

Blue Sky Care Limited

Belmont Road

Inspection report

87 Belmont Road
Kirkby In Ashfield
Nottingham
Nottinghamshire
NG17 9DY

Tel: 01623754191
Website: www.blueskycare.org

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Belmont Road is a residential home that provides care for one person who is living with a learning disability. At the last inspection in March 2015, the service was rated Good. At this inspection we found that the service remained Good, with an improvement of good to outstanding in the caring question.

The person continued to receive safe care. The person was protected from the risk of harm through safe staff recruitment processes and reviewed assessments of the risk to their safety. Sufficient numbers of staff were in place to provide the person with the support they needed. Safe medicine management processes were in place and the person received their prescribed medicines safely.

The principles of the Mental Capacity Act 2005 (MCA) were used effectively when decisions were made which the person lacked mental capacity to make for themselves. The person was encouraged to lead a healthy lifestyle and to follow a balanced diet. Staff were well trained and had the skills needed to carry out their role effectively. Staff received regular supervision of their work and felt supported by the management in their role. The person's day to day health needs were met.

The person had an excellent relationship with the staff. The person was supported by staff who were very kind and caring and treated them with respect and dignity. The person was encouraged to lead as independent life as they were able to with care and support tailored to enable them to do so. Innovative methods were used to communicate with the person and there were individualised processes in place to help the person understand and to contribute to decisions about their care and support. There was a high emphasis on person centred care and staff were aware of the importance of encouraging the person to lead their life in the way they wanted.

The person was provided with the information they needed if they wished to speak with an independent advocate to support them with decisions about their care. The person had been supported to develop positive relationships with people from within the local community. The person was supported to enable them see their friends and family when they wanted to.

The person's support records were detailed and personalised which enabled staff to support them in line with their personal preferences. An 'easy read' complaints process supported the person to make a complaint if they wished to. Effective systems were in place to manage any complaints that the provider may receive.

The service continued to be well-led. The registered manager carried out their role enthusiastically and professionally. The person's relative, staff and professionals commented positively about their leadership. There was a positive ethos and an open culture at the home resulting in an enjoyable working environment for staff and a calm and friendly atmosphere for the person living there. Effective auditing processes were in place.

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 for this question.

Is the service effective?

Good ●

The service remains good for this question.

Is the service caring?

Outstanding ☆

The service has improved from good to outstanding for this question.

The person had an excellent relationship with the staff. The person was supported by staff who were very kind and caring and treated them with respect and dignity.

The person was encouraged to lead as independent life as they were able to with care and support tailored to enable them to do so.

Innovative methods were used to communicate with the person and there were individualised processes in place to help the person understand and to contribute to decisions about their care and support.

There was a high emphasis on person centred care and staff were aware of the importance of encouraging the person to lead their life in the way they wanted.

The person was provided with the information they needed if they wished to speak with an independent advocate to support them with decisions about their care.

The person had been supported to develop positive relationships with people from within the local community. The person was supported to enable them see their friends and family when they wanted to.

Is the service responsive?

Good ●

The service remains good for this question.

Is the service well-led?

Good 

The service remains good for this question.

Belmont Road

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.

This was a comprehensive inspection that was completed by one inspector on 24 March 2017 and was announced. We gave the provider notice because we needed to be sure that the registered manager, staff and person living at the home would be available.

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. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

Due to the person living at the home having limited abilities to verbally communicate, we had limited conversations with them. We also spoke with four members of staff including the registered manager and with the person's relative.

We looked at the records relating to person living at the home as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for support staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

The person who used the service told us they liked living at Belmont Road and the staff made them feel "happy and safe." The person's relative said, "The staff have a clear understanding of how to keep [my family member] safe."

The person's safety and welfare, in areas such as accessing the community and travelling in vehicles had been regularly assessed and regularly reviewed to ensure the person was kept safe, without any unnecessary restrictions. The risk of the person experiencing avoidable harm was reduced because processes were in place to notify the appropriate authorities of any concerns to the person's safety. Records showed the registered manager had responded appropriately to any concerns and spoke knowledgeably about the process to keep the person safe. Staff were also aware of their responsibilities. One staff member said, "I wouldn't hesitate to report any concerns I had."

