

Blue Sky Care Limited

Christie Development Centre

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an unannounced inspection on 23 and 24 April 2015. Christie Development Centre provides accommodation and support for up to ten people; some of whom are living with a learning disability or have mental health needs.

This inspection was unannounced.

There were two managers in place at the time of the inspection. Although neither of them were registered we had received applications for both of them. The home required two managers as the service is managed in two separate parts of the building.

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 Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after

Summary of findings

in a way that does not restrict their freedom unlawfully. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The managers were aware of the principles of DoLS and how these were implemented to maintain the person's safety.

People's support plans did not always contain the appropriate paperwork that showed that when decisions had been made for people they had been done so in line with the legal requirements of the MCA.

People felt safe. The risk to people experiencing abuse at the home was reduced because the staff had received training on safeguarding of adults, could identify the different types of abuse and knew who to report concerns to. However information for people on who to report concerns to externally was not available. Plans were in place that assessed people's ability to be as independent as they could be and risk assessments were in place that enabled staff to ensure people's freedom was not unnecessarily restricted whilst maintaining people's safety. There were enough staff to meet people's needs. People's medicines were managed in a safe way.

People were supported by staff who were well trained for their role and received regular assessment of their work in order for them to provide effective care for people. People spoke highly of the food. When people required referrals or appointments with external professionals these were done in a timely manner.

Staff treated people with respect and supported people in a dignified and caring way. When people became distressed, staff responded to them in a timely manner. When people needed an independent advocate to act on their behalf this was provided. However the information was not easily accessible for people and could reduce their ability to use this service. People contributed to their care and felt their wishes were welcomed. People's privacy and dignity was maintained at all times. There were no restrictions on people's friends or relatives visiting them.

People's care was planned and provided in the way they wanted it to be with input from relatives or external professionals if needed. People were supported to take part in the activities and hobbies that interested them. People felt able to raise any concerns or complaints with the staff and the manager and they were confident that they would be dealt with appropriately.

There was a friendly and positive atmosphere in the home. Staff and people interacted well and people spoke highly of the managers. Auditing systems identified issues within the home and recommendations made by the manager were reviewed to ensure they had been carried out. Staff were aware of the values of the homes and how to incorporate these values into their work.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe at the home although information on who they could report concerns to externally were not made available for them. The risk to people suffering abuse was reduced because staff could identify the types of abuse and who to report concerns to.

There were enough staff to meet people's needs and there were procedures in place to evacuate people safely in an emergency.

Medicines were handled, stored and administered safely.

Good



Is the service effective?

The service was not always effective.

The principles of the Mental Capacity Act 2005 had not always been appropriately applied when decisions were made for people.

People told us they enjoyed the food and drink and they were supported to maintain a healthy and balanced diet.

People received support from staff who were well trained and referrals to external healthcare professionals were made in good time.

Requires Improvement



Is the service caring?

The service was caring.

If people required the support of an independent advocate this was provided.

People were supported by staff who treated were kind and caring, treated them with respect and dignity and maintained their privacy at all times.

Staff took appropriate action to support people who showed signs of distress or discomfort.

Good



Is the service responsive?

The service was responsive.

People knew how to make a complaint.

People were encouraged to take part in a wide variety of activities that interested them.

People's needs were regularly assessed and when changes were required they were implemented.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People and staff spoke highly of the managers and felt they listened to their views and acted upon them.

Auditing processes were completed and areas for improvement that were identified were reviewed by the managers to ensure they had been completed.

People were supported by staff who understood the values of the service and how to incorporate them into their work.

Christie Development Centre

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 23 and 24 April 2015 and was unannounced.

The inspection was conducted by two inspectors.

To help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted Commissioners (who fund the care for some people) of the service and other health care professionals and asked them for their views.

We spoke with three people who used the service, five members of the support staff and the two managers.

We looked at the support records for six people who used the service, as well as a range of other records relating to the running of the service such as quality audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, “I am safe here, the staff have always looked after me well.” Another person said, “I do feel safe living here, nothing worries me at all.”

