Almond Villas Limited

Pritchard Street

Inspection report

19 Pritchard Street
Blackburn
Lancashire
BB2 3PF

Website: www.almond-villas.co.uk

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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

Pritchard Street provides rehabilitative support for four adults with enduring mental health needs. The home is a terraced property situated in a residential area close to local amenities. There is a communal lounge, a kitchen diner and laundry room. All bedrooms are single with shared bathroom and toilet facilities. There were currently three people accommodated at the home.

We last inspected this service on 02 September 2014 when the service met all the regulations we looked at.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of the inspection we were notified of an outbreak of a viral illness. We visited briefly, toured the communal areas, talked to two staff and asked a person who lived at the home how they were feeling. We took paperwork to a safer environment (Lancaster House) to avoid contact and possible spread of the infection. The registered manager had contacted the public health department for advice and to take any action as may be required. One person who used the service remained in the home and two people who used the service who had recovered were out.

Staff had been trained in safeguarding people from abuse and were aware of the need to report any suspected issues of abuse. One person who used the service said they felt safe.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults. There were sufficient staff to meet people's needs.

We found the ordering, storage, administration and disposal of medication was safe.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

People told us they were encouraged to plan their menus, shop for their food and cook their meals with support from staff when required. Some people told us they were proud of the skills they were learning.

New staff received induction training to provide them with the skills to care for people. All staff were well trained and supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and followed the correct

procedures using independent professionals.

There were systems to repair or replace any broken equipment and electrical and gas appliances were serviced regularly. Each person had an individual personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

The home was warm, clean, well decorated and fresh smelling. People who used the service were responsible for cleaning with staff support. People made good use of the covered seating area in the garden.

We saw that independent living was the aim of the service and how people's recovery plans reflected this.

We observed there was a good interaction between staff and people who used the service. We observed the good relationships staff had formed with people who used the service and how they responded well to any questions or advice people wanted.

We observed that staff were caring and protected people's privacy and dignity when they gave any care. The care was mainly around people's mental health needs but we did not see any breaches in people's confidentiality.

We saw that the quality of recovery plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. People agreed to the restrictions placed upon them to help them get better.

We saw that people who used the service were able to attend meetings, 1 – 1 sessions and activities to gain their views. Professionals were asked for their views in the way the service was managed. Staff were encouraged to participate in how the home was run.

Policies and procedures were updated regularly and management audits helped managers check on the quality of the service.

People were able to access the community on activities, were helped to gain employment or attend courses to improve their knowledge.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local protocol. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. People were encouraged to take their own medicines with staff support. Staff had been trained in medicines administration and the manager audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People who used the service were encouraged to cook and clean for themselves. Staff supported them to follow a healthy eating lifestyle.

Staff were well trained and supported to provide effective care. Training and supervision were provided regularly.

Is the service caring?

Good

The service was caring. People who used the service told us staff were helpful and kind.

We saw visitors were welcomed into the home and although families could visit the home people who used the service were encouraged to go out and visit their families to help with their recovery program.

We observed there was a good interaction between staff and people who used the service.

Is the service responsive?

Good

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

People were able to join in activities suitable to their age, gender and ethnicity.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings. People who used the service had regular 1 – 1 sessions where they could discuss their care and treatment.

Is the service well-led?

Good

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

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Pritchard Street

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and was conducted by one inspector on the 16 February 2016.

During the inspection we spoke with one person who used the service, two care staff and the registered manager.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

We had received 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 any improvements they plan to make. The PIR contained a lot of useful information which helped us plan the inspection and showed the services commitment to meeting the regulations.

There were three people accommodated at the home. On the day of the inspection only one person was in the home. Two other people were out as part of their recovery program. During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for three people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

One person who used the service said they felt safe. From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Blackburn with Darwen safeguarding policies and procedures to follow a local protocol. This is now part of a Lancashire initiative involving professionals from local authorities and the police. This meant they had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. Both care staff members we spoke with were aware of the safeguarding procedures and said they would not hesitate in using the whistle blowing policy to protect people who used the service.

There had not been any safeguarding concerns since the last inspection. People who used the service were asked at the survey of December 2015 if they felt safe. People said they felt safe.

People were assessed as to their capabilities for taking their own medicines. When people were first admitted staff may take a more active role in administering medicines but it was part of the recovery program that people who used the service worked towards the self-administration of medicines. One person told us they were able to take their own medicines with minimal staff support and one person took his own medicines.