Safe recruitment processes were in place to ensure only staff suitable for their role were employed, this included carrying out criminal record checks on new employees before they commenced work. Regular reviews of staffing levels were carried out. The registered manager told us there had recently been a reduction in the number of staff supporting the person at a certain time of the day. They told us this was to encourage the person to become more independent. They told us this had been a success. The person's relative told us staff were always available for their family member when they needed them.

The person's relative told us they thought their family member's medicines were managed appropriately. We saw safe processes were in place that ensured when the person visited their relatives they had the medicines they needed. Clear medicine management systems were in place to protect the person from the risks associated with medicines. This included safe storage, accurate recording of when the person had taken or had not taken their medicine and regular checks on the competency of the staff who assisted the person with their medicines. The person's records contained details of how they liked to take their medicine and we saw their independence was encouraged by them getting their own glass of water to drink when taking their medicines.

Safe processes were in place to support the person with medicines that were administered on 'as needed' basis. These types of medicines are not part of the person's daily prescribed medicines and are only to be administered when needed. We saw when a medicine that could affect the person's behaviour had been administered, staff followed the appropriate procedure by gaining authorisation first. The reason why this medicine was administered was recorded and then reviewed by the registered manager to reduce the risk of inconsistent administration.

Is the service effective?

Our findings

The person who used the service was supported by staff who had received the relevant training to equip them with the skills needed to support them effectively. Staff spoke knowledgeably about the person and the person's relative told us, "The carers know how to support [my family member] and they are all very aware of how to support them with their 'behaviours'." All staff received regular supervision and appraisal of their work and the staff we spoke with told us they felt supported by the registered manager. One staff member said, "We can talk to the manager if we feel we need some guidance or help."

The person was supported to make as many decisions about their day to day care and support needs as they were able to. Where they were unable to make those decisions, they were made for them, with consultation with their relative and where appropriate, health and social care professionals. These decisions were always made with the person's best interests in mind, ensuring the person's rights were respected. Deprivation of Liberty Safeguards (DoLS) authorisations had been obtained from the local authority. These safeguards legally permit authorised people to place certain restrictions on a person to ensure their safety. Staff and the registered manager spoke knowledgeably about DoLS and were aware of the restrictions they could and could not place on the person.

The person was encouraged to lead a healthy lifestyle with support offered to maintain a healthy balanced diet. The person was encouraged to choose their own food and to work with staff to prepare it. Records showed food diaries were in place to enable staff to monitor the person's food and drink and intake. The person was weighed regularly to assist the staff to identify any factors that could have a negative effect on the person's health.

Regular access to health and social care professionals was available. The person's relative said, "[My family member] is supported with going to the doctors, the dentist or any other appointments they need." Any changes to the person's health were identified quickly by staff and prompt referrals were made to healthcare professionals. Records showed a variety of professionals had supported the person with their health needs. Staff spoke knowledgeably about the person's health needs and could explain in detail how they supported the person. We saw processes were in place to support the person with a specific health condition.

Is the service caring?

Our findings

The person who used this service and the relative we spoke with felt the staff were very kind and genuinely cared about them and their family member. The person who used the service said, "The staff like me." The person's relative said, "Some of the staff have worked with [my family member] for a long time now. I don't think they would have done so if they did not care. The staff really are the best I could hope for."

Prior to the inspection we spoke with local authority commissioners about their views of the service and the staff who worked there. They advised us the service had received the highest mark available from their inspection, with no areas for improvement and commented in their report that, 'The staff group were calm and friendly, caring and supportive. Interactions were comfortable and natural and demonstrated that staff recognised the importance of building relationships'.

Staff we spoke with could explain how they provided compassionate care and support for the person. They spoke passionately about the person and showed genuine warmth and empathy for them. Although we did not see the person show any signs of distress or discomfort during the inspection, the staff explained the individualised processes they would follow to support them if they did. The registered manager explained how they and their staff had supported the person through a particularly difficult time in relation to the death of a loved one. With the consent of the person's relative a memory box was used to help the person to come to terms with their loss and to help them to talk about and express their feelings about what had occurred. The registered manager and the person's relative told us this had been a great success. The person's relative told us they were extremely grateful for the support provided for their family member both in terms of preparing for the funeral and coping with the loss. They also said, "The support they have given was really very good, excellent in fact. It really helped [my family member] to cope."

