities and there were suitable systems for auditing and assessing the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (16 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Blue Pits Housing Action

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector and an assistant inspector. The inspector visited the office and looked at records and spoke with office staff. The assistant inspector telephoned people, family members and support staff to obtain their feedback regarding the service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 March 2020 and ended on 23 March 2020. We visited the office location on 11 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We contacted Healthwatch to obtain any feedback they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with two people who used the service. We spoke with nine members of staff including the registered manager, service manager, board member and support workers.

We reviewed a range of records. This included four people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted eight professionals who work with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe. Staff had completed training and understood their responsibilities to safeguard the people they supported. People told us they felt safe
- Safeguarding concerns were investigated. The registered manager worked with the local authority to investigate and address safeguarding concerns to keep people safe.

Assessing risk, safety monitoring and management

- Individual and environmental risks were assessed by staff. We saw risk assessments and management plans were in place to guide staff.
- Staff supported people to take positive risks. The service supported people with a variety of complex needs and would support them to take steps in meeting individual aspirations and goals.

Staffing and recruitment

- Safe processes for recruiting staff were being followed. This included checks of references and with the disclosure and barring service.
- There were enough staff to meet people's needs. People told us they were supported by a consistent team of staff.

Using medicines safely

- Staff knew what medicines people were being prescribed. Care records contained information of all people's medicines. Staff completed accurate records for those who were receiving support to take their medicines.
- The registered manager completed checks to ensure people were being safely supported to take their medicine. Regular checks and audits were in place and when errors were identified action was taken to address these concerns and seek medical advice if needed.

Preventing and controlling infection

- Staff knew how to reduce the risk of infection when supporting people. Staff had completed training in infection control and had the equipment needed to manage and reduce the risk of infection when supporting people in their own homes.

Learning lessons when things go wrong

- Systems for learning from accidents, incidents and safeguarding concerns were in place. The registered manager had systems for oversight and would complete incident reviews to look at systems the service

could implement to reduce future risk.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's needs were assessed, and care planned around assessed needs and people's preference. Staff understood how to deliver care in line with good practice and people's preferences.

Staff support: induction, training, skills and experience

- Staff told us the training and induction was good and prepared them for the role. Staff completed a range of training specific to the needs of the people they were supporting. They told us, "The training is good, you have different types of training. We do all the necessary training and shadowing when we start."
- Staff felt well supported in their role. There was a programme for regular supervision and annual appraisals. One member of staff told us, "Work can be very hectic. Supervision gives you time to talk about things to improve or any issues."

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

- People's care records contained information about how people wanted to be supported to eat and drink. This included information about people's likes and dislikes as well and any specific dietary requirements. For example, food allergies, requirements for food to be prepared in a specific way due to religious or cultural beliefs, or for people who had swallowing difficulties and required a modified diet.
- Staff who supported people with food preparation had completed training in food hygiene. People were happy with how they were supported to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other health and social care agencies when supporting people. We saw that staff worked closely with a variety of other organisations and specialist services to develop individual plans of support.
- People told us staff would arrange for appropriate health care support when needed. We saw that staff would contact the doctors if they had concerns about somebody's health and would encourage and support people to live health lives. For example, staff encouraged and supported people to engage in physical activities and opportunities for socialising to improve physical and mental wellbeing.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff understood people's capacity and ability to make decisions. People told us staff would respect their decisions. Staff understood and had completed training in these areas.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them well. One person told us, "I have a keyworker and we get on well. The staff have all got to know me quite well."
- Staff understood how to support people with complex needs. One person said, "I've got some complex difficulties, but staff know how to support me." A professional told us, "Blue Pits have been good. They deal with some of the most vulnerable people who have the most complex needs."

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

- People were involved in decisions about their care and support. One person told us, "There is a file at home. I sort of helped put it together." Care plan reviews demonstrated that people and their families had been involved in these and progress was recorded.
- Staff knew people well. There was a consistent team of staff supporting people and staff understood people's needs and preferences. Staff told us they would involve people in all decisions as much as possible.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person told us, "Yes, staff listen to me, they say my name and talk nicely." Staff understood how to respect people's privacy and dignity when supporting them with personal care.
- Staff supported people to be independent. One person told us, "In my previous place they never let me do anything. Blue Pits is the complete opposite." Care plans detailed the support people needed, their wishes and aspirations so that staff could support people to do as much as they could for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual needs were assessed. Staff completed a detailed 'this is me' document which included information about people's life story and likes and dislikes.
- Staff knew people well and felt care records were detailed about people's needs. Staff told us they had all the information they needed to provide individualised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate effectively with people. The registered manager told us that information could be adapted according to people's individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to engage in a variety of activities. We saw a range of activities were offered to people, including visits to museums, physical activities and holidays. People spoke positively about the activities offered.

Improving care quality in response to complaints or concerns

- People told us they felt able to raise concerns with staff. One person told us, "I will speak with staff [if I have concerns] and they listen and try to do something." There was a complaints policy in place telling people what to do if they needed to raise concerns.
- Complaints were investigated, and action taken to address these concerns. We saw the registered manager investigated complaints and concerns and used this to improve the service.

End of life care and support

- Blue Pits does not directly support people with end of life care. The registered manager told us they would work closely with other organisations should someone they support reach end of life and would arrange for staff to complete the relevant training and support.
- Staff supported people to make plans regarding end of life wishes. Staff had discussions with people about their end of life preferences and encouraged people to make arrangements, such as funeral plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People felt involved in their care and able to share ideas. People told us their views were respected and care records demonstrated the people were supported and empowered to reach their goals.
- Staff spoke positively about working for the organisation. Staff told us they worked together as a team to deliver positive outcomes for people. One member of staff said, "The staff all work very hard and are passionate and kind hearted. We always help each other out and the tenants are happy."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal obligations, including the duty of candour. Incidents were investigated and apologies offered when needed. The conditions of the Care Quality Commission (CQC) registration and those of other organisations were being met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and responsibilities. They were committed to delivering the best possible care and support for people.
- There were systems to audit and assess standards and drive improvements. Audits were completed on the environment and paperwork, and action taken when areas for improvement were identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Regular feedback was obtained from all relevant stakeholders. People told us they were asked to complete feedback regularly, and views were also sought from families and professionals. This information was analysed and used to make improvements to the service.
- The registered manager and management team were committed to driving improvement across the service. Plans were in development which included activities, and transport options to support people to reach individual goals. There were meetings for staff and people to share views and ideas.

Working in partnership with others

- Staff worked in partnership with a range of other services to deliver good outcomes to people. This included community groups, religious and cultural organisations and health care services. The service also

supported student placements from local universities.