

William Blake House Northants Blakesley

Inspection report

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Date of inspection visit:
12 June 2018
14 June 2018
15 June 2018

Date of publication:
10 August 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Blakesley is a 'care home' for people with complex learning disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The model of care is based on the Rudolf Steiner principles of providing a spiritually oriented community, supporting people with learning disabilities to continually develop, regardless of disability. Blakesley accommodates up to six people in an adapted two storey building in the centre of a village.

At the time of the inspection there were six people living there. The care service has 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.

We had previously inspected this service in June 2016, at that inspection the service was rated 'Good'. This inspection took place on the 12, 14 and 15 June 2018. The service had remained 'Good' and we found that there were areas which had continued to be improved and have rated the service overall as 'Outstanding.'

The service demonstrated an excellent commitment to providing outstanding care which put people at the heart of everything. The provider and registered manager led and inspired the staff to deliver person-centred care which had achieved consistently outstanding outcomes for people.

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.

Staff continuously went the 'extra mile' to ensure that people lived as fulfilled and enriched lives as possible. They respected people's individuality and enabled people to express their wishes and make choices for themselves. Positive therapeutic relationships had been developed and staff were proud of the support that they had provided to people and the positive outcomes they had observed.

People who demonstrated behaviour that may challenge services received care that was based upon best practice guidelines that met their individual needs and successfully reduced incidents within the home and community.

Staff demonstrated the provider's values of offering person - centred care that respected people as individuals in all their interactions with people. People, their relatives and the professionals involved in people's care consistently told us that the service provided 'exceptional care' to people. People could be assured that they would be supported by sufficient numbers of staff. Records showed that people received their care in the way they needed to maintain their safety.

People were supported to use communication aids and information was provided to people in an accessible format to enable them to make decisions about their care and support.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. People experienced caring relationships with staff and good interaction was evident.

Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. Care plans contained risk assessments which gave detailed instructions to staff as to how to mitigate risks; these enabled and empowered people to live as independent a life as possible safely.

There was a very effective system of quality assurance led by the provider and registered manager that ensured people consistently received exceptional care and support. The people living at Blakesley had an enhanced sense of well-being and quality of life because staff worked innovatively to enable people to have meaningful experiences and to become active members of the local community.

The provider ensured that the service kept up to date with the current best practices and innovative ways to support people through membership of relevant organisations and working with various professionals and agencies. The registered manager and provider continuously looked at ways to improve the service and enhance people's lives. The feedback from the people, relatives and professionals was consistently positive.

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 good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People and their relatives were very involved in decisions regarding their care and support needs. The care plans were highly personalised to reflect people's individual requirements.

Staff had an excellent understanding of people's values and beliefs on how they wanted to receive their care and support to be delivered.

The individual and social activities provided at the service consistently met people's needs and preferences.

People using the service and families were actively encouraged to give their views and raise any concerns or complaints. People's feedback was valued.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

There was a culture of openness and transparency; the registered manager led by example and inspired the staff to provide the best possible person-centred care and experience for people and their families.

The registered manager and provider put people at the heart of everything and were proactive in seeking people's views and experience of their care and support; this enabled them to continually look at ways to improve the service and enhance

people's life experience.

People could be assured that the quality assurance systems in place were effective and any shortfalls found were quickly addressed; there was a constant strive to ensure that standards were maintained.

Blakesley

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 unannounced inspection took place on 12, 14 and 15 June 2018 and was undertaken by two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in April 2018 and we considered this when we made judgements in this report.

We reviewed the information we held about the service including statutory notifications and any safeguarding referrals raised. A notification is information about important events which the provider is required to send us by law.

We also contacted the social care commissioners who monitor the care and support the people receive. We used the information they provided us to inform our planning of the inspection.

As part of this inspection, we spent time with people who used the service and observed their support; this helped us understand their experience of using the service.

During our inspection, we spoke with one person who lived at the service. We spoke with 10 members of staff which included five support workers, a health and safety co-ordinator, a training and development manager, the two registered managers and the provider. We also spoke with two relatives of people using the service.