Innovative ways of talking and listening to the person were incorporated in the daily support they received from staff. 'Talk Time' was used regularly. This process gave the person the opportunity to talk with their key worker to discuss anything they wanted to. When any decision was made that resulted in a change to support the person received, records showed the person was consulted every time. Where they were unable to understand what was being discussed, signs, symbols, pictures or other similar methods were used to support them. If, after this approach the person was still unable to understand the decision and to agree to the changes, their relative was consulted and the appropriate legal guidelines were followed. The person's relative spoke very positively about this process. They told us they felt their family member's views were always respected and the respectful way the meetings had been conducted had contributed to their family member having a high quality of life.

'Circle' meetings were also used. These were more formal meetings where the person chose who they would like to meet with to review the current care and support provided and to discuss longer term decisions and changes. People who have attended these meetings include relatives, support staff, key workers or other external health and social care professionals. The staff and the registered manager spoke passionately about ensuring that the person's best interest and wishes were at the centre of all decisions made. The registered manager said, "We would never do anything or make any decision with first consulting [the

person] and their relatives and then other professionals. The person's relative told us they found these meetings to be of great importance and it was clear that their family member's best interest were at the centre of all decisions made. The relative also said, "The staff are passionate about providing [my family member] with the best care and support possible and are always seeking and succeeding in finding new ways to improve their life."

Records showed there was a clear emphasis on enabling, empowering and supporting the person to achieve their goals and their dreams. These ranged from small day to day activities to big projects such as going camping or going on a plane for the first time. The person's relative told us the work the staff had done to plan the trip on the plane ensured their family member was safe, but just as importantly had made one of their dreams come true. The positive effect of the 'Talk Time' and 'Circle Meeting' approach meant the person and staff had a relationship built on trust, with the person knowing the staff always had their best interest at heart.

The person's support records had clear guidance in place for staff to follow when communicating with them. Detailed communication support plans were in place and staff spoke knowledgeably about how they communicated with them. We observed staff communicate in a calm and reassuring way with the person. Staff had a clear understanding of the person's behaviour and mannerisms and we saw when the person started to show predetermined signs of high excitement which was affecting the activity they were taking part in, they gently and confidently managed this by suggesting a new activity, which the person responded positively to. We asked the person if the staff listened to them and they said, "They listen to me and help me." The person's relative told us they had complete confidence in the way all staff communicated with their family member.

Staff had an excellent understanding of the person's life history and personal preferences and used that information to form positive relationships with them. A staff member told us how they used that information to understand the person's past and to help support them in the future. Another staff member who had worked with the person for a number of years spoke with pride at how the person had developed as a person and now led a much more independent life. We were given numerous examples where, with the continued support of the staff, the person's ability to carry out daily living skills and tasks independently of staff had improved greatly. This included taking more pride in their home by keeping their home tidy, loading and unloading the washing machine and changing their own bed linen. The registered manager said, "These new skills, gained with the continued support and encouragement from the staff have really given [name] the confidence to take more pride in their home and to do the things that we take for granted." The person's relative said, "As a result of the excellent support given by the staff I have seen great development in [my family member]. Their improved independence is so pleasing to see."

Promoting the person's independence and improving their ability to do more for themselves was a fundamental aim of the service. As well as improved independence within the home the person has been supported to engage more with the local community, away from the familiar support groups and activities for people living with a learning disability; but with more day to day activities such as using public transport or going into a shop alone. We were told there had been a vast improvement in the ability of the person to go to their local shop and to buy something for themselves. With the knowledge that staff support was outside if needed, the person now had the confidence to go into the shop alone, and to make their own choices once inside. The registered manager told us the staff had facilitated this by ensuring the manager of the local shop, who knew the person well, was aware that they would be trialling the person coming into the shop independent of staff support. The person's relative said, "This is a huge development for [my family member]. For them to now be able to go into a shop, on their own and understand what they should and shouldn't too is so positive. The support of the staff and the manager has been crucial in this."

The person's newly found confidence in becoming independent of staff, also resulted in them developing meaningful relationships with friends made at activities and events outside of the home. The person regularly went to a local disco with friends and also arranged to meet some of these friends for dinner and other activities. A staff member told us these were things the person would not have previously had the confidence to do but now they were flourishing as a result. The person's relative said, "[My family member] is going out a lot more now. They have friends, some of whom they see regularly. The staff have given [my family member] the confidence to do this."