People told us they were protected from the risk of abuse. Staff were able to identify the different types of abuse that people could face and they knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. There was a safeguarding policy in place which gave staff the information they needed in order to reduce the risk to people’s safety. We saw most staff had attended safeguarding adults training although three new members of staff had not yet completed this training. A manager told us they were booked on a course to complete this training. The staff we spoke with could explain how they incorporated that training into their work. This meant the risk of people experiencing abuse was reduced.

People told us if they thought they or someone else had been the victim of abuse they felt comfortable raising this with members of the staff. However, we saw information had not yet been provided for people to report concerns to the external agencies. We were shown documentation by a manager which showed they had the information provided in picture format, however this had not yet been made available for people. This meant people may be unaware of whom they could report concerns to if they did not wish to speak with a member of staff.

Accidents and incidents were investigated in a timely manner and risks to people’s safety were addressed immediately. Recommendations made by the managers were implemented and their effectiveness was reviewed. Learning logs were in place that enabled the managers to identify any risks to the people’s safety. Where people required additional support such as one to one support this was provided.

People, and if appropriate their relatives, were involved with identifying risks to their or their family member’s safety and discussions were held to help reduce that risk. We saw examples of discussions regarding people accessing the local community on their own or people’s knowledge of road safety and how staff could support people to ensure they remained safe. We spoke with one person who had

been given a key that enabled them to go out and access the community alone. They told us the risks had been explained to them by the staff and they were happy that they were safe but supported to minimise any restriction on their freedom. They also said, “I can come and go as I please, I have a key. I don’t have to ask.” Assessments of the risks people faced were regularly reviewed to ensure the current level of support provided was appropriate.

Personal emergency evacuation plans (PEEP) were in place that enabled staff to ensure in an emergency they were able to evacuate people in a safe and timely manner. The maintenance of the building and the equipment within it was regularly checked to ensure it was safe. Inspection schedules were up to date and a maintenance person was employed to carry out minor repairs. When more complex work was required for parts of the home such as, gas boilers, emergency lighting or the fire alarms and detectors; these were completed by external professional contractors. This ensured they were carried out by appropriately trained people to maintain people’s safety.

People were supported by an appropriate number of staff to meet their needs. People told us they felt they had enough to staff support them when they needed them. The managers assessed people’s needs and ensured that there were appropriate numbers of staff with the right experience and skills to support them. The staff we spoke with told us they thought there were enough staff to meet people’s needs.

The risk to people’s safety was reduced because prior to commencing their role criminal records checks were carried out for all staff. We looked at the recruitment files of four members of staff. The appropriate background checks had been prior to the staff commencing their role. This enabled the managers to make safer recruitment decisions and prevent people receiving support from staff who were unsuitable for their role.

People’s medicines were handled and administered safely. People received their prescribed medicines at the time they needed them. We checked the medicine administration records of two people who used the service. These records are used to record when people have received or refused their medicines. They were completed correctly. A person we spoke with told us, “I get my medicines when I need them.” Staff who administered people’s medicines had received the appropriate training to do so and their competence was regularly assessed. There were processes

Is the service safe?

in place that ensured that people who received their medicine covertly did so in a safe way. The records we looked at gave guidance for staff on how to administer the medicines. Authorisation to administer people's medicines in this way had been requested and granted by the appropriate person's GP. Advice had been requested from a pharmacist as to the best and safest way to administer medicines covertly.

People's medicines were stored safely and regular checks of the temperature of the room were conducted and

recorded. However we did see a person's eye drops had not been stored in line with the recommended temperature, although we had been told that the person no longer required them. The effectiveness of people's medicines could be reduced if they were not stored at the appropriate temperature which could have an impact on people's health. The manager rectified this immediately and a fridge was installed in the room.

Is the service effective?