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects on medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so. Because medicines were necessary for people to remain well staff observed that people took their medicines and recorded when they had taken them. People were supported to self-medicate. We looked at three medicines records and found they had been completed accurately.

Medicines were stored safely. There was safe storage for controlled drugs. There was a separate controlled drugs register if required. Each recovery plan had details of the medicines people took such as what the medicine was for, a description and photograph of the tablet and the times of administration. There was also a record of potential side effects and other details for staff to recognise any possible problems with medicines. There was a risk assessment for people who may not take their medicines and what may happen because of this and a risk assessment for self-administration of medicines. We saw that there was a record of the person's current attitude and ability to take their medicines. In the plans we looked at people consented to take their medicines.

We saw that there was a record of the temperatures where medicines were stored, including the fridge to ensure medicines were stored to manufacturers guidelines.

Staff had access to the British National Formulary to reference for possible side effects or contra-indications.

Drugs prescribed to be given when required had a separate fact sheet which clearly told staff when the medicine should be given, the amount, what the medicine could be given for and how often it could be given.

There was a system for repairing or replacing any broken or defective equipment. We saw that a new dryer had been ordered to replace the defective one.

People who used the service were involved in fire drills and evacuations and did not have any mobility problems to restrict their evacuation in an emergency. Each person had a personal evacuation plan (PEEP) which showed any special needs the person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

People had the use of a laundry and were encouraged to do their own washing and ironing with support from staff. There was sufficient equipment to help people keep their clothes clean. Learning or keeping up with life skills is part of the recovery program.

There were policies and procedures for the control of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice.

The registered manager and staff conducted daily audits for infection control. This included the cleanliness of the building and bedrooms (with people who used the service present), the laundry and communal areas. We saw staff had information on infection control such as waste disposal, body fluids and spillages, accidents and incidents, hand hygiene, hand washing procedures, coughs and sneezes and infectious diseases. There were detailed descriptions of how to clean items and how often they should be cleaned. There was also colour coding guidance for equipment in the kitchen, laundry and people's bedrooms.

There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection. Staff had access to personal protective equipment such as gloves and aprons. The water system was serviced by a suitable company to prevent Legionella and there was a record of when water outlets had been cleaned to further reduce the possibility of Legionnaires disease.

On the day of the inspection people told us they were encouraged to help keep their rooms and the home clean and tidy and staff would support them if needed. We toured the building on the day of the inspection and found it was warm, clean, tidy and did not contain any offensive odours.

Staff told us the care service carried out pre-employment checks prior to them working at the home. We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

Two staff members told us they thought there were sufficient staff to support people in the home and community.

People had been assessed for any personal risks or hazards in the environment. Risk assessments were also identified for when people went into the community. We saw that the risk assessments were to keep people safe and not restrict their lifestyle.

Good

Is the service effective?

Our findings

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

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. One person had been urgently referred to the Local Authority department which is responsible for mental capacity and the service was awaiting a decision from them on extending the 'best interest' decision.

People who lived in the service were able to make choices themselves. However the registered manager told us because people had a mental health condition staff needed to be aware people may have fluctuating capacity and this would be discussed if it arose. No person at the home currently required any 'best interest' decisions because they were compliant with their care.

There was advice about the local advocacy service in a prominent position for people who used the service to contact if they needed independent advice. The advocacy service provides an independent person who will act on behalf of someone who may lack mental capacity or need impartial advice.

People were accommodated in one of the four single bedrooms. There was a lounge, dining area and kitchen. There were sufficient bathing and shower facilities. When we toured the building we found all equipment was in good working order except the dryer. A replacement had been ordered. We saw that the communal areas were suitably decorated and furnished and provided a homely atmosphere for people who used the service.

Because people accommodated at the home were out we could not gain permission to enter their bedrooms. We visited an unused room and found the level of equipment to be satisfactory. Evidence gained from a survey conducted in December 2015 showed that people who used the service thought that the facilities and environment of the home was good.

The main ethos of the service is for people to follow the recovery plan and become independent. Therefore support was provided around people getting the confidence to do their shopping, cooking and cleaning for themselves. People were supported to plan their weekly menu and then do the shopping. They were supported to do the cooking and the level of staff support provided was dependent upon their abilities. We saw that the kitchen and dining area was clean and tidy

People were mainly responsible for their own diet. Because the funding of food was provided by the service there were guidelines about healthy eating. People who used the service were encouraged to take a healthy diet. The registered manager told us staff sometimes had to intervene and refer people to a dietician for advice. One person required a culturally appropriate diet and although they were able to buy and cook

foods, they would be supported by staff when required.

