

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

Quayside

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 2 November 2016 and was unannounced.

Quayside is a small residential home which provides support and accommodation for up to eight people who have care needs associated with their mental health conditions. At the time of our visit the age range was that of older adults, between the ages of thirty and sixty-four. All bedrooms are for single occupancy and have en-suite, wet room facilities. People also have access to a large communal dining area and two lounges, a kitchen and laundry. There is also a private garden and limited parking next to the service. The home has 24 hour staffing and an on-call service. There is good public transport links nearby.

The service had a registered manager 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.

The service provided good care and support to people enabling them to live fulfilled and meaningful lives. People told us they liked living at the service and that the staff were kind and supportive.

The registered provider's philosophy was that staff support people to make decisions and encourage and develop them to achieve agreed goals. Through positive risk taking individuals were assisted to develop the skills required to live their lives in a less structured, more independent way. In conversation with staff, they confirmed this ethos and it was clear that they saw their role as supporting people to maintain as much independence and self-determination as possible.

People were assessed prior to admission to Quayside to make sure the home could meet their needs. Staff worked with other health and social care professionals to make sure people received the right levels of support and care.

The interactions we observed between people and staff during our visit were positive. We heard and saw people laughing, chatting and smiling. People looked comfortable, relaxed and happy in their home and with the people they lived with.

People's health and well-being needs were continually monitored and adjustments made to care plans as required. The registered manager and staff responded promptly to any concerns in relation to people's health and were knowledgeable about their medical history.

People had their medicines managed safely, and received their medicines in a way they chose and preferred.

People were fully involved in menu planning and the meals were varied and of a good standard.

People were supported to lead a full and active lifestyle and this varied according to individual choices. People's daily routines were dependent on their particular choices and interests. People were supported to develop their skills and pursue their hobbies and interests.

People were supported to have their voices heard and staff engaged individually with everyone to make sure everyone was able to express their opinions. People were involved in the planning and reviewing of their care and support plans.

Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). At the time of our visit no one had a DoLS authorisation in place.

The management team provided good leadership and led by example. The registered manager had clear values and enthusiasm about how they wished the service to be provided. These values were shared with the staff team. Person centred care was a major key to the home's philosophy and staff demonstrated they understood and practiced this by telling us about how they met people's care and support needs. Staff spoke in an enthusiastic and compassionate way about the people they supported.

There were sufficient numbers of staff to meet people's needs and keep them safe. The provider had effective recruitment and selection procedures in place and carried out checks when they employed staff to help ensure people were safe. Staff were well trained and supported by the organisation.

The provider had a robust quality assurance system in place and gathered information about the quality of the service from a variety of sources including people who used the service and other agencies. Learning from incidents and feedback were used to help drive continuous improvement. All accidents and incidents were analysed to make sure appropriate action was taken at the time and any lessons learnt were shared with managers and staff.

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 were protected by staff who understood how to recognise and report unsafe practice or possible signs of abuse.

People were protected by safe and robust recruitment practices. There were sufficient numbers of staff, during the day and night, to meet people's needs and keep them safe.

Medicines were stored and administered safely.

The premises and equipment were well maintained.

Is the service effective?

Good ●

The service was effective.

People were supported by well trained and motivated staff. Induction for new staff was thorough and appropriate and all staff received effective supervision and support.

Staff and management had an understanding of the Mental Capacity Act 2005. People were involved in decisions about their care.

People were supported to maintain their health and wellbeing and eat a varied and healthy diet.

The registered manager and staff had effective links and working relationships with other healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who had an in depth understanding of their needs and had developed caring and supportive relationships with them.

The service provided care and support that enabled people to

live fulfilled and meaningful lives.

Kindness, respect and maintaining dignity were integral to the day-to-day practices of the service.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which had been discussed and planned with them. Staff knew how best to support people.

People were encouraged to engage with the local community and maintain relationships that were important to them. People were also supported to develop new skills and interests.

Concerns were listened to, taken seriously and addressed appropriately.

Is the service well-led?

Good ●

The service was well led.

The registered manager provided good leadership and guidance. Staff were confident they could raise concerns and that these would be addressed.

There was a positive culture within the service and clear values that embraced inclusion, compassion, dignity and respect.

People were included in decisions about the running of the service and were encouraged and supported to have their voices heard.

