

# Lifeways SIL Limited

# Bluebell Court

## 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

This was an announced inspection visit carried out on 3 February 2016. The reason the inspection visit was announced was to ensure people were available on the day of our visit. Therefore we gave the service 24 hours' notice.

Bluebell Court is a supported living agency providing support for up to twelve people with enduring mental health conditions. Service users live on site in spacious, self-contained flats. There are communal areas for the use of residents and there is lift access between the ground and first floor. Parking is available and the service is situated in a quiet residential area of Blackpool. At the time of the visit 10 people were living at Bluebell Court.

There was 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.

At the last inspection in April 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Systems were in place to protect people from abuse and unsafe care. People we spoke with people told us they felt safe and were happy living independently with staff support.

We looked at the care records for one person. There was information in place about support needs for the person and how these were being met. A programme to promote independence had been developed, with evidence people who lived in their own flats were involved in their daily routine plan.

People were kept safe and free from harm. There were appropriate numbers of staff deployed within the building to support people. We found staff had been safely recruited to ensure people would be supported by suitable personnel.

People who received support from the service managed their own medicines with guidance and support from staff. Staff had received appropriate medication training to ensure they had the competency and skills required.

People were supported by staff who had a good understanding of protecting people's dignity and respecting their privacy. One person who was supported by the service said, "They have always respected my privacy. They are not in your face all the time."

Care plans were person centred and clearly showed input from the person. The level of detail was good and showed there was an appreciation of the person as an individual to maintain their independence within a

support framework from staff and other professionals.

People were provided with support and guidance to meet their aims and goals. For example staff provided guidance and support for people who wished to achieve education or gain employment.

We found a number of audits were in place to monitor quality assurance. The registered manager had systems in place to obtain the views of people who lived independently at Bluebell Court.

## 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.

People told us they felt safe living independently because staff were around to offer support if required. Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who used the service. Recorded plans were in place to manage these risks.

Systems were in place to make sure the registered manager and staff learn from events such as accidents and incidents.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people supported by the service.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life. The registered manager was aware of the requirements of the Mental Capacity Act 2005.

People received support to manage their diets according to their care plan.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with respect and dignity by staff and management.

Care and support had been provided in accordance with people's wishes.

People were supported to maintain and develop relationships with people who mattered to them.

Staff were respectful of people's rights and privacy.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

People knew their comments and complaints would be listened to and responded to.

### **Is the service well-led?**

**Good** ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with the organisation, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

# Bluebell Court

## 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 inspection visit took place on 03 February and was announced. The registered manager was given 24 hours' notice. This was because the location provides a domiciliary care service to people living in supported independent living flats. We needed to be sure someone would be in the offices.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

During the inspection we visited two flats within the building where people who received support lived and spoke with three people. We also spoke with two staff members, one was a registered mental health nurse (RMHN) and the registered manager.

We looked at the care records of one person, training and recruitment records of staff members. We also looked at records relating to the management of the service. We spoke with the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

# Is the service safe?

## Our findings

We spoke with people about the service they received and what life was like living in their own independent flats supported by staff within the building. One person said, "I have my own space however I don't feel vulnerable knowing staff are around the place." Another person said, "I feel safe here I am more relaxed with staff about."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. Comments from staff included, "Safeguarding training is one of our regular training events." Staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure and staff we spoke with knew the process to go through should they wish to raise concerns.

We looked at staffing levels and how the service supported people. We did this to make sure there was enough staff on duty at all times to support people in their care. We found by talking with people who used the service and staff members staffing levels were sufficient to meet the needs of people. We found an appropriate skill mix to meet the needs of people using the service. For example five days a week there was a member of staff on duty who was a registered mental health nurse (RMHN). People who lived in the building told us they received support and guidance from the nurse on a daily basis. Comments from people included, "There are professional staff here which is good if I have any issues to talk about."

Care plans had risk assessments completed. This was to identify the potential risk of accidents and harm and promote independence. Risk assessments we saw provided clear instructions for staff members when supporting people. For example when people go out independently in the community. Any potential risks were discussed with the person and any action plan put in place to ensure people were safe.

Risk assessments were completed of the home environment so staff were aware of any potential risks or hazards. We found they had been reviewed regularly or when circumstances changed.

Accidents and incidents were recorded and discussed between the registered manager and staff. They were analysed by the management team and action to reduce risk and keep people safe were learnt from incidents. Any changes to care needed were made to reduce risks to people.

We looked at recruitment procedures and documentation for staff. All required checks had been completed prior to any staff commencing work. This was confirmed from discussions with staff. One staff member said, "The induction was very good and training was provided straight away."

Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history and references. The recruitment process demonstrated the management team ensured all checks were provided prior to any staff working at Bluebell Court.

We checked to see if medicines were managed safely. Care plans contained information to ensure the responsibilities of the people who received support were clear. This helped ensure people were supported to take their medicines safely. We found each person managed their own medication. When we visited the homes of people we found they managed their own medication. Records we checked in people's homes were up to date and medication kept in a separate facility. One person said, "I pick up my own prescriptions and manage the blister packs myself." Staff told us they supported people to manage their own medication independently. However staff were available for support if required.

The medicines administration record (MAR) sheets we looked at were legible and did not contain any gaps. The registered manager ensured only staff that had been trained to manage and administer medicines supported people. Staff we spoke with confirmed this. Records of two people we looked at contained a 'self-medicate' form. The person had signed to agree to manage their own medicines.

## Is the service effective?

### Our findings

People told us they were supported by staff who had the knowledge and skills required to meet their needs. People told us they felt members of staff understood the support they required. One person told us the staff were effective in providing support to promote their independence. For example, one person said, "I now manage my own money and medication. The staff have been great."

People were supported by staff who had the knowledge and skills required to meet their needs. For example we found staff training records identified courses they had attended and when training relevant to their role required updating. Comments from staff about access and availability to training courses were positive and included, "No concern in that department, training opportunities here are very good."

The registered manager had a programme of mandatory training that included fire safety and safeguarding training. Staff confirmed training programmes were updated on a regular basis. We found further training had been highlighted for all staff to attend February 10 and 11 2016. This was a course for 'challenging behaviour'. The registered manager told us all staff had to undertake that training.

Staff were encouraged to further their development and undertake national qualifications that were relevant to their role. For example staff told us they had completed 'National Vocational Qualification' (NVQ). Also mental health training was available for all staff. This ensured staff had the skills and confidence to support people with mental health problems.

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.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and DoLS. Discussion with the registered manager informed us they were aware of the process to assess capacity although had not been applicable to their service at the time of the inspection visit. However the registered manager was to attend a training course on the 19 February 2016 to learn about the MCA and DoLS.

People who lived in Bluebell Court were able to prepare and monitor their own meal provision. However staff and the registered manager told us they were there to support and offer guidance to people should they need it. Staff encouraged people to have some healthy option choices. It was clear people had choices of food and independently shopped for their own provisions. This was confirmed by talking with people who were supported by the service. One person said, "I buy and cook my own food, but the staff are always on hand should I need any advice or help."

Records we looked at showed staff had received training in 'food and hygiene'. Staff we spoke with confirmed that. One staff member said, "It is part of our training although people were able to manage their

own meals."

Care plans we looked at contained contact details of other health professionals relevant to the persons' support plan. We saw details of doctors and other health professionals including social services. We found a description of their role in supporting people was included. Staff told us they would contact the person's family or other health professionals if the need arose. This demonstrated staff were aware of the action to take if a person required outside health or social care professionals.

## Is the service caring?

### Our findings

People we spoke with told us they liked the staff. They said they were treated with respect and dignity. For example one person said, "They know the flat is my home and always knock on the door and wait for me to let them in." Another said, "They have always respected my privacy. They are not in your face all the time. All the staff are supportive and kind people."

We witnessed instances of staff interacting with people they supported. They treated people with respect and patience. People who wanted to talk with staff were not left ignored. Staff and the registered manager were attentive and patient when talking with people who lived at Bluebell Court. One person we spoke with said, "I am very independent but whenever I have a problem or need a staff member they are always there."

We looked at the care records and found a person centred culture which encouraged people to express their views and be as independent as possible. We saw evidence people had been involved in developing their care plans. For example people signed their support plan which indicated their involvement of the development of support they needed. One person said, "I know anything we discuss, I am involved to say I agree to it."

People's preferences, interests and aims had been recorded. Support and guidance had been provided in accordance with people's wishes. This demonstrated people were encouraged to express their views about how their support was provided. Staff told us knowing people's aims and wishes helped them provide support to achieve as much independence for the person as possible.

We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs which reflected the support and care they required.

Staff we spoke with had a good knowledge of people they supported. When they spoke with us it was clear they had worked with the same people for some time and had become very familiar with their likes, dislikes and preferences. A staff member said, "The keyworker system works well, however everyone knows the people well."

The aim of the service was to support people to be as independent as possible so they were confident and able to live independently within the community. We found many examples of how staff and the registered manager promoted independence. For example people who lived in their own flats inside Bluebell Court told us they were encouraged to manage their own finances. One person said, "I tend to my own shopping, preparing food and pay my own bills. The staff have helped me become more independent and are always there for guidance. They respect my privacy. "

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some feedback from them about care being provided.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The agency ensured people were able to access information about available advocacy services.

