

Almond Villas Limited

Pritchard Street

Inspection report

19 Pritchard Street
Blackburn
Lancashire
BB2 3PF

Website: www.almond-villas.co.uk

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31 July 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

This inspection took place on 31 July 2018.

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People who used the service told us they felt safe when staff members were in their homes. Staff had received training in safeguarding and knew their responsibilities to report any concerns. The service also had a whistleblowing policy in place.

Risk assessments were in place to keep people safe. These were reviewed and updated regularly or when changes occurred.

Robust recruitment systems and processes were in place. We saw references, identity checks and Disclosure and Barring Service checks were completed before staff were employed. People who used the service and records we looked at showed adequate numbers of staff were on duty.

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.

All new staff members were expected to complete and induction when they commenced employment. Training courses were available to staff which were relevant to their roles. Staff members told us, and records confirmed that staff members received supervisions and appraisals on a regular basis. All staff members told us they were able to discuss any training requirements they had.

People who used the service told us staff were kind and supportive. We observed throughout our inspection that staff were kind, caring and supportive of people who used the service.

Staff members knew people very well, including their preferences, background and history. People's care records contained information relating to their sexuality, cultural/spiritual needs and relationships.

Throughout our inspection and from records we looked at, we saw people were encouraged to be independent.

The service delivered person centred care using the recovery model. The aim of this was for people to eventually become independent and move on. We saw detailed, person centred care plans were in place.

The service had a complaints procedure in place. Records we looked at showed that one complaint made had been dealt with in line with company policy.

We found that the interim manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

The registered manager had processes and systems in place to monitor and improve the quality of the service.

We saw regular staff meetings were also held. Staff told us these were regular and they were able to bring up topics for discussion.

The service was meeting all relevant fundamental standards.

Further information is in the detailed findings below.

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?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Pritchard Street

Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on 31 July 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure they would be in.

This inspection was conducted 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 home, what the home 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 inspection we gathered feedback from health and social care professionals who visited the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts, information from whistle blowers and statutory notifications sent to us by the registered provider about significant incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us.

During our inspection visit, we spoke with two people living in the home, two members of staff, resident engagement officer and the registered manager.

We had a tour of the premises and looked at a range of documents and written records including two people's care records, two staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, staff meeting minutes and records relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Pritchard Street. One person told us, "Yeah I feel safe here." All the staff we spoke with confirmed they had undertaken safeguarding training and knew their responsibilities to report any concerns. Safeguarding policies and procedures were in place and accessible for staff.

Risk assessments were in place and accessible to staff members to keep people safe. We saw these were reviewed and updated on a regular basis or when changes were identified. Risks in the environment had also been considered.

Recruitment processes were robust and ensured people who used the service were protected from unsuitable staff members. Staff members told us, and records showed that adequate staffing levels were in place within the service.

One person who used the service told us, "I self-medicate but I am on three spot checks a day to make sure I am taking my medication. I know what all my medication is for." All the people who used the service had varying responsibility for their medicines, which were securely stored in their bedrooms. All were self-medicating, although spot checks (the frequency of which was dependent upon the ability of the person) were in place to ensure people continued to take their medicines as prescribed. The appropriate assessments, including risk assessments were in place and were reviewed regularly. Temperature checks were taken daily for medicines kept as stock, although these checks were not done in people's own bedrooms. We discussed this with the registered manager who assured us they would ensure these checks were commenced with immediate effect.

Staff had completed training that the provider had deemed necessary to keep people safe in areas such as, manual handling, fire safety, safeguarding, medicines and infection control.

Appropriate action had been taken to ensure the premises and equipment were safe. All gas and electrical equipment had been checked and/or serviced to ensure it remained safe. There was a legionella risk assessment in place, shower heads were cleaned regularly, and water temperatures were checked and recorded to ensure they remained at safe limits. Regular fire safety checks were undertaken to ensure alarms, lighting and extinguishers were in good working order. All people who used the service had a personal emergency evacuation plan (PEEP) in place which showed the level of support people required. Records we looked at also showed people living at Pritchard Street were involved in fire drills. The fire risk assessment in place showed some areas within the home that required immediate action. We discussed this with the registered manager who gave us an action plan of when works would be completed.