There were systems in place to assess and monitor the quality of the service. The quality assurance system helped to develop and drive improvement.

Quayside

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 took place on 2 November 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We contacted local authority safeguarding and commissioning teams who funded placements at Quayside.

We asked the registered provider to submit a provider information return (PIR) and this was returned in August 2016. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we also received feedback from the local authority contract monitoring team. They told us they were, "happy with the level of care that the home delivers."

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed documentation including four care plans, staff training, four recruitment records and records relating to the management of the service, for example, surveys and policies and procedures. We spoke with two people who used the service in their bedrooms and other people in the communal areas. We also spoke with the director of the company that owns the home, the registered manager, two support workers, a team leader and two new members of staff.

Following the inspection we received the up to date documents relating to the premises, including the fire safety certificate and landlord gas check, which had not been available at the time of the visit.

Is the service safe?

Our findings

People who lived at the home told us they felt the care was safe. When we asked people what they would do in the event that they felt threatened by anything or anyone, they all told us they felt confident that any member of staff would assist immediately. Information on abuse and how to report it was included in the service user guide that was provided to everyone. We observed that staff acted in an appropriate manner and that people were relaxed and comfortable around the staff.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. Staff received training in how to safeguard adults and this was confirmed by the staff we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was. Staff we spoke with had not raised safeguarding concerns themselves but were aware of when this had happened and what had been done about the incident.

There was a whistleblowing policy in place which staff were familiar with. All of the staff we spoke with confirmed they were aware of the need to escalate concerns internally and report concerns externally if they thought the matters were not being dealt with properly. This showed that staff were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to report potential incidents of concern.

We looked at the medicine records, which indicated people received their medicines as prescribed. People's medicines were administered safely. The residents we spoke with told us they received their medicines as required and had never missed important medicines. Records showed that all staff who administered medicines had been trained to do so. We looked at the medicine storage facilities and found that medicines were stored properly and the temperature of the medicines fridge was monitored. At the time of our visit there were no controlled drugs being stored or administered. Controlled drugs are medicines which require special management because of the risk of them being misused.

On the day of our visit there were seven people living in Quayside. Those people we spoke with said that staff met their needs fully and responded quickly if they needed assistance. Staff told us there were enough staff to provide a good standard of care. The registered manager told us that staff rotas were planned in advance according to people's support needs and additional staff were deployed when necessary. We looked at the staff rotas and saw that there were always at least two care staff on duty at all times. This included two night staff, with on call arrangements in place. Extra staff were brought in when necessary, for example to escort someone to a medical appointment or provide extra care if someone was unwell.

Staff records showed that all new employees went through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

Individual risk assessments were completed for people and staff had access to detailed information on how to manage risks and minimise any impact this could have on the person. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them appropriately. Records showed that staff took appropriate action following accidents or incidents.

We looked at the maintenance records. Regular environment and equipment safety checks were carried out. At the time of our visit the certificates relating to the electrical installations and gas appliances were not available. However, these were provided to us shortly after the inspection. Any issues regarding equipment safety were reported to the management, who arranged for a suitable contractor to visit the site.

The home had a fire risk assessment in place, which had been updated in January 2016. Staff received fire instruction on their induction and had fire safety training on an on-going basis as refresher training. All equipment was inspected, serviced and maintained appropriately. Every resident had a personal emergency evacuation plan (PEEP) in the event of fire or other emergency.

The service had a business continuity plan in the event of a significant incident which may include a power failure, flood or fire.

The home was clean and staff had received training in infection prevention and control. The most recent food standards agency inspection was in August 2016. The home was awarded a rating of 5 stars. This is the highest award that can be given. People who used the service told us the home was kept clean by them and the staff supporting them.

Is the service effective?

Our findings

People told us the food was good and that they had plenty to eat. Any special diets were catered for. The majority of people were supported to make a meal and the extent to how involved they were was reliant on their developing skills and abilities. One person told us, "I prefer to cook at 8pm, when the kitchen is quieter and there are less people using it." They told us this preference was accommodated. We saw that snacks such as fruit, biscuits, sweets and cakes were available in the kitchen for people to help themselves. People were also able to help themselves or ask staff to assist with drinks and snacks if they were unable to access these.

