

Blackburn & District Supported Housing Limited

Grantham Street

Inspection report

35 Railway Road
Blackburn
Lancashire
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Tel: 01254668834

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31 January 2018

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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

We carried out an announced inspection of Grantham Street on 30 and 31 January 2018.

This service provides care and support to people living in two 'supported living' settings, 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 care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of the inspection, there were nine people using the service.

At the last inspection on 23 September 2015, the service was rated as 'Good'. During this inspection, we found the service remained 'Good'.

People using the service said they felt safe and staff treated them well. Appropriate recruitment checks took place before staff started work. There were enough staff on duty and deployed throughout the service to meet people's care and support needs. Safeguarding adults' procedures were robust and staff understood how to safeguard the people they supported from abuse. People's medicines were managed appropriately and safely.

Staff had completed an induction when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the principles associated with the Mental Capacity Act 2005 (MCA) and acted according to this legislation. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There were appropriate arrangements in place to ensure people were supported to follow a healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. We observed staff had a good relationship with people and supported them in an attentive and unhurried manner. People using the service and their relatives, where appropriate, had been consulted about their care and support needs. Support plans and risk assessments provided guidance for staff on how to meet people's needs. People were supported to participate in activities that were personalised and meaningful to them. We noted people participated in a wide range of activities and had a weekly activity planner to help them structure their time.

People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

All people and staff told us the service was well managed and operated smoothly. The registered manager provided leadership and took into account the views of people, their relatives and staff about the quality of care provided. The registered manager used the feedback to make improvements to the service.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

Grantham 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Grantham Street on 30 and 31 January 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we reviewed information that we held about the service such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's quality assurance team.

During our inspection, we visited people living in the two settings, support by the service. We spoke with five people using the service, the team leader, the registered manager and the nominated individual, who was also a relative.

We reviewed a range of records about people's care and how the service was managed. These included three people's care files, five people's medicines records, staff training records, one staff recruitment file, staff supervision and appraisal records, quality assurance audits, meeting minutes, a sample of policies and procedures, accident reports and records relating to the management of the service.

Is the service safe?

Our findings

People using the service told us they felt safe and were satisfied with the care and support they received. One person said, "The staff are very good" and another person commented, "It's a good place to live." We observed that people were relaxed and comfortable in staff presence.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. We found there was an appropriate safeguarding policy and procedure in place and information was displayed on the wall in the staff sleeping in room. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of actual or suspected harm and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff said they had completed safeguarding training and records of training confirmed this. Staff told us they had received additional training on how to keep people safe, which included infection control and health and safety. There was also a whistle-blowing procedure available and staff said they would use it if they needed to.

We noted there were systems in place to help people manage their finances. We saw records were kept of all financial transactions made on behalf of people and receipts were retained as appropriate. The management team checked the financial records and the balance of any monies held on a daily basis. We saw evidence of the checks during the inspection.

The provider employed sufficient staff to keep people safe and meet their support needs in a timely way. We saw the service had a rota, which indicated which staff were on duty during the day and night. This was updated and changed in response to staff absence. The staffing rotas confirmed staffing levels were consistent across the week. Staffing levels were flexible and alterations were made in line with changes in people's needs and activities. Staff spoken with confirmed they had ample time to support and care for people.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure, which reflected the current regulations.

We looked at how the provider assessed and managed risks to people's health and well-being. We found individual risks had been assessed and recorded as part of people's care documentation and management

strategies had been drawn up to provide staff with guidance on how to manage any risks in a consistent manner. The risks assessed were broad and wide-ranging and included such areas as moving and handling, the use of equipment, personal care and activities both inside and outside the service. Records showed that risk assessments were reviewed and updated on a regular basis to ensure they reflected people's current needs and wishes. We saw records to demonstrate the registered manager had also assessed generic risks for instance the use of hazardous substances, lone working and slips, trips and falls.

We saw records to indicate the equipment used by people was serviced at regular intervals. Personal emergency evacuation plans (PEEPs) were in place for people using the service. This meant staff had clear guidance on how to support people to evacuate their home in the event of a fire. The registered manager had devised a business continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

There were appropriate arrangements in place to record and investigate any accidents and incidents. We looked at the accident records and noted that apart from one minor accident experienced by a person using the service, all other records related to staff.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff were provided with a supply of personal protective equipment (PPE) and this was used in the delivery of personal care.

We reviewed the arrangements in place for supporting people with their medicines. Guidance for staff on how to support people with medication was included in the care plan as necessary, along with information on the management of any risks associated with their medicines. We noted there were written procedures in place for the management and administration of medicines prescribed "as necessary". Appropriate records were maintained for the administration of medicines.

All staff had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. We saw records of the staff training and competency tests during the inspection. Staff had access to a medicines policy; however, this was brief and lacked detail. We discussed this issue with the registered manager, who updated and reviewed the policy during the inspection. The team leader told us they carried out a check of medicines on a weekly basis to check records and stock levels. However, the checks had not been recorded. The team leader devised a template to record all future checks and audits during the inspection.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person told us, "The staff are nice. I like them all. They are very friendly."