Our findings

We reviewed the support plans of six people to check whether the provider had ensured that where required an assessment of people's capacity to make and understand decisions relating to their support was undertaken as required by the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. We saw some assessments had been completed in areas such as people being able to manage their own personal hygiene. However we saw a number of examples where reference had been made to the MCA in people's support plans but the relevant documentation to support the decisions made for people was not available. The manager told us the paper work was completed but they were unable to find this paperwork.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with could explain the principles of the MCA and the decisions made for people who used the service. A staff member we spoke with said, "I know how important it is to ensure people can make their own decisions and if they can't, we do so in their best interest."

The manager could explain the processes they followed when they applied for authorisation for Deprivation of Liberty Safeguards (DoLS) to be implemented to protect people within the home. DoLS aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We checked the records of DoLS that were in place for one person who was at risk of leaving the premises unaccompanied. The paperwork had been completed appropriately and had been authorised by Nottinghamshire County Council (NCC). Further applications for DoLS for other people at the home had been submitted to NCC. At the time of the inspection decisions had not yet been received. We observed staff supporting people throughout the inspection and they ensured that people's freedom was not unlawfully restricted. We checked staff training records and found fifteen of the thirty staff had not received DoLS training. The manager told us they had identified this as a training need and courses were booked for June 2015.

People were not unlawfully restrained at the home. Each of the support plans that we looked at contained guidance for

staff to follow if a person should be present behaviours that challenge. These included a variety of withdrawal and communication techniques. We observed staff use these techniques effectively throughout the inspection.

Staff told us they felt supported by the management team in order to carry out their role and received an induction which gave them the basic knowledge to begin their role at the service. A member of staff we spoke with told us, "I have a mentor. I have had a full induction; the staff and the manager have been fantastic with me." Staff were encouraged to gain external professional qualifications such as diplomas in health and social care to aid their professional development.

People told us they thought the staff carried out their role well. We reviewed the training matrix which showed what training each member of staff had completed. We identified some gaps in people's training and the manager was able to provide us with information that showed staff had been booked onto courses to rectify this. The manager had also identified that some staff had not completed all of their e-learning training courses and ensured this was discussed with staff during reviews of their work. The manager told us they provided extra staff to cover shifts when others were completing their training. This meant the manager had identified gaps in people's training and put effective plans in place to address this.

Staff received regular supervision and assessment of their work in order to ensure they provided effective care for people. The registered manager told us they would be carrying out appraisals of staff performance shortly to enable them to evaluate the quality of the work for the year and will address any areas of improvement them.

People were supported by staff who understood how to communicate with people in an effective way. Sign language and symbols were used and people responded positively to them. Records showed that a person had been on a speaking and listening course and used an iPad to communicate with staff using Makaton signs and symbols. Makaton is a language programme which uses signs and symbols to support spoken language and the signs and symbols are used with speech, in spoken word order. This meant innovative ways were used to enable people to communicate effectively with staff.

People were supported to maintain a balanced and healthy diet. Support plan records showed people's likes and

Is the service effective?

dislikes were recorded and their nutritional needs had been assessed. People who were at risk of gaining or losing too much weight were encouraged to make food and drink choices that would reduce this risk. Where people had the capacity to make their own decisions, if they made choices that could have a negative impact on their health, staff did not prohibit them from doing so.

People told us they enjoyed the food. One person said, “The food is really nice. I get a good choice.” Another person said, “The food is lovely.” We saw staff provide effective assistance for people with eating and drinking if they needed it and encouraged people to eat independently if they were able. There was limited information available for people to know what food was being made available throughout the day. There was a menu in the kitchen, but this was poorly presented. Menu choices had been crossed out and people may struggle to understand what was on offer for them. The manager told us they would address this.

We observed the lunch time and evening meal and saw people had a variety of food to choose from. We saw food prepared and cooked using fresh ingredients. The fridges and freezers were fully stocked, they were clean and their temperatures were checked and recorded to ensure they remained within the safe levels. When food had been opened, the date on which it was opened was recorded and stored safely to ensure the food was safe for people to eat; this enabled staff to be aware when it needed to be thrown away.