We looked at records, including two care records, three staff recruitment files, medication administration procedures, staff training plans, and other records relating to the management and quality assurance of the

service.

Is the service safe?

Our findings

People received care from a highly motivated team of staff who strived to provide consistent safe care and support. Risks to people had been assessed; we saw that care plans and risk assessments were in place. Staff could describe to us how they provided the care and support people needed to keep them safe. Records included clear instructions to staff as to how many staff were needed to provide support to individuals and how best to support people who had behaviours which could be challenging.

We observed that people looked relaxed around the staff. Relatives told us they were confident that their loved one was cared for safely and had no concerns. We read one comment from a family 'Our [relative] is extremely well looked after in every aspect of their life.'

The recruitment process ensured staff were suitable for their role and staffing levels were responsive to people's individual needs. Staff were identified to work with certain people and took a lead in their care. This gave people consistency and staff could develop positive therapeutic relationships with people.

The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. We saw that where any issues around safeguarding had been raised that the registered manager had taken the appropriate steps to report them.

Notifications had been submitted to the Local Safeguarding Authority and the Care Quality Commission. Safeguarding investigations undertaken by the provider had been completed in a timely way and, appropriate action had been taken.

People could be assured that they received their prescribed medicines on time. The medicines management system in place was clear and consistently followed. We saw from medicine administration records that people had received their medicines on time, and they were administered correctly and within the agreed timescales.

People were protected by the prevention and control of infection. We saw that communal areas of the service were clean and tidy. People were supported and encouraged to keep their bedrooms clean. Staff were trained in infection control, and had the appropriate personal protective equipment to prevent the spread of infection.

The service understood how to record and report incidents, and used information to make improvements when necessary. Staff meetings and handovers were used to address any problems and discuss any learning points and actions required.

Regular health and safety checks were made, such as fire alarm testing and equipment checks. An annual health and safety audit was undertaken by an external consultant.

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to support people with complex needs. Training was based on up to date guidance and best practice and followed the Rudolf Steiner principles of providing a spiritually oriented community, supporting people with learning disabilities to continually develop, regardless of disability.

The Staff told us that the training was very good. One member of staff said, "We have just finished Makaton training which has helped us improve our communication with some people." Another said, "The registered manager is very good making sure we are all up to date with our training."

Staff told us and records we reviewed confirmed that staff had regular supervision and annual appraisals. One staff member said, "We can have supervision whenever we need, we are very well supported here."

People were encouraged to make decisions about their care and their day to day routines and preferences. We observed staff offering people choices using various communication methods. For example, using objects and pictures and verbally checking with people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's capacity to consent to their care and support had been assessed by the provider and their relatives and the professionals involved in coordinating their care and appropriate authorisation under DoLS had been sought.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. There was a strong emphasis on the importance of leading a healthy lifestyle, eating organic food and eating a varied, balanced diet. Mealtimes were social events, the people using the service and staff ate their meals together. People using the service helped to grow their own seasonal vegetables and collected the eggs from the hens they kept. They were supported and encouraged to assist in preparing meals.

People had regular access to healthcare professionals and other holistic therapists. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. One relative told us, "At the first sign of any changes in health they contact the GP, the staff keep a very careful eye on people's health."

Is the service caring?

Our findings

People looked relaxed and happy around staff and there was a warm and homely atmosphere around the service. Families expressed how happy they were with the care and support their loved one received. One relative said, "The service is excellent, they are well looked after; I trust them to look after [relative]." We read a comment from one family 'Our [relative] has very challenging behaviours at times, they manage to deal with this in a very caring and diligent manner. The well-being of all the people are given top priority.'

We observed staff supporting people who, due to the complexity of their needs could not easily communicate their needs. It was very evident the staff knew people well and responded to their behaviour and actions ensuring they got the support they needed. For example, when a person who had limited verbal communication made specific noises and sounds the staff responded by pointing to various objects and talking to the person to gain acknowledgement of what they wanted. The staff were very patient and there was a lovely sense of care for people.