Staff and people who used the service were sent on courses such as for cooking for people with diabetes. There were group cooking sessions held in the kitchen. There was a larger facility for therapy within this local group that people could and did attend. This was partly to teach people to cook new dishes but also to create a social occasion. Baking was another therapy and was also used for raising money for charity.

Part of the cooking and eating experience was to make sure people who used the service could behave acceptably in a social setting. Social etiquette was taught and staff would accompany people to restaurants to assess how well they could eat and mix in public as part of their recovery program and reintegration into the community.

New staff were given an induction when they commenced working at the care home. The induction process followed national guidelines. The service were part way through the induction care certificate for new staff who were completing the workbook. This meant they were following best practice guidelines for new staff.

Two staff members told us they felt they received sufficient training to undertake their roles. Staff files and the training matrix showed staff were trained in subjects like the MCA, DoLS, first aid, food safety, moving and handling, infection control, safeguarding, medicines administration and fire awareness. Staff were also encouraged to complete training in health and social care such as a diploma or NVQ. Some staff had completed training in mental health care, administration of specific medicines or specialised care such as for diabetics.

Two staff members told us they felt well supported. One staff member told us he was going to complete nurse training and the service were supportive of this. We saw in staff files that supervision was regular and that staff could bring up topics they thought were important to them as well as management discussing their performance. We observed the staff interaction with each other and managers. There was a good amount of discussion and advice given during the day. Staff passed on information to each other which helped them care for people who used the service.

We saw that people had access to other professionals with support from staff if they wished. People were supported to attend hospital appointments to see psychiatrists or other mental health staff or routine appointments such as opticians and dentists. We also noted that professionals also visited people in the care home. Visits were recorded in plans of care.

We saw that electrical and gas equipment was serviced. This included portable appliance testing, the fire system and emergency lighting.

Good

Is the service caring?

Our findings

One person who used the service said staff were kind and caring. Staff were professional but there was also light hearted conversation and banter.

People who used the service and staff set goals for targets such as independent living or the self-medication of medicines. They also asked people who used the service what they felt they had achieved regularly to encourage improvement in all areas of their life. This could be for items like trying out a new activity, managing their finances, keeping their house clean or going out alone. This showed the service cared for people's achievements and encouraged independence.

We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were very personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. People were also asked about their personal goals and support was provided to attain them.

Visitors were welcomed into the home at any time. However, it was part of the recovery program for people to go out and mix socially. Dependent upon their current situation people were encouraged to go to see their family members and if this worked out stays could be for a longer period.

People were also supported to access the community. Staff would support them to attend college or go out for a meal or to the gym. This meant people were assisted to learn the skills to mix with others in a social setting.

Although personal care did not include much assistance with washing and dressing we did not see or hear any breaches of privacy during the inspection. Staff were also taught about privacy, dignity and confidentiality but were aware of when information should be shared to other staff or agencies.

We saw that any support or advice was aimed at helping people maintain their independence and prepare people who used the service to integrate back into the community, although this could take some time.

Good

Is the service responsive?

Our findings

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

The admissions process may take several weeks with professionals from all the organisations involved in the process. The visits became more frequent and included short stays and then a weekend. This ensured staff and the person involved was ready for the move and wanted to try life in the care home.

We looked at three plans of care. The service called them recovery plans because the aim was for people to eventually become independent. We looked at three recovery plans during the inspection. The plans were individual to each person and people who used the service signed and agreed to the recovery plan. This was essential because people had to agree to not take illicit substances or over use alcohol and take their medicines. Any breach of these agreements could affect their recovery.

The recovery plans showed what level of support people needed and how staff should support them. The plans and goals were reviewed regularly which gave the person the opportunity to say how they felt they were doing and if any amendments needed to be made. The recovery plans were divided into different headings around the person's support for example financial management, life skills such as cooking, medicines management and health and physical needs.

Where people needed extra support they were enrolled on courses such as 'love food hate waste', cooking for people with diabetes and stress management. Sometimes staff were enrolled on the same courses as people who used the service. The recovery plans also highlighted group or individual therapies.

There was a record of what people wanted to do and where they liked to go. Activities could be individual, for example, to the local Gym or using a computer in the library. There were also group activities held in one of the rooms at the main home (Almond Villas). There were photographic records of where people had been such as Blackpool, London, Edinburgh or for walks and to places of interest. Group activities included people from all three houses and there was a lot of interaction between people who used the service from Lancaster House, Pritchard Street and Almond Villas.