Staff members were aware of their responsibilities in relation to infection control. All the staff members we spoke with told us they had access to personal protective equipment (PPE) and adequate supplies of these were available.

These systems and processes ensured that people were safe whilst receiving support from the service and its staff members.

Is the service effective?

Our findings

All the staff members we spoke with told us they had undertaken an induction when they first commenced their employment with the service. They all confirmed they received training which was suitable for their roles. The training matrix we looked at showed various courses staff had undertaken such as dignity in care, mental health and dementia, risk assessments and medication. Staff were also supported through regular supervisions and appraisals.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All of the people using the service had capacity to make their own decisions and were able to access and leave the premises when they wanted to. All staff members had received training in MCA and DoLS. People using the service had choice and control over their lives and were not subjected to any restrictions.

The resident engagement officer spoke to us during our inspection and told us the British Institute for Human Rights had attended the service to speak to people about accessing mental health services and their rights. People had also been involved in the development of a service user friendly guide about rights, which gave them opportunity to learn more and be involved.

One person who used the service told us, "I do my own cooking. I am good at making shepherd's pie and sausage casserole." One staff we spoke with told us, "People living here all make their own meals but we have cooking groups on certain days." As part of their rehabilitation, people living at Pritchard Street prepared their own meals. We saw they were supported (if this was required) to develop a menu plan, shop for groceries and cook all their meals. Staff told us how one person required support initially, however they had progressed and were now totally independent. Dietary advice was also given by staff to encourage people to eat healthy.

People living at Pritchard Street had access to other health care professionals such as GP's, community psychiatric nurses, dentists and opticians. Staff we spoke with told us some people were independent in attending health appointments, but others required some level of support with this.

Is the service caring?

Our findings

People who used the service told us staff were kind and supportive. One person told us, "It is the best place I have ever lived in." Another person commented, "I am well looked after." We observed throughout our inspection that staff were kind, caring and supportive of people who used the service.

We looked at how the service promoted equality and diversity throughout the service. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences. Staff members knew people very well, including their preferences, background and history. People's care records contained information relating to their sexuality, cultural/spiritual needs and relationships. The registered manager told us, "For us it is about meeting individual needs be that gender or spiritual; we would look at that and support that." Equality and diversity training had been completed by all staff working in the service.

All the people we spoke with told us they were actively involved in reviewing their care plans. One person knew exactly where their files were kept and told us they could look at them anytime they wanted to.

There were no restrictions on family members visiting the service. However, the registered manager told us not many relatives currently visited, and staff supported people to go to their family members' homes. We also saw the service had gone above and beyond to ensure one person could maintain contact with their family member.

Records we looked at showed no one using the service were being supported by advocacy. However, there was information available to people should they require this service. The resident engagement officer told us they had arranged for the local advocacy service to come into Pritchard Street to speak to people about the service they offer. This would benefit people who did not have access to support from family/friends.

The purpose of the service was to enable people to be as independent as possible in order for them to be able to move into less supported types of accommodation. All the people we spoke with told us they were encouraged to remain as independent as possible. One person told us, "I do my own cooking, do my own medicines and I can go to the GP on my own." Throughout our inspection and from records we looked at, we saw people were encouraged to be independent.

People had a key to their own room and staff were only allowed to enter without the person's consent if they had concerns about their well-being or needed to undertake health and safety checks.

We found records relating to people who used the service and staff members were stored securely. This helped to maintain the confidentiality of people who used the service.

Is the service responsive?

Our findings

The service delivered person centred care using the recovery model. The aim of this was for people to eventually become independent and move on. We saw detailed, person centred care plans were in place. These clearly reflected people's choices and preferences, including what they had already achieved and what they still wanted to achieve. There was also detailed information on supporting the person to stay well, including early warning signs and triggers that may affect a person's well-being.