There was a person-centred approach to everything the service offered and people were treated with dignity and respect. People were supported to maintain their privacy when they were unable to do so independently. We saw that staff knocked before they entered a person's room and staff described to us how they protected people's dignity. Consideration was given to whether people preferred male or female support workers and if they were unable to express a wish, decisions were taken which protected people's dignity.

The provider and registered manager were committed to ensuring that they had the right staff with the right approach and understanding to meet people's individual needs. People had a core group of support workers that supported them on a daily basis and this further facilitated people and staff to develop caring relationships together. Staff readily volunteered to cover extra shifts if needed to ensure that people knew the staff that supported them.

People were encouraged to make choices for themselves and the staff felt empowered to support people to try different experiences. For example, one person had recently tried trampolining for the first time. Their relative told us they were pleased that they were given opportunities to try new things but were not coerced to continue if they did not want to.

Care plans contained detailed information to inform staff of people's history, likes and dislikes, their preferences as to how they wished to be cared for and their sexual, cultural and spiritual needs. People's individuality was respected. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Family and friends were welcomed at any time. One relative told us that their loved one telephoned them each week, which assured them they were happy living at Blakesley.

People had access to an advocate to support their choice, independence and control of their care. The

provider had recognised the need to have an independent advocate for people when decisions about people's care were being made. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive and when they are unable to speak up for themselves the advocate will represent them to ensure any decisions are made in their best interests.

Is the service responsive?

Our findings

People had person-centred care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.

The people living at Blakesley had multiple and complex needs and staff needed to understand how people communicated and expressed themselves. There was information about each individual's communication methods, which from our observations staff knew and fully understood. We saw staff communicating with people using pictures and gestures, responding to individual sounds and using a computer to engage in conversation with people.

The person-centred plans enabled staff to interact with people in a meaningful way and ensured that people remained in control of their lives as much as they were able. The staff worked closely with families and other significant people in people's lives to develop the care plans for each individual. One relative said, "The communication with us is tremendous; we discuss any changes needed in the care plan. If [relative] refuses to do something we look to change things to see whether that helps."

Putting people at the heart of everything was also recognised by other health professionals. We read a number of comments from health professionals which included, 'William Blake House surpasses what I would normally expect to find in a residential care provider. There are several reasons for this, the calibre of the professional staff you employ, the consistency of the application of therapies and activities in a person-centred way, and the overall quality and stability of management that enables the aforementioned to succeed.' 'I believe William Blake House is a high-quality organisation that always puts the needs and wishes of residents first. I am always impressed by the teams of enablers who work so hard for the betterment of the lives of the residents.'

The registered manager showed us new a care plan format they were introducing which they felt would build on and enhance the care plans already in place. The new format had improved the clarity of the information and provided even more guidance and instruction to staff. Continually looking to improve and enhance people's life experiences was at the heart of everything the service did.

The principles around how the service responded to and interacted with people was based around the spiritual philosophy of anthroposophy, which cherishes and respects the freedom of each individual.

People were supported and encouraged to follow their interests and explore new experiences to enhance their life experiences. The emphasis on activities was about responding to people's interests, awakening their senses, through exploration, fun and enjoyment. People took part in individual activities, such as horse riding, trampolining and swimming. There were a variety of therapeutic activities such as hydro therapy, music and movement therapy and art therapy.

We saw that people were engaged in meaningful activities tailored to their individual needs throughout the day. For example, one person who liked arts and crafts had made a Father's Day card, another person who

enjoyed the outdoors went out for a walk around the village and another person spent time watching their favourite cartoon on the computer and played the music they liked best. One relative said, "The service is outstanding, it has real vision and ideas to support people."

People were valued and the service continually looked at ways for people to live fulfilled and enriched lives. People's cultural background was celebrated with them if they wished. The service looked to include everyone in sharing in people's different beliefs and background, for example organising events to celebrate particular days in different cultures. There were various types of vehicles available to people to ensure they were able to go out to visit family and friends or to go on holiday or day trips out.