## Is the service responsive?

### Our findings

People who lived independently within the building told us they felt staff were responsive to their support needs. For example one person said how they were supported by the service to access further education opportunities following attendance at college. One person said, "I have come on a lot since being here and responded to the independent living staff help us with."

The pre admission process was good. For example people were encouraged to visit Bluebell Court before moving into one of the flats. This was so the management team and staff could explain what supported living was and meet the staff team. This was to ensure they liked the idea of independent living and it suited their individual aims and goals. One person who lived independently in one of the flats said, "Before I came here I was not good. However from the start I felt it was right for me."

When people moved into one of the flats they had their health, social, employment or educational aims discussed with them. Staff told us people were comprehensively assessed to ensure they were aware of the individual aims and goals each person wanted to achieve. Records we looked at confirmed this. Comments from staff included, "We get as much information as we can to understand peoples goals and what they want to achieve so we can support them to do that."

We looked at care records of one person. They were reviewed and updated on a regular basis. However any changing needs could result in a full review of support they received. Care records were comprehensive and outlined the support they required to improve their independent living skills. Staff we spoke with confirmed this. Staff told us they felt care records of people they supported contained information necessary for them to support people to be as independent as they could. This meant people were encouraged to live independently and prepare people for future independent community living.

People told us their support plan was discussed with them and were supported to follow their chosen objectives. For example one person attended college to learn computer skills. Following on from that they now have enrolled at a local university to continue their education. The person said, "I was always staying in when I came here. Now the college has been great and I have improved my computer skills."

We found information on how to make a complaint was available for people. People were encouraged to give their views and raise any complaints or issues with the registered manager. The registered manager made contact with every person who lived independently within the building on a regular basis. This was in order to obtain their views and to give people the opportunity to raise any concerns they may have.

The registered manager told us constant engagement with people developed relationships and encouraged people to discuss any complaints or concerns they had. The registered manager told us they continually had contact with people and any issues raised would be dealt with straight away.

We found the complaints policy the registered manager had in place was current and had been made available to all people who received a service. This detailed what the various stages of a complaint were and

how people could expect their concerns to be addressed. People we spoke with knew how to raise a complaint if they needed to. One person said, "I have never had to complain but we have written information given to us should we need to."

## Is the service well-led?

### Our findings

People supported by the service told us the registered manager was supportive and available to help if required. One person said, "A very good manager who pops in to see if everything is ok." Whilst we visited Bluebell Court we observed a person discussing some issues with the registered manager. They found the registered manager supportive and approachable.

Staff spoke positively about the support they received from the registered manager and the organisation. They told us they would have no hesitation in discussing any concerns with the registered manager or the organisation. Comments included, "Much better now the manager is very good and always available if you need him."

There were clear lines of responsibility and accountability within the staff team. The registered manager was experienced, knowledgeable and familiar with the needs of people they supported. One staff member said, "We have a small team and [registered manager] has brought stability to the place."

We found the registered manager had a number of ways to obtain the views of the people who lived independently within the building. For example a suggestion box was placed in the reception area of the premises. This was so people who wished to raise any issues or make suggestions to improve the service. One staff member said, "We don't get many requests but it is there if they want to." Also we found records of 'resident' meetings held approximately monthly. The last was held on 7 January 2016. One person who lived in one of the flats said, "They are useful to discuss anything we want to."

Staff meetings were held regularly and records showed they were well attended. Staff we spoke with told us they were useful and a chance for people to meet. Comments included, "I do attend when I can." Also, Yes we have meetings regularly."

Surveys were sent out twice a year to people the service supported. These were sent for people to pass comments on the quality of the service. Also how they felt improvements could be made. The last survey from 2015 were all positive responses. The registered manager told us if any issues or concerns about the service had been raised these would be looked into by the management team. This showed the service listened and responded to the views of the people they supported and their families.

Regular audits were being completed by the registered manager and by the organisation. These included medication, care plans and the building. Any issues raised by the audits would be addressed by the registered manager and improvements made where required to make sure the service continued to develop. For example medication audits were held monthly. One audit identified records had not been completed correctly. This was raised with staff and subsequent audits found records to be kept accurately and correctly. This ensured the service was monitored and addressed any issues so the service continued to develop.

Registered providers are required to notify CQC about any significant events which might take place at the

service. We found the registered manager had informed CQC of significant events promptly and correctly. This ensured CQC had information about severe incidents that had taken place and the registered manager had taken the appropriate action.