

B.L.I.S.S. Residential Care Ltd

Quayside

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:

Quayside is a 'care home' which can accommodate up to eight people in one adapted building. At the time of inspection, there were eight people living at the service at time of inspection, who had care needs associated with their mental health conditions

People's experience of using this service:

People were encouraged to manage risks in relation to their health and wellbeing in a positive and supportive way. People were protected against the risks of suffering abuse or avoidable harm and there were safe systems in place around medicines, infection control and recruitment of staff.

People received personalised care and were involved in the planning and reviewing of their care.

Assessments of people's needs ensured they received appropriate support around their healthcare and nutrition.

People were encouraged to build their skills and become more independent in their everyday lives. People were supported to have maximum 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.

There were enough staff in place who were caring and knowledgeable about their role. People were treated with dignity and respect and staff respected their right to privacy.

The leadership of the service was strong. The registered manager understood their role and sought to make continuous improvement through monitoring the quality of the service. The provider had established good links with other stakeholders to help ensure people had access to the right services and support.

The home has been rated Good overall as it met the characteristics for this rating in all five of the key questions. More information is in the full report, which is on the CQC website at: www.cqc.org.uk

Rating at last inspection:

The service was rated good at our last inspection (published 6 December 2016)

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.

Quayside

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Quayside is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

This inspection was unannounced.

What we did before the inspection:

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. We also reviewed previous inspection reports and notifications about significant events at the service sent by the provider.

During the inspection

We spoke with two people who were able to give us limited feedback about their experience of receiving care. The other people declined the opportunity to speak to us. We spoke with the registered manager and four care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including, policies, audits and risk assessments.

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.

Assessing risk, safety monitoring and management

- People were protected from individual risks in a supportive way, which promoted their safety.
- People's care plans contained detailed guidance around behavioural support. This detailed strategies to support people to manage their anxieties and provided staff guidance to de-escalate situations and reduce risk further.
- People were encouraged to identify and manage risks around their own anxiety and behaviour. This helped people to develop strategies to cope with potentially stressful situations. Staff were knowledgeable about these strategies and encouraged and reinforced their use.
- Risks associated with the environment such as fire safety were assessed and mitigated. For example, each person had a personal evacuation plan in place. This detailed the support they would need to leave the building in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- The provider's safeguarding policy was developed in line with guidance from the local authority.
- Staff received training in safeguarding adults. This training helped them recognise the signs and actions to take in the event a person suffered abuse or avoidable harm. Where concerns had been raised about people's wellbeing, staff took appropriate action by contacting relevant safeguarding authorities. This helped to keep people safe.
- People were given guidance and support about how to stay safe in the community when accessing independently. This included advice about preventing exploitation.

Staffing and recruitment

- There were enough numbers of staff in place to meet people's needs.
- Staffing levels were determined by people's individually commissioned hours.
- Staffing rotas were arranged to fit around people's daily activity or appointments. Staff sat with people to plan out their upcoming week, determining when they would need staff support and where they could access activities independently.
- The provider had robust recruitment checks in place to assess new staff's skills, work experience and professional conduct. This helped the provider assess their suitability for their role.

Using medicines safely

- The provider had safe procedures in place for the management, administration and storage of medicines.
- Medicines were stored securely. Staff monitored the temperature of storage areas to ensure medicines were stored in line with manufacturer's guidelines.

- Where people were prescribed PRN (as required) medicines, additional guidance was in place for staff about when and why these should be given. This guidance had been developed in partnership with health and social workers involved in people's care.
- The provider worked to minimise the use of PRN medicines, to ensure they were only administered after all other positive behavioural strategies had been tried.

Preventing and controlling infection

- The home was a clean and hygienic environment.
- Staff were designated cleaning duties as part of their role.
- Staff had access to personal protective equipment such as disposable gloves and aprons when supporting people with their personal care.

Learning lessons when things go wrong

- The registered manager documented any incidents that took place. They periodically reviewed these reports to identify triggers and strategies to avoid reoccurrence. These measures had been effective in learning from incidents to promote people's safety.
- In one example, after an incident, the registered manager had introduced a policy where all visitors would be required to show photographic identification to staff. This included professionals and members of the public. This helped protect people from the risk of exploitation from undesirable people entering the home.

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

- The registered manager made initial assessments of people's needs before admission to the home. This included speaking with people about their care needs and reviewing assessments from relevant professionals, such as social workers. This information helped to formulate people's care plans.
- The provider used a range of best practice models in mental health care planning and assessment. These included Recovery Star and Wellness Recovery Action Plan (WRAP). The Recovery Star, developed by the Mental Health Providers Forum, is a tool which enables people to measure their own recovery progress, with the help of staff. WRAP is a symptom monitoring, crisis planning and self-help mental health recovery programme. This demonstrated that people's care was personalised right through from planning, delivery to review.