The staff were very proactive in coming up with ideas for people to contribute and be part of the local community. One person who loved to collect items for recycling was supported to do voluntary work at a local garage. Another person was working towards volunteering in a local shop. The shopkeeper spoke the same language as the person so the person spent time each week at the shop talking with the shopkeeper.

The service was innovative when it came to look at ways to support people to communicate and make choices for themselves. For example, SKYPE was used so people could keep in touch with their family and friends. This enabled their families to be kept up to date as to what their loved one was doing and helped to assure that people were happy with what they were doing. One relative told us I know if [relative] is not happy I can hear it in their tone and see it in their actions.

The provider had worked hard to ensure that people were part of the local community. Local churches welcomed and encouraged people to attend church and any church events. The provider told us when the weather was bad in winter neighbours called to check if everyone was okay and ensured that staff could get to and from work.

If people were unhappy with the service, there was a complaints procedure in place. The information was accessible to meet people's individual communication needs. The staff told us that it was often people's change in behaviour, which indicated if people were unhappy. Relatives told us if they were unhappy about the service or had any concerns they would not hesitate to speak to the registered manager or the provider.

There had been no complaints raised about the service in the last 12 months. The registered manager told us that if any complaints were made they would look to see what could be learned from them.

The service was sensitive towards the needs of people in relation to end of life care. The registered manager recognised with the complexity of people's needs and the communication and capacity of people that at the appropriate time, they would involve families and relevant health professionals and advocates to support the person to express their wishes and ensure decisions were made in their best interests. The community team for learning disabilities would support them with putting together a detailed bespoke end of life plan.

Staff had a good understanding of people's communication needs and made efforts to make this as easy as possible for people. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People could have information available to them in an easy read format if this was their preference, or if this was not available staff explained to people what was happening so they could understand. Staff also used sign language to help support people and

care plans included a pictorial format. Throughout the home there were various communication boards designed to support individual needs.

Is the service well-led?

Our findings

Blakesley was highly regarded by the relatives of people using the service. Relatives said they had great confidence and trust in the care provided for their loved ones. They told us they had specifically chosen the home as a place for their loved ones as the philosophy of care was in keeping with their values and beliefs. All the relatives spoken with said their loved ones had attended Rudolf Steiner specialist schools and that moving to live at Blakesley as young adults was a natural progression for their loved ones.

The Rudolf Steiner model of care values the benefits of living within a caring community, promoting continual development regardless of disability. This approach was without exception understood by the registered manager and the whole of the staff team.

A registered manager was 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. As required by law the provider had the rating from the last inspection on display within the service and on the provider website.

The registered manager was keen and enthusiastic and led by example, promoting the spirit of the service constantly looking at ways to improve people's lives. For example, they had spent time with the local GP reviewing a person's medicines to see whether the level of medication required could be reduced and their behaviour managed more holistically. Over time this had been achieved which had had a positive impact on the person's well-being.

The staff felt valued and very inspired to help people to achieve their full potential. There was a Community member of the Month Award where people could nominate members of staff or volunteers for example for 'going the extra mile' to support someone, good team work or consistently providing person-centred care. The winner would be given a voucher and certificate, staff felt motivated and encouraged at all times. A Prayer room had been set up to enable staff to take the time they needed to fulfil their cultural and spiritual needs in conducive surroundings.

The staff took great pride in celebrating achievements people had made. Each person was supported to do the things they enjoyed, to go on social and leisure outings, visit friends and family, go on day trips and holidays and be fully incorporated in life within the local community. During the inspection one person was preparing to go on holiday, we could see from the person's demeanour how excited and happy they were to be going away. The provider spent time looking at holiday destinations for people to enhance their life experiences.

The registered manager and the provider ensured that service development was based around the feedback they received from people using the service, families, staff and other professionals involved in monitoring the quality of the service. We saw a suggestion box for staff to make any suggestions they had about the service. The staff we spoke to all felt able to speak up and share their ideas.