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.

We checked whether the service was working within the principles of the MCA. We found the registered manager and staff had a clear understanding of their responsibilities under this legislation. Staff were able to give examples of how they supported people to make decisions and how they involved people in all aspects of their care. Staff also understood the need to ask people for consent before carrying out care and confirmed this was part of usual practice. We noted the service had policies and procedures on the MCA and staff had received appropriate training. We saw that all people had been assessed as being able to make decisions about their care by the social work team.

Before a person started to use the service, the registered manager undertook a thorough assessment to ensure their needs could be met. We looked at a completed assessment and noted it covered all aspects of the person's needs. We noted detailed arrangements had been made to help with the person's transition into the service. This had ensured the person was able to make the decision to move at their own pace. We spoke with the person during the inspection and they told us they were very happy to move into the service.

There was a stable staff team at the service who had a good knowledge of people's needs. Staff were able to tell us about how they cared for people to ensure they received effective care and support. From the staff training records and discussions with staff we noted they had completed training relevant to their role and responsibilities.

All staff completed induction training when they commenced work with the service. This included an initial induction, familiarisation in the organisation's policies and procedures, the provider's mandatory training and where appropriate the Care Certificate. The Care Certificate is designed for staff who are new to a care setting and is an identified set of standards which health and social care workers adhere to in their daily working life. The registered manager explained that new staff shadowed experienced staff for six weeks to become familiar with people and their needs.

There were established systems in place to ensure all existing staff received regular training, which included, safeguarding, confidentiality, communication, moving and handling, medicines management, health and safety, food hygiene, first aid, infection control, Mental Capacity Act 2005 and dignity and respect. Specialist

training was accessed by staff to support specific needs, for instance catheter care. Staff confirmed they had regular training and that courses were refreshed on a regular basis. We saw the staff training records during the inspection and noted staff were up to date with their training. The registered manager had systems in place to ensure all staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us the training was beneficial to their role. One member of staff told us, "The training is very good, it covers everything we need to know."

Staff confirmed they were provided with regular supervision and they were well supported by the management team. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a range of topics had been discussed. Staff had also received an annual appraisal of their work performance.

We considered how the service used technology and equipment to enhance the delivery of effective care and support. We noted where people were at risk of falls they were supported by the use of sensor mats and bed movement sensors. Computer tablets were used to help people with activities and keeping in touch with their families. We also noted battery packs had been fitted to wheelchairs to assist when going up hills and a smart watch had been used to help monitor a person's sleep pattern.

People were supported to maintain a balanced diet. We noted people's care plans and risk assessments gave staff guidance on how to support people with their nutrition and hydration needs. People were consulted on a daily basis about what they wished to eat. People were involved in the shopping and preparation of the food as appropriate. Significant arrangements had been made to fully cater and understand one person's cultural dietary needs. Staff sought guidance from a speech and language therapist where people needed more specialist support. People had access to other health and social care professionals, and their care plans indicated the support people needed to stay healthy. Records confirmed people had access to a GP, dentist, chiropodist and an optician and were supported to attend appointments when required.

The registered manager and team leader supported people when they attended specialist medical appointments. They described how they had advocated for people during healthcare consultations to ensure they received appropriate and proper treatment.

Is the service caring?

Our findings

People told us the staff always treated them with respect and kindness and were complimentary of the support they received. One person told us, "The staff are very nice. I can talk to them about anything" and another person commented, "I like all the staff and I like living here." Similarly, a relative spoken with praised the approach taken by staff, they said, "The staff are fantastic. My [family member] and the other tenants are all very well looked after."

During our time spent in the service, we observed the registered manager and staff interacted with people in a caring and sensitive manner. We saw that people were respected by staff and treated with kindness. The atmosphere was calm and cheerful and people were being assisted by members of staff in an attentive and unhurried way.

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people's independence and choices. One member of staff told us, "We encourage people to do as much for themselves as possible as it builds their confidence." This approach was reflected in people's comments, for instance one person said, "The staff are good and know I like to do things for myself." The registered manager also explained one person had been supported to complete a half marathon and another person had been provided with intensive support in order to gradually develop their confidence in social settings.

The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care plans. People were seen to be comfortable and at ease with the staff who supported them. Staff spoken with talked with warmth and affection about the people they were supporting. One member of staff told us, "It's a lovely place to work. The people we support are like a second family. I feel very lucky to do this job and I wouldn't want to work anywhere else."

People were involved in decisions about their care and their views were taken into account. People were familiar with their care plans and confirmed they had discussed the plans and needs with staff. This told us people's comments were listened to and respected. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions.

We saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind and respectful way. They recognised people's diverse needs and equality and diversity issues were sensitively covered in people's care plan documentation. Further to this, we noted the registered manager had made arrangements to meet with a representative from a local multicultural centre to seek support for a person using the service to attend weekly prayers. The representative told us they were impressed with the adjustments the registered manager and staff team had made to ensure the person's needs were met.

All people spoken with told us the staff respected their rights to privacy. People had private space in their bedrooms and doors were fitted with appropriate locks. There were policies and procedures for staff about

upholding people's privacy and confidentiality.