Staff support: induction, training, skills and experience

- Staff received appropriate training, ongoing support and supervision in their role.
- New staff received training in line with The Care Certificate. This is a nationally recognised set of competences relevant to staff working in social care. The provider consulted best practice guidance to ensure that staff received appropriate training updates.
- Staff also received training which was specific to people's needs. This included; mental health awareness, diabetes, epilepsy and management of challenging behaviour.
- The registered manager regularly met with staff to review their working performance and set objectives for their professional development. This had been effective in supporting staff to take on more responsibility and seniority within their role.

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

- People told us they were happy with the support they received around their nutrition. One person said, "I can eat whatever and whenever I like."
- People's dietary preferences and requirements were identified in their care plans. Some people were able to prepare food and eat independently, whilst other people required support from staff.
- The use of the kitchen and equipment was risk assessed to ensure people were only able to use it if it was safe for them.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked in partnership with professionals from health and social care and other stakeholders to meet people's needs.
- When completing assessments of people's needs, the registered manager referred people appropriately to

professionals, including mental health professionals when additional needs were identified.

- The registered manager had established positive working links to local community police. They had arranged for police officers to come to the home to give talks and offer people advice about safety in the community.

Supporting people to live healthier lives, access healthcare services and support

- People had access to regular healthcare appointments as required. This included dentists, doctors, opticians and chiropodists.
- Where professionals made recommendations, these were incorporated into people's care plans.
- The provider supported people to be attended by doctors when they became unwell. These quick interventions meant that people received timely medical support to treat illnesses.

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

- The home was suitable for people's needs. Each person had their own private bedroom and there was a choice of communal spaces available.
- The provider had installed CCTV around the exterior of the building. This was to help ensure the registered manager could monitor the use of the garden by members of public. This helped to ensure the garden was available solely for the use of people living at the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that nobody living at the service met the threshold where these safeguards would be appropriate. The registered manager understood their responsibilities in this area and told us they would make the appropriate referrals should they be needed.

- Staff understood the need to gain appropriate consent to people's care. One person said, "The staff always ask me (when offering care)."
- Where people had capacity to make key decisions around their care and wider lifestyle, staff understood their right to make 'unwise choices'. However, they worked with people to help them understand the implications of these choices and how they could affect their safety and wellbeing.
- The registered manager told us the process they would follow if a person lacked the capacity to make an informed decision about their care. These actions were in line with the MCA.

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

- Staff knew people's backgrounds, likes and preferences. People were allocated their preferred staff who met the requirements of their needs. For example, some people preferred male staff, whilst other people required staff who could drive. This demonstrated that the provider made adjustments to ensure people were supported by the right staff.
- Staff were receptive to people's needs. They adapted their approach according to who they were supporting and how that person was feeling. For example, some people enjoyed engaging with staff in humour, whilst other people required comfort and a more patient approach. One member of staff told us, "You adapt and change how you support people, it keeps you on your toes."
- Staff had received training in equality and diversity. There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristics identified in The Equality Act (2010). There were examples where people had been supported appropriately in line with their protected characteristics to ensure they received the right support and access to appropriate services.

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

- People were encouraged to participate in the development of their care plans and guide staff about how they wished to be supported. The registered manager worked with people upon admission to identify key aspects of how they wished to be cared for. Staff met with people on a regular basis to review their care plans and give them the opportunity to make changes.
- People were encouraged to decorate and personalise their own rooms and asked for their views on communal areas with regards to decoration and furniture.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. People had keys to their own bedrooms and staff were conscious that these were people's private spaces. People were given privacy when they wanted to make personal phone calls and staff ensured any personal mail was delivered to people for their own private review.
- People were asked to complete 'permission to share' agreements. These identify people's preferences about how their personal data was stored and the external professionals they were happy for the provider to share this with. These agreements were completed with people to help ensure they fully understood what these agreements meant.
- People were supported to be as independent as possible. People were free to come and go from the service as they pleased, spending their time following their own individual pursuits. People also made

voluntary agreements about times they returned to the home when they were out independently. This helped to ensure staff could account for their safety and wellbeing.

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 care plans detailed their physical and mental health needs, personal care preferences and preferred daily routines.
- The provider had systems in place to monitor and continually assess people's mood, anxiety and behaviour. The registered manager analysed daily care recordings made by staff, which helped them to identify patterns and triggers to people's behaviour. This system had helped inform changes to staffing arrangements.
- Staff planned care and support in partnership with people. Care plans showed staff held regular reviews with people to assess their needs and make any necessary changes.

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.

- The provider complied with the Accessible Information Standard. The registered manager assessed people's communication needs to ensure that information was presented to people in a format which they understood.
- Information was shared with people in a range of formats. This included display boards and documentation in simplified language or pictorial prompts. Staff spent time with people to go through information to ensure they understood it and could ask questions if required.

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

- People were encouraged to identify aspirations and set goals towards meeting them. The registered manager had developed a life skills programme, which supported people to progress towards this. The programme involved setting and reviewing goals with staff, working towards an overall life skills based objective. This had helped people to secure voluntary work or participate in local charity events.
- The provider had a proven track record of supporting people to move onto more independent living settings. Over the past six years, staff had successfully supported six people to move onto alternative accommodation placements after living at the service. This demonstrated that the provider invested in people's potential and championed the development of their skills.
- People were supported to maintain contact with friends and family. Visitors were welcome into the service and encouraged to participate in communal meals or activities.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint. One person said, "If I'm not happy I will talk to staff." The provider gave people a service user guide. This included details of how they could make a complaint and how it would be investigated and responded too.
- People were assigned a keyworker. Their role was to build a trusting relationship with people to help enable them to feel comfortable about raising issues or concerns.
- The provider had a formal complaints policy. Records of complaints received demonstrated that the registered manager handled these concerns in line with the providers policy.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who needed care at the end of their life.
- The registered manager told us they would consult people, families and other stakeholders to develop an end of life care plan for a person, should they require this.

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.

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

- There was a clear management structure in place and staff understood their roles. The registered manager was supported by senior staff, who were delegated duties in relation to the running of the service. The registered manager regular met with senior staff to help ensure they understood the main priorities and performance indicators related to the service.
- The registered manager carried out a series of regular audits to monitor the quality and safety of the service. These audits included, medicines management, health and safety and infection control. The audits had been effective in identifying where improvements could be made to the accuracy of the recording of care documentation.
- The provider's senior management had a good oversight into the quality of the service. The registered manager completed a monthly report and monitoring tool to the service manager. This detailed key details about the quality and safety of the service including, incidents, recruitment needs, safeguarding information and updates about people's health and wellbeing. The service manager visited the service regular to follow up on the report, so they had a good working understanding of the key issues and challenges.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and transparent culture at the service. Staff felt able to raise issues or concerns and felt supported by the management team. Comments included, "The manager is very approachable", and, "The manager always listens to us." The provider had a duty of candour policy in place. This detailed their commitment to be transparent with people when incidents occurred, or things went wrong.
- The registered manager was a role model for people and staff. They understood people's needs and had developed a good rapport with them. They were positive and encouraging in their approach to working alongside staff, delegating key tasks in running of the home to motivate and develop staff in their role.
- The provider had signed up to The Social Care Commitment. The Social Care Commitment, launched by the Department of Health is an agreement between employers and employees, where both sides sign up to commitments to develop skills and knowledge within their workforce. As part of this staff had accessed additional training which enabled them to take more responsibility and seniority in their role. For example, in auditing and chairing staff meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to have their own meetings to discuss things that they would like or need. Staff helped facilitate these meetings and gave feedback to the registered manager about issues people wished to discuss. A recent suggestion from a meeting had resulted in changes in furniture to make communal areas more accessible.
- The registered manager held regular staff meeting, where ideas and areas for improvements were discussed. In recent staff meeting, staff gave suggestions to improve quality of the recording of care documentations. This had resulted in changes to the system the provider used.
- The provider had made links to the local community. This included making links with local business, homeless shelters, neighbours and others who had regular contact with people. This helped to ensure that people's wider networks had a good working relationship with the provider and could contact the registered manager with updates or to share concerns.

Continuous learning and improving care

- The registered manager had recognised that they could make improvements to the provider's 'life skills programme'. These improvements include simplifying how people's goals and aspirations were recorded and measured. This helped people engage with the programme as they could better understand how they were progressing and when they needed additional support.
- The provider welcomed external stakeholders into the service to carry out audits around key areas of the service. This included pharmacy audits and quality audits from the local authority. Audits by the local authority included, meeting people's communication needs and ensuring working practice was as least restrictive to people as possible. The feedback from these audits was positive about the support the provider gave in these areas.
- The registered manager kept abreast of updated best practice guidance in health and social care. They had subscribed to several update services from regulatory bodies and private companies. This included guidance from The Care Quality Commission. The provider was also a member of a local care association. This involved regular meetings with other providers to share best practice and training resources. In one example, the registered had accessed training in the General Data Protection Regulation, which was organised by this provider network. This helped the registered understand the requirements under this statutory regulation .

Working in partnership with others

- The provider had developed very positive working relationships with other stakeholders. This included doctors, health professionals and the police.
- The provider had worked with emergency services to develop shared care plans detailing the protocols to follow in the event people required emergency services. Each person had an individual 'Grab Sheets' which emergency services could easily access if needed. These were developed in partnership with people and gave an overview of their needs. This ensured emergency services staff had an understanding of people's communication and complexities regarding their mental health needs.
- The registered manager kept in contact with key stakeholders to share updates and relevant information where appropriate. In one example, the registered manager had developed a good working relationship with the local police when sharing information about potential risks to people which helped to safeguard them when independently accessing the community.