

# My Life-My Choice Limited

# Big Blue Door

## Inspection report

22A Albert Street  
Oswaldtwistle  
Accrington  
Lancashire  
BB5 3NB

Tel: 01254278378

Date of inspection visit:  
09 October 2019

Date of publication:  
05 November 2019

## 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

### About the service

Big Blue Door provides personal care, day care and respite care to children and young adults with learning disabilities, autism and physical disabilities. In this service CQC regulates the personal care provided to adults. At the time of inspection there were six adults receiving personal care, including overnight respite. The respite service is registered for personal care rather than residential care because the service is mainly provided to children and is regulated by Ofsted. This means CQC do not regulate the premises in this service. The most recent Ofsted report can be viewed at <https://reports.ofsted.gov.uk/provider/2/SC489038>

### People's experience of using this service and what we found

The provider ensured people received safe care from suitably recruited staff. People had been supported to manage the risks they faced in person-centred ways which upheld their rights. Relatives were confident that people were supported safely and protected from avoidable harm and abuse. Staff provided safe support with medicines including for some people whose routines were very complex.

The provider assessed people's needs thoroughly, involving other professionals and families which helped ensure they were confident they could meet people's needs. The provider ensured staff had been provided with training suitable to their roles including a thorough induction and regular refresher training. When required specialist trainers had been brought in to train on the management of some long term conditions. Staff said they felt they had been given the right training and support to care for people effectively. The registered manager and seniors provided regular supervision for staff. Supervision is a one to one meeting to consider the development needs and progress of staff. Staff also felt able to rely on each other for support and guidance.

Relatives praised the kind and caring attitude of the staff. Staff were committed to providing high-quality care which reflected people's preferences and upheld their dignity. Staff took time to understand how to communicate with people and ensured they built up rapport over time which helped to include people in decision making about their care. Staff were knowledgeable about how to support people when they experienced distress and followed good practice guidance in relation to positive behavioural support.

People received highly person-centred care which reflected their needs and preferences. Relatives told us the provider had been involved in reviews and updates about people and care was amended to reflect any changes to people's needs and preferences. Relatives had also been involved in recruitment, which had helped ensure families could identify staff they felt would be most appropriate. The provider had a complaints procedure which they followed when required. Relatives told us they had not felt the need to complain formally but any concerns they may have had been addressed in a timely way.

The provider remained committed to providing high-quality, person-centred care. Staff said they felt the service was well managed and they understood the aims and values of the organisation. Regular audits of care practices and records helped maintain consistency and quality of care. The registered manager

addressed any concerns as they arose through supervision and other staffing procedures where necessary. Families told us they felt fully engaged with the service. The provider continued to work with partner organisations develop and improve care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at the last inspection

The last rating for this service was good. Published (June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Big Blue Door

## Detailed findings

### Background to this inspection

#### The inspection

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

#### The inspection team

This inspection was completed by one inspector.

#### Service and service type

Big Blue Door is registered to provide personal care to adults with learning disabilities. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the provider 24 hours' notice of the inspection because the service is small and we wanted to be sure the manager would be in.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We observed interactions between staff and people using the service, spoke to the relatives of three people,

the registered manager and two members of staff. We reviewed the recruitment records of two staff members and the care records of two people. We also reviewed a sample of the services policies and procedures.

# Is the service safe?

## Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The providers safeguarding procedures continued to protect people from the risk of abuse.
- Staff we spoke with understood how to recognise a safeguarding concern and how to raise them.
- Relatives we spoke with felt people were kept safe. Comments included; "They definitely keep (name) safe, I know I can leave them there and there is nothing in my mind that says they are not safe."

Assessing risk, safety monitoring and management

- The provider had a risk management policy which ensured the risks people needed support to manage had been assessed and plans developed to minimise the risk of harm. A relative said, "they have learned how to support (name) to be safe, I am really pleased with them."
- Risk management plans followed good practice and ensured people's rights were protected.
- Staff understood the risk management plans in people's care files and felt confident people were supported safely.

Staffing and recruitment

- The provider continued to follow safe recruitment procedures which helped ensure staff were suitable to work with vulnerable people.
- The provider maintained safe staffing levels. Staff told us there were enough staff on duty to maintain everyone's safety. When necessary, the provider had cancelled services where they felt unable to support people safely.
- The provider was in the process of recruiting staff to help maintain the level of service people needed.

Using medicines safely

- The provider continued to manage medicines safely, following good practice guidance. A relative said, "(name) has a very complex medicine routine and they understand and follow this really well. I would know if they didn't because (name) would be unwell."
- Staff had received training to ensure they were competent to support people with their medicines.
- Regular checks and monitoring ensured staff practice remained safe.

Preventing and controlling infection

- The providers' infection control policies continued to protect people from the risk of infection and cross contamination.
- Staff had access to personal protective equipment, including gloves and aprons and were observed to use these when providing support with personal care.

### Learning lessons when things go wrong

- The provider had a system in place to record and investigate incidents which allowed them to learn from events to avoid reoccurrence.
- We reviewed an incident and found the provider had followed their procedure and amended their practice in response to their findings.