During our visit a variety of sandwiches were provided and we could hear there was plenty of discussion around choices and what people preferred to eat. Staff were on hand to serve and support people during lunch time and also sat down to eat their lunch with everyone. Staff were seen to communicate and engage with people in a helpful and courteous manner. It was evident that mealtimes were unhurried and that people living in the home enjoyed the opportunity to socialise or not depending on how they were feeling. Staff we spoke with had a good understanding of each person's dietary needs and their preferences.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

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. We found that no one at the home was subject to a DoLS authorisation, despite one having been applied for. Assessment documentation had been produced to enable staff to undertake an assessment of capacity and to record best interest decision making processes and outcomes in the event this was necessary.

During our visit we saw that staff obtained people's consent before providing them with support. Staff we spoke with during our visit were aware of DoLS and had received the relevant training.

Care plan records provided evidence that people using the service had accessed a range of other health and social care professionals such as dentists, opticians and psychiatrists. Staff accompanied people to medical appointments if necessary and worked with people who chose to do this independently to make sure they were aware of the treatment and medicines being taken.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at Quayside. Staff had an in depth knowledge of people's individual needs and preferences and knew where to find information in people's care plans. Most of the staff had worked at the home for many years and had got to know people's needs well. Staff had experience of working with people with a wide range of long term physical and mental health conditions, for example depression, schizophrenia, bi-polar disorder, personality Disorders, and anxiety. Some people using the service also had a secondary condition, for example, a learning disability, autism or physical disability. Staff were trained in all these areas and received support from the provider, who is a registered mental nurse, and the manager, who has over twenty years experience.

We saw that staff had the skills to be effective in their role. Staff received a comprehensive induction which covered the Care Certificate Standards (The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.) A new member of staff told us that they spent time working with more experienced staff, until they got to know people and were confident and competent to work unsupervised. They had not been allowed to provide personal care to one person until they had got to know the individual and that the individual was comfortable with them providing support.

We saw from the training matrix there was an on-going programme of training applicable to the needs of people who used the service. Staff said they appreciated the fact that some of the training was face to face or by way of work books, which were marked and externally verified to make sure they had understood the training given and were competent.

Staff received an annual appraisal and regular supervision to ensure that competence was maintained. Staff meetings were held to pass on information and provide staff with the opportunity to express their views on how the service could improve the experience for those that lived and worked at Quayside.

Each person had their own bedroom with an adjoining wet room. People had access to an outside area, which was private and provided seating, a greenhouse and patio area. We also saw people sitting outside to smoke.

Is the service caring?

Our findings

People who lived at Quayside made positive comments about the service provided. Comments included: "I am happy here, it is good for me." Another person told us, "I would give this place ten out of ten. They know me well and the staff team help me." Another person talked about things which made them worry but that input from the staff team had helped them to cope with things better than they had ever done previously. One person said "The staff are the best ones I have ever met."

People's cultural, spiritual and diverse needs were recognised and people were supported to be themselves. Staff helped people find local support groups they could attend to share experiences with like-minded people, including discussion groups around mental health and coping with the condition. This had been of benefit to people in gaining confidence and independence.

People's right to privacy and dignity was respected. Staff explained to people who the inspectors were and asked people's permission before talking to them or looking into their bedrooms. People were able to spend time alone in their bedrooms and there were plenty of other areas where people could choose to be alone or mix with others, including family and friends. People were encouraged to maintain their relationships with family and friends. They were able to see visitors in private if they wished.

We saw that staff were friendly, supportive and respectful, and used people's preferred names. Staff continually engaged with the people in their care, either offering support and encouragement or sitting and chatting with individuals or groups. People were comfortable and relaxed with the staff who supported them.

Staff we spoke with told us they enjoyed supporting the people they worked with and were able to tell us a lot of information about people's needs, preferences and personal circumstances. This showed that staff had developed positive caring relationships with the people they supported. One member of staff told us, "It's not like coming to work. I enjoy being here and helping people who live here." Another member of staff told us, "I love to see people moving on, developing. Some have to take small steps but know there is another life after Quayside. We support them to take that next step."

All staff had completed training to ensure that confidential, personal and sensitive data was protected. All new members of staff received training that included duty of care, privacy and dignity, and working in a person centred way, to provide them with the knowledge and understanding of their caring responsibilities.

We saw that people who lived at the home were involved in planning their care. People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. People's rooms were personalised and contained photographs, pictures and personal effects each person wanted.

People were members of support groups in the local community and had access to a range of advocacy services.