With the support of the staff and the person's growing ability to do more for themselves, along with the enhanced understanding of the staff on how best support the person's independence, this has seen a reduction in the level of continuous support the person needs throughout the day. Less staff are now needed to maintain the person's safety, which enables the person lead a less intrusive way of life. The person has also become less dependent on certain staff members, reducing the risk of the person presenting behaviours that may challenge. The person's relative said, "The staff have really helped to manage [my family member's] tendency to become attached to certain people or staff. The support with this has been very good."

The person was provided with a 'welcome guide' when they first used the service, in a format they could understand. This guide provided the person with information about how to keep themselves safe, the services' approach to equality, diversity and human rights and how staff would use different ways to communicate with them. Information was also provided about how they could access advice from an independent advocate if they wanted it. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

Treating the person with dignity was a key focus for this service. The person's relative felt the staff excelled in this area and ensured their family member was treated with dignity at all times. They told us this ranged from support with their personal care and appearance, but also protecting and supporting them from negative elements within their local community. The person was made aware of how they should expect to be treated by staff. A dignity champion was in place. This person was responsible for ensuring all staff treated the person with respect and dignity at all times. They also attended regular meetings with other dignity champions from within the provider group to discuss best practice and to learn from each other's experiences. The registered manager and the dignity champion regularly assessed staff performance in this area to ensure one of the provider's key aims; ensuring 'Everyone has the right to privacy, dignity and respect' was adhered to. Our observations during the inspection showed staff genuinely cared for the person and treated them with dignity and adhered to these values.

The registered manager told us the person's relatives and friends were able to visit them without any unnecessary restriction. Agreed arrangements were also made with the person's relative for regular visits to the family home. This enabled the person to maintain positive relationships with family.

Is the service responsive?

Our findings

The person who used the service had detailed care and support plans in place that provided staff with the guidance needed to ensure the person's individual needs were met. Prior to the person coming to live at the home, a range of detailed assessments were in place to ensure that the person's needs could be met both in the environment they would be living in and the staff who would be supporting them. The person's needs were regularly reviewed, with the involvement of the person themselves, their relative, support staff, the registered manager and external health and social care professionals.

There was a strong emphasis on providing the person with person centred care and support. Staff spoke knowledgeably about the person's likes and dislikes and understood the person's life history. Key documents such as, 'What is important to me?' and 'How best to support me' were in place and regularly reviewed ensuring the person's changing needs were responded to effectively. A staff member said, "We know [name] so well and do all we can to help [name] lead the life they want to."

The person led an active life, with a flexible approach used when planning activities. Records showed assessments had been carried out which showed the person benefitted from a less structured approach to their choice of activities, empowering the person more to make their own choices when they wanted to. We saw this occur during the inspection, with the staff asking the person what they wanted to do and then responding positively to the person's request. The person told us they liked doing their chosen activity for that day. The person's relative told us this approach was effective.

The person's relative told us they felt able to raise any concerns with the registered manager or other members of staff and their concerns would be acted on. We saw an easy read complaints process was in place to support the person using the service to make a complaint if they wished to. Details of external agencies such as the CQC and the local ombudsman were also included if the person wished to speak with people outside of the organisation. Records showed the provider had the processes in place to respond to any complaints made in a timely manner.

Is the service well-led?

Our findings

The person's relative spoke positively about the support provided for their family member and felt able to speak with the registered manager, or other members of staff about the family member's care and support. They also felt able to contribute to the development of the service. They felt their views were welcomed, valued and acted on.

Staff enjoyed their jobs. They spoke passionately about the support they provided for the person and told us they felt valued by the registered manager and the provider. This contributed to a positive atmosphere at the home. One staff member said, "I just love working here." Staff also felt able to raise any concerns they had or ideas on how to improve and develop the service. Records showed their feedback was requested during regular supervisions, team meetings and during regular reviews conducted in relation to the person's care and support needs. Staff were also aware of the provider's whistleblowing policy and told us they felt comfortable in challenging poor practice if they needed to.

The person's relative, staff and professionals all spoke positively about the registered manager. They all felt the registered manager led the service well, was approachable and acted on and respected their views. The registered manager spoke with pride when discussing the improvement to the person's care and support needs and was actively looking for ways to further the person's development.

Robust quality monitoring and assurance processes were in place. Regular reviews of the quality of the service provided were conducted by the registered manager as well as representatives of the provider. Checks of the environment, medicines, fire safety equipment and staff performance were regularly carried out. More detailed analysis of how the service was performing was completed by the Head of Care on behalf of the provider; this resulted in detailed action plans being produced to help drive continued improvement