People’s day to day health needs were met by the staff. People told us they were able to see their GP, dentist and other health care professionals when they wanted to. Referrals to health care services were made when people’s needs changed. People’s support plan records showed they and/or their relatives had been involved in discussions when support needs have changed.

Is the service caring?

Our findings

People who used the service told us they felt the staff were respectful and treated them with dignity. We observed staff interacting with people throughout the inspection. It was clear they had a good relationship with people and knew their needs well. The staff were caring and respectful at all times and treated people with compassion and kindness.

People were listened to by staff and the staff talked to them in a way they could understand. Staff were calm and patient when managing situations that could upset others within the home. We observed them explain to a person why their actions were not appropriate and the impact they could have on others. The person responded well to the staff member.

When people showed any signs of distress or discomfort the staff took action to resolve this and people responded well to them. A manager told us that prior to new staff commencing their role they met with people they would be supporting to enable them to get to know each other. This reduced the risk of people not being comfortable with the staff who were supporting them.

People and their relatives were actively involved with the planning of and the delivery of the support provided for them or their family members. The manager told us that people's input was crucial to ensuring they received the support that was important to them and also to enable them to act upon people's views. There were two processes in place called 'Talk Time' and 'Circle Meetings' which enabled people to discuss their care either independently of their family or with them present. Records showed that where people or their relatives had made suggestions during these meetings they had been acted upon.

An advocacy file within the service contained an easy read document for people to contact independent advocacy services. Independent 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. However this information was not easily accessible for people who used the service. A manager told us that where people required this support they ensured it was made available but agreed to make the information more easily accessible.

People's privacy was respected at all times. We observed staff knock and wait for permission before entering people's rooms. When people told staff they wanted to be alone staff respected their views.

People's records were handled in a respectful way. People's confidential information, such as support plans were stored safely in a locked office. This ensured that people could not access confidential information about others living at the home. We observed staff discuss people's support needs in a quiet and respectful way that maintained people's dignity. If people needed any element of personal care provided this was done discreetly ensuring people's privacy was maintained at all times.

People were supported to be as independent as they wanted to be. We observed staff supporting a person who required one to one support. However staff provided this in a way that did not impact on their independence. The person was able to make their own choices about they wanted to do and the staff supported them with doing so.

A manager told us that people's friends and relatives were able to visit the service when they wanted to.

Is the service responsive?

Our findings

People told us they felt involved with the planning of their support and were able to contribute to decisions about their care. People's support plans were written in a way that were person centred and reflected how they would like to receive support from staff. The things that were important to each person were recorded in each support plan and the staff we spoke with could explain how they supported people in the way they wanted them to.

People were involved in the assessment of their needs. Their relatives and external professionals were also involved if required. Changes to people's support plans were made to ensure staff had the most up to date information to respond to people's current support needs.

The people we spoke with told us they were encouraged to follow the activities, hobbies and interests that were important to them. One person told us they were supported to see a recruitment advisor once a month and were encouraged by staff to try to find employment that would suit their needs. They told us, "My support worker comes with me; I really would love to get a job." We saw other people were supported to follow activities such as attending the local disco and we also observed staff join in with a person who enjoyed singing along to and watching music DVDs. The registered manager also told us a person had recently expressed a wish to go on a holiday abroad. We saw assessments had been conducted to ensure the person had the right support staff with them to ensure they were able to have the holiday they wanted.

The managers and their staff supported people to develop and maintain relationship with the people they lived with and responded to any conflict between people in a timely manner. One of the managers told us they had recently responded to concerns between two people who found it difficult to maintain a stable relationship. They responded to this by purchasing a pool table which the two people now used to play together and their relationship has now improved.

One person we spoke with told us they were encouraged and supported to understand more about their cultural heritage and religion. They told us, "I am finding out about my religion. I have been to the Sikh temple and have bought spices for curry when I visited Nottingham. The staff are helping me find out about things." Other support plans we looked at showed people's cultural and religious needs had been discussed with them. This meant people were provided with the support they needed in terms of their religion and ethnic background.