One person who used the service told us, "I have a care programme approach (CPA) meeting once a year but I can request another one if I want to." Another person told us, "I had a CPA meeting a few weeks ago." All the staff we spoke with told us people had regular reviews and were visited by community psychiatric nurses to review their care. This ensured any improvement or deterioration in their mental health was monitored and action taken.

People also had journals which they had developed themselves. The resident engagement officer told us this was something introduced that people who used the service could take ownership of. A new journal was started each year for a three-year period and could be used in CPA meetings as a means of showing the progress they had made. It was also a way of introducing the person, who they were, what they liked and what they wanted to say about themselves. We looked at one journal and found this was completely service user led. We were told this had been received positively by people who used the service.

Records we looked at showed people had access to many activities during the day. One person we spoke with told us, "I like cycling, fishing, stamps and walking. I go into town and I go on holiday." During our inspection we noted people went out for a walk and one person had gone into town to the hairdressers. We also saw some people had voluntary work placements. One person worked in a café, assisting in the kitchen and another person volunteered in the local library as they enjoyed reading. People had also undertaken further educational courses at a local learning centre.

Technology was used to support people to receive care and support. The resident engagement officer also showed us the 'Reach IT' course they had been successful in gaining which was funded through the European Union and National Lottery. This was brought in as a way of supporting people to learn basic IT skills so when they were living independently they could access things such as online banking, finding jobs online and online forms for universal credits. Two people in the service had recently commenced the course in Pritchard Street to enhance their skills. The service had also had Wi-Fi available throughout the building and access to a laptop and a computer.

People who used the service told us they had choice over their lives such as, what time they got up, what time they went to bed, what they wore and how they spent their day. Throughout our inspection we observed staff giving people everyday choices.

None of the people we spoke with had needed to make a complaint but they were able to tell us who they would approach if they needed to. The service had a complaints procedure in place. Records we looked at

showed that one complaint made had been dealt with in line with company policy.

We checked whether the provider was following the Accessible Information Standard (AIS). 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. The registered manager told us they were currently working on this as it was highlighted to them in an inspection at another service they managed. However, they were able to tell us what they could access should someone be admitted with communication needs.

Is the service well-led?

Our findings

All the people we spoke with knew who the registered manager was. One person told us, "[Name of registered manager], she is the registered manager here." All of them told us they were approachable.

The service had a registered manager in place. 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.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating within the service. We found that the interim manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

The registered manager had processes and systems in place to monitor and improve the quality of the service. Audits were completed on bedrooms, lounges, kitchen, infection control and staff personnel files. Concerns/issues were documented, including who this had been reported to. Policies and procedures were in place and accessible to guide staff in their roles. These had been reviewed and updated as required.

We saw resident meetings were held on a regular basis. A resident's forum had also been set up; the resident engagement officer told us this was developed so people could have a voice in their own home. There were presentations and secret ballots to determine who would be the representative. The forum gave people an opportunity to discuss how the service was run; their thoughts and ideas fed into a governance meeting where it was discussed and then feedback was given at the next forum. We saw a review of the resident's survey form had been undertaken in this meeting and it was agreed it was suitable. Representatives from the forum would support other people to complete these. The registered manager told us they were behind in sending out surveys to people who used the service. However, we saw evidence that these were ready to be given out to people.

We saw regular staff meetings were also held. Staff told us these were regular and they were able to bring up topics for discussion. The registered manager told us there had been a time when it had been difficult to access training for staff and that had been a challenge for the service. However, they spoke of a success being the good quality staff members they currently had in post.

We asked the registered manager what their vision for the future was. They told us, "As always we want to provide a quality, person centred, inclusive service. We want to give people the skills to live more independently, needing less input and to be able to manage their own how. This comes down to how you train and support your staff. We want to give staff the right support and training so they can work with people effectively. We want to be in line with best practice, being a bit initiative because we can always be better."