Activities people liked to attend included going out for a drink or meal, to the gym, food shopping, life skills training, going out to places of interest like a market, visiting friends, personal shopping, family visits, going to football matches, attending therapy groups, cooking, cleaning, 1 – 1 support sessions, voluntary work, creative arts and attending college. There was information for people to attend MIND workshops and special events such as at Christmas.

One person attended church. People were given the opportunity to follow their religion of choice if they wanted to.

People were encouraged to attend courses to gain employment. There were also activities that allowed people to get involved in the local community. One project was around a community allotment scheme. People learned how to garden but part of the aim was to get people to mix and socialise.

If it was deemed appropriate people who used the service may mentor other people accommodated at the home to settle in or attend activities or courses. The 'mentors' were given support and guidance to fulfil the role. This helped new 'residents' learn how the service operated in a less formal setting.

A person who used the service did not have any concerns. There was a suitable complaints procedure located in the building for people to raise any concerns. Each person also had a copy in their rooms. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch.

People did not have any concerns or complaints. People were confident staff would respond to any concerns they may have.

The service held regular group meetings with people who used the service. Topics included Birthdays, leave and visiting families, shopping trips, activities, achievements, encouraging participation in groups and activities and all people had the opportunity to voice their ideas. We saw that there were some different activities provided following one meeting which showed the service listened to people who use the service.

Good

Is the service well-led?

Our findings

Two staff said managers were supportive and regularly available to talk to. Management were available to offer support and guidance to staff.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw from looking at records that the manager conducted regular audits to check on the quality of service provision. These included infection control, medicines administration, care plans, cleaning rotas and accidents and incidents. The registered manager used the information to spot any trends and reduce risks.

Policies and procedures we looked at included complaints, medicines administration, health and safety, mental capacity, safeguarding, infection control and the whistle blowing policy The policies we inspected were reviewed regularly to ensure they were up to date and provided staff with the correct information.

We saw that the registered manager liaised well with other organisations and professions. This included social services, the health authority, community psychiatric nurses and social workers. Meetings may be held at any one of the three homes and professionals were asked to leave their opinions. We saw that comments made were very positive and showed staff welcomed and gave good support to visiting professionals. The registered manager audited the system to see if they were providing a good service when professionals visited.

Staff told us they attended a staff handover meeting each day to be kept up to date with any changes. This provided them with any current changes to people's care or support needs.

There was a recognised management system staff were aware of and always someone senior to be in charge for staff to go to.

Most staff had worked at the service for some time which meant they knew the people they looked after well.

The service had recently changed ownership and some initial anxiety had been felt by staff and people who used the service. The registered manager asked people and staff at Lancaster House and Pritchard Street what was important for them to ensure the identity and ethos of the service was not lost. We saw comments from people who used the service included, "It's like having your own home. Good food. I like the staff who make me feel warm", "Staff are helpful and kind", "They fill your days with activities", "Staff provide a good service and activities", "It's a safe place to live and staff keep us busy and happy", "A fresh lease of life with good friends in the community. I am developing skills. They are nice staff", "I am in support to organise my life with positive life intentions", "Happy days here. Staff and managers are approachable", "The support

here will help me to move on and live my life independently in my own property", "I am looked after, they are good staff, good food, it is warm, happy and comforting" and "There is a homely environment with great support from staff and the manager".

Staff commented, "It's been part of my life here for twelve years. I enjoy working with staff and residents. We all work as a team", "There is a good structure and open door management", "All staff are committed to doing their best for residents", "All ideas are listened to and supported", "Everybody has a voice. Staff and the people who live here listen to each other", "We get useful training", "Staff work towards resident's goals" and "The best thing here is the personal touch. We follow person centred values." The views of people and staff were important to pass to the new company to ensure the continuity of care and minimise unsettling changes.

Staff told us they had regular meetings to air their views. We saw from the agenda that topics included activities, personal support plans, cooking support, the new walking group, staff recruitment, health and safety, medicines updates and menu planning for cooking groups. Staff can bring up topics of their own at the meetings.

Although there had not been any complaints there was a system to analyse concerns, incidents, accidents and compliments to ensure the service took account of any trends and could respond in a positive way.

The service sent out annual quality assurance surveys to obtain the views of people who used the service. We noted the results were positive and reflected the current views of people who used the service. This is the first time the service had been rated under the new inspection approach. The registered manager was aware that the ratings must be displayed in a prominent place at the home.