People's ability to undertake tasks independently of the staff had been assessed and the level of support they required had been discussed with them. People's ability to make their own food, choose where they wanted to go out to and make appropriate choices of clothing for the seasonal weather had been discussed with people. We observed staff throughout the inspection encourage people to make decisions for themselves.

Regular assessments of people's behaviour were made and if patterns of behaviour that had a negative impact on others were identified then this was discussed with the person and/or their relative to address this in a supportive manner. We observed staff encourage people to behave in a way that was respectful to others and responded quickly to address this. We saw one person had become very loud and excited during the inspection and the staff reminded the person that this could affect others who lived at the home. The person responded positively to the staff.

There were arrangements in place to address any concerns or complaints. People attended regular meetings with staff and were able to raise any concerns they had. People told us they felt able to raise concerns if they had them. One person told us, "They [staff] listen to me if I'm not happy. I can speak to the manager or staff if something is not right." Although the people we spoke with were able to explain how they would make a complaint; there was no easy read format available, which meant it could be difficult for some people to understand. A manager told us they would rectify this immediately and ensure it was provided in a format that people would be able to understand.

Is the service well-led?

Our findings

People and staff spoke highly of the managers. People told us they were approachable and we observed them interact with staff and people who used the service in a calm and comfortable way. People were supported in an open and transparent environment. There was a calm and friendly atmosphere throughout the inspection.

People were encouraged to give their opinions on how the service could improve. One of the managers told us that information received was used to drive improvement in the home. If needed, the issues raised were discussed during senior management meetings with managers of other services within the provider group and the company director to try to rectify these concerns. People and the staff told us they felt they were listened to and the managers would act on their concerns. A member of staff said, “The managers are very approachable. It is like one big family here.”

People were supported by staff who understood the values, aims and the day to day culture of the service. A manager told us these were explained to staff when they commenced their role and they regularly reviewed staff performance to ensure they carried out their role in line with the values of the service. They told us if staff did not adhere to these values then this would be discussed with them in order for them to improve. They also told us that treating people with dignity was a fundamental value of the service. They told us they appointed a dignity champion to ensure that this aim was met. The role of the dignity champion was to ensure that all staff maintain and support people’s right to be treated with dignity. They told us the dignity champion also met with others in the same role for other services across the provider group to discuss innovative ways to maintain and improve people’s dignity.

Staff were invited to ‘staff forums’ and regular staff meetings. A manager told us these were opportunities for staff to give their opinions on how the service could improve. Risks to the service were also explained to the staff and how they could contribute to reduce that risk.

There were links with the local community and people were encouraged to access the community on a regular

basis. Some people attended a local horticultural centre where they could learn gardening skills whilst meeting other people in the community. Others attended a local scheme that assisted people with learning disabilities to gain the social and independent skills that would enable them to make the transition from school or college to adult life.

People were supported by staff who were encouraged to develop their knowledge in order to drive continuing improvement at the home. Staff were given ‘core roles of responsibility’ which enabled them to assist colleagues in their area of expertise if needed. We were told by a manager that a member of staff had been promoted to a home manager role. We were told that this was a developmental role designed to support staff to develop and gain the skills needed to become a future registered manager. We were also told that trainee team leader roles had been put in place to give all staff the opportunity to develop their careers

The service was led by a management team who understood their roles and responsibilities. They ensured the CQC and other agencies such as the local authority safeguarding team were notified of any issues that could affect the running of the service or for the people who used the service.

Staff were held accountable for their work and it was clearly explained to them what was expected of them. Records showed that staff received constructive feedback on their performance and were encouraged to continually improve their performance.

The support people received and the environment in which they lived was continually assessed and reviewed by the manager to ensure they received a quality service and which met their current level of need. Audits were conducted in a variety of areas such as the environment, staff competency in administering medicines and support planning documentation. Recommendations made by the managers were then reviewed to ensure they had been completed. Regular senior management meetings were held with managers of the other services within the provider group and the provider’s director to discuss concerns on a corporate level.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered manager did always maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care provided to the service users and of decisions taken in relation to the care provided. Regulation 17 (2) (c)