People were able to express their views on an ongoing basis, during daily conversations, care plan reviews, tenant meetings and customer satisfaction questionnaires. People were given information on the service in the form of a 'Tenants Charter'. This set out people's rights and what they could expect from the service. The registered manager was aware of advocacy services and contact details were available. Advocacy services are independent from the service and provide people with support to enable them to make informed decisions. At the time of inspection, there was no one in receipt of these services.

Compliments received by the registered manager highlighted the caring approach taken by staff. We saw several messages of thanks from families. For instance, one relative had written, "To all the wonderful staff who looked after [family member] so well. You are the best."

Is the service responsive?

Our findings

People told us the staff listened to them, and gave them time to express their views and preferences about the way their care was delivered. One person told us, "All the staff are fine. They are good people" and another person commented, "I can't complain about anything here. I like living here."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined three people's care files and other associated documentation. We noted all people had an individual care plan, which provided staff with guidance on how best to meet people's needs and preferences, a person centred plan, which was completed with people using the service and a personal plan profile, which set out people's objectives and goals. The plans were comprehensive and covered all aspects of people's needs and wishes. The registered manager explained that she also had plans to introduce a new "Life Star" care plan. This was a care planning tool designed to work with people in a visual way to monitor and measure progress and change.

There were established arrangements to carry out an overall review of the care plan documentation once a year with interim reviews every three months, unless people experienced a change in need or circumstance. We saw documentary evidence of the reviews during the inspection and noted people had been involved in the process.

Staff spoken with told us the care plans were useful and they referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also confirmed there were systems in place to alert the management team of any changes in needs. We noted the management team were on call 24 hours a day and worked flexibly alongside staff according to people's needs and appointments.

Staff completed a detailed record of the care on a daily basis, which included information about people's diet, well-being and activities. This enabled staff to monitor and identify any changes in a person's well-being. We looked at a sample of the records and noted people's needs were referred to in a respectful way.

People were supported to take part in meaningful activities and to engage with the local community in line with their interests and preferences. People were encouraged to talk about what interested them and staff helped them develop a weekly activity plan. We looked at people's activity plans and noted they participated in broad range of activities including bowling, walking, swimming, shopping and going out for meals. They also attended local community and activity centres. In addition, we noted one person was a volunteer at a nearby hospice and at a hairdressing salon and three people had season tickets for their favourite football team. People also attended local churches and were offered the opportunity to go away on holiday twice a year.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can

access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed the complaints procedure and tenants' charter was available in different font sizes to help people with visual impairments. We found there was information in people's care plans about their communication skills to ensure staff were aware of any specific needs. The registered manager also explained that staff spent time with people and read out information to allow them to ask any questions. We noted a computer tablet was used as an additional visual communication aid.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. The registered manager told us she had received one complaint in the last 12 months. We saw records to demonstrate the complaint had been investigated and resolved.

Since the last inspection, the registered manager and the staff team had supported a person receiving end of life care. The registered manager explained that the staff completed a specialist training course so they were able to meet the person's needs in their own home.

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the home. One person told us, "[The registered manager] does a very good job. I see her every day" and another person commented, "I like [registered manager]. She sorts things out."

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

The registered manager had responsibility for the day-to-day operation of the service and was visible and active within the tenancies. People were relaxed in the company of the registered manager and it was clear she had built a good rapport with them. During the inspection, we spoke with the registered manager about the daily operation of the service. She was able to answer all our questions about the care provided to people showing that she had a good overview of people's needs and preferences.

The registered manager told us she was committed to the on-going improvement of the service. At the time of the inspection, she described her achievements over the last 12 months as developing the staff team's knowledge of autism, the successful integration of new tenants and becoming a multicultural organisation. The registered manager also described her development plans over the next 12 months, which included reviewing all policies and procedures and introducing the Life Star care planning tool. The registered manager had also set out planned improvements for the service in the Provider Information Return. This showed us she had a good understanding of the service and strove to make continual improvements.

Discussions with staff and people showed there was an inclusive, open and transparent culture in the service. Staff spoken with said they were encouraged to speak about practice issues in team meetings and supervisions. Staff made positive comments about the management team and the way they managed the service. One staff member told us, "They are the best managers I have ever worked for. They are readily available and approachable."

The registered manager used a range of systems to monitor the effectiveness and quality of the service provided. This included a schedule of audits of the health and safety arrangements, incidents and accidents, staff training and staff supervisions, and infection control. These checks were designed to ensure different aspects of the service were meeting the required standards. We noted the audits included action plans where any shortfalls had been identified and the actions were monitored and reviewed to ensure they were completed.

People were asked for feedback on the quality of the service. This was achieved by means of daily conversations, meetings and satisfaction surveys. The last satisfaction questionnaire had been distributed in June 2017. We noted all respondents indicated they were satisfied with the service. Staff completed questionnaires about their role and the operation of the service prior to their supervision meetings.

We looked at how the service worked in partnership with other agencies. We found arrangements were in place to liaise with other stakeholders including local authorities, the health authorities and commissioners of service. There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding teams.