Feedback from relatives was consistent in showing they were extremely pleased with the care their loved ones received and that staff went the 'extra mile' in providing excellent care. One relative said, "[Relative] is continually encouraged to do as much as they can. We are kept well informed and involved with their care, it is an excellent place."

We read a comment from an external consultant, 'I am always welcomed when I visit Blakesley, the staff team understand the importance of my role and my need to remain independent. The management embrace my ideas and suggestions and contact me to check changes in legislation. I believe this is a high-quality organisation that always puts the needs and wishes of residents first. I am always impressed by the staff team who work so hard for the betterment of the lives of the residents.'

A Social Worker that regularly visited people at the service said they would highly recommend the service. They said, "You can 'feel' their commitment and dedication to the people they work with. Everything they do has the resident's best interests as an individual at the very core." We read a comment from a doctor that had worked with people using the service for many years, it read, 'I wish to convey to you personally my heartfelt appreciation for the excellent work carried out at Blakesley.' They commended the organisation, for the calibre of the staff, the consistency of the application of therapies and activities in a person-centred way and the overall quality and suitability of the management.

Staff confirmed and records showed that staff meetings and house meetings took place on a regular basis. The staff were extremely passionate about the care they provided and spoke highly of the management support they received. Because of feedback from staff the registered manager and the provider was in the process of making changes to the care plan documentation format.

The registered manager continuously looked at ways to improve the service. They held regular quizzes with staff based on the fundamental care standards and the key lines of enquiries (KLOE's) that staff needed to be aware of in their day to day work. In discussions with the staff they demonstrated they were very knowledgeable of these standards.

There was an open and transparent culture and the provider and registered manager embraced all suggestions for improvement. The provider spent time at the service on a regular basis which ensured that the staff had direct communication with so collaboratively everyone was working to provide the best possible care for people.

People, staff and families were kept informed about how the service was developing and they ensured that any learning from feedback they received was shared across the organisation. For example, a 'Frequently Asked Questions' document had been developed to help people and their relatives to adjust in the transition when moving from home or another care setting into the home.

The registered manager kept the Care Quality Commission informed of notifiable events as required by law. They also kept the Local Safeguarding Authority, people and their families informed of safeguarding incidents and the outcomes of safeguarding investigations.

The service worked in partnership with other organisations to make sure they were following current best practice and providing a high-quality service. For example, they had strong links with the community team for people with learning disabilities, epilepsy specialist nurses and a specialist learning disability consultant within the NHS. This ensured that people received timely support from specialists in meeting their on-going needs.

The provider was an 'Association for Real Change Champion'. They were based at the service and were passionate about the care that was provided for people. They kept in regular contact with families to update them on progress and developments within the service. One relative said, "[Name of provider] is very efficient, they are happy to discuss things with you and deal with things in a very positive way. We could not find a better place, it is outstanding."

Established quality assurance systems were in place and a programme of audits was undertaken by the registered manager and the provider. In addition, an external consultant carried out 'Quality Effectiveness Reviews' to monitor the service to continually drive improvements. Areas identified from the audits for further improvement had action plans in place with timescales to be met.

Records showed that all actions had been taken well within the timescales. The feedback we received from external consultants was consistently positive. One consultant commented that the management embraced their ideas and suggestions and regularly contacted them to check changes in legislation. They also said they were very impressed with the high standards the registered manager and the provider set themselves and how they always put the needs and wishes of people using the service first.

There was a continuous focus on looking at ways to improve people's life experiences and develop the service to support more people. The provider had a 10-year strategy in place with a clear goal to continue to provide person-centred care and ensure that the service adapts to meet the individual needs of people who live at Blakesley and expand the support they give.

The service's mission of 'To be a value driven charity delivering person-centred care and support to adults with severe learning disability in residential care home settings with an outward looking approach' was fully understood by everyone and embedded in the work undertaken.