Is the service responsive?

Our findings

People who used the service told us that the service responded well to their individual needs. One person told us that they thought staff were in the right job and they said this showed because they took time to listen to them and did not judge them for the way they felt. People who used the service also told us that staff treated them as individuals with value.

We found that an assessment of all people's needs had been undertaken before people were admitted to Quayside and on a needs assessed basis thereafter. We raised one comment with the registered manager about one care plan, which we thought needed more detail about the person's condition particularly around behaviours which could cause harm and that monitoring of the person was required on a more regular basis to make sure they did not require additional support. The registered manager and director immediately took steps to address this and the required assessment information was completed promptly. They explained that staff were aware of the needs of the individual but agreed that the information provided at the inspection was not reflective of the support in place.

Care plans had been produced that were centred on people's individual needs, preferences and aspirations. Supporting documentation was completed and included information such as; preferred priorities for care, essential support, active goals, strengths and positive or negative factors affecting their quality of life. The emphasis was very much on people setting their own goals and how staff would assist them in that. For example, some people were actively seeking alternative placements, where staff input was minimal so they could live more independently. Other people were finding ways to engage with the local community and find new friends. Care plans were reviewed when people's support needs or goals changed.

The staff we spoke with were familiar with people's mental health needs and had the right skills and knowledge to be able to offer the right support and care. Staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

We found that there were a number of activities taking place in the home that were determined by the people who lived at Quayside but these were kept to a minimum as the emphasis was for people to engage in activities in the local community or which were personal to them. One to one time was seen as an essential part of people's development and wellbeing.

On the day of our inspection we observed individuals doing crafts, watching films, returning from shopping trips or meeting with health care professionals.

A complaints procedure was included in the service user guide and people who lived at the home told us they would feel comfortable raising concerns and complaints. We looked at the complaints file. There had been three complaints in the last 12 months. All had been investigated and resolved within the timescale set by the provider and the written outcomes showed what action had been taken by the service and the response provided to the complainant. The Commission has not received any complaints about this service.

Is the service well-led?

Our findings

It was clear to us during the inspection that people who used the service came first and staff maintained this attitude in all their engagements with them. Staff told us that they felt privileged to be able to work with people to help them achieve their goals of living an independent life. Staff told us they felt supported, and that they had ample opportunities to reflect on the service they provided through supervision and staff meetings.

Staff were enthusiastic about their work and were clear about their roles and responsibilities. They spoke with us about supporting people to live lives which were meaningful and promoted their sense of well-being. Also how they built on professional and caring relationships to enhance the lives of the people they supported.

The manager was actively recruiting a deputy managers post, but in the meantime was supported by three team leaders. The manager has worked at the service since it opened in 2012.

People's views on the quality of the service were regularly sought. People we spoke with all knew who the manager was and felt they could approach them at any time. They said the registered manager spoke with them most days to check that they were alright.

The staff also spoke positively about the leadership of the home. They said that the registered manager listened and took action when they made suggestions or raised concerns, and they could approach the registered manager at any time for help and advice. Staff said they were well supported and had lots of opportunity to develop in their roles and attend training. They felt they had the right levels of skill and knowledge to do their jobs effectively. Staff spoke to us about some of the challenges they faced when caring for people who had mental health needs but knew what methods and techniques to use to assist people appropriately.

Staff morale was described as "good" and the staff we spoke with gave us the impression they were committed to providing good quality support for people who used the service and that they did this as an inclusive team.

The registered manager had clear values and enthusiasm about how they wished the service to be provided. These values were shared with the staff team.

The provider had a robust quality assurance system in place and gathered information about the quality of the service from a variety of sources including people who used the service and other agencies. Social workers, community psychiatric teams and psychiatrists worked alongside staff to share practice and develop care plans so that people received the right care, assessment and support. Learning from incidents and feedback were used to help drive continuous improvement. Regular checks were carried out in the home; for example, water temperatures, fire safety equipment and fixtures and fittings. Records were audited including medicine, rotas and training documents.

The provider visited the home at least once a week and was present during the inspection carrying out a routine visit. They knew each of the people at the service and knew in detail their care needs and their future plans.

The registered manager was aware of notification requirements and we had received notifications about appropriate events that occurred at the service. Notifications are incidents or events that the registered provider has a legal requirement to tell us about.