# Is the service effective?

## Our findings

Effective - this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had completed assessments of people's needs which included information from other professionals and families. A relative said, "They really understand how to support (name) and can meet their complex needs, they visited us at home and I have been in to share information."
- Care plans had been developed which included guidance from health professionals, this helped ensure staff understood people's needs and how to meet them in ways which reflected good practice.
- Single page profiles provided clear and concise information about the person and what was important to them. This helped ensure consistent and effective support.

Staff support: induction, training, skills and experience

- The provider had a thorough induction and training programme to help ensure staff had the appropriate skills and knowledge to support people. We reviewed the training records and found training to be up to date. The provider had an effective system in place to monitor when staff needed refresher training.
- Staff said the training had been valuable and they felt they were able to support people's complex needs as a result.
- The provider had a supervision policy and ensured staff received regular supervision. Supervision is a one to one meeting between staff and a senior member of the team to discuss practice and identify any development needs. Staff also received annual appraisals.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with community-based health staff, consultants and specialists to understand the needs and best practice guidance in relation to the specific conditions people needed support to manage. Examples included; learning disability services, psychologists and speech and language therapists. This helped staff provide consistent and effective care.
- Staff said the team communicated well with each other and worked together to achieve consistent support.
- The registered manager ensured they communicated regularly with the staff team, and ensured staff signed any notes to acknowledge when they received information. This helped ensure staff had up to date and consistent information.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider had assessed people's nutritional support needs. Care plans included guidance from health professionals to support people to maintain good nutrition. This included modified diets, specialist feeding techniques and allergies.

- Staff had received training to ensure they were able to support people to maintain their nutrition.
- The provider kept daily records of food and drink taken and shared this with families.

Supporting people to live healthier lives, access healthcare services and support

- The provider had recorded people's health care needs and the support they needed to maintain them.
- Staff followed guidance from other professionals and families in relation to maintaining people's health. A relative said, "They follow medical advice and learned how to use suctioning to support (name)."
- People were supported to make and attend health appointments when required.
- Some people were able to access the hydrotherapy pool in the service, and were supported appropriately.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The provider had referred people for authorisation from the Court of Protection via the local authority. At the time of inspection there were no authorisations in place.
- Staff had received face to face training from external trainers on the MCA and consent. Staff understood the principles of the legislation and were aware of the importance of achieving consent from people before providing support.

# Is the service caring?

## Our findings

Caring - this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A relative said, "The best thing about them is they genuinely care about people and put them first, they make sure they get the best."
- The provider had included information about people's equality and diversity needs in their care plans. This helped ensure staff were aware of the support people needed to maintain their identity.
- Staff said they regularly celebrated a variety of festivals which reflected individual's backgrounds. Food provided reflected peoples' religious and cultural preferences.

Supporting people to express their views and be involved in making decisions about their care

- The provider had assessed people's ability to communicate and express their views. Information in care records supported staff to understand and communicate with people.
- A relative said, "They really understand (name) who is non-verbal, they have made a lot of effort to find out how they express things."
- Staff told us how they used the information in care plans, their experience and knowledge of the person to build up a rapport and understand people's non-verbal communication. This helped ensure people were able to participate in some decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in ways which upheld their dignity and independence. Staff described how they provided personal care discreetly and ensured the person's privacy was upheld.
- The provider ensured staff understood how to support people who experienced distress and needed help to manage their feelings and responses.
- Positive behavioural support plans were followed, and incidents were reviewed to learn any lessons needed to minimise the likelihood of a repeat.

## Is the service responsive?

### Our findings

Responsive - this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had ensured people received person-centred care that was responsive to their needs. Care plans were individualised and included details of what people enjoyed, where they liked to go and who was important to them. Staff had supported people to engage in activities they enjoyed.
- The provider reviewed people's needs regularly and updated care plans in response to any identified changes. Staff knew how to recognise, and report changes in people's needs. The provider had referred people to other agencies and professionals when required.
- Relatives we spoke with were satisfied they had been involved in reviews to update care plans and felt they had been kept informed of any changes. Comments included; "We have had a few reviews and I find them useful to update things." and "I am very satisfied that they keep me up to date and make changes when needed." One person felt they had not had any reviews but was in daily contact with staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to engage in activities they enjoyed. Staff had discussed people's preferences with families where the person was not able to tell them. We saw people engaged in arts and crafts and some people were using the hydrotherapy pool.
- The provider had recorded the contact details of people who were important to the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

The service had met this standard.

- The provider had developed an easy read version of the service user guide. This included information about the service and what the person could expect from them.
- Information could also be provided in pictorial form including picture exchange communication which was a system where the person could be informed of what was happening by using recognised pictures to represent the day's events.
- Some staff were able to support people with British sign language and Makaton signing.

Improving care quality in response to complaints and concerns

- The provider continued to follow their complaints procedure. There had been no formal complaints received since the last inspection. The registered manager advised that concerns are dealt with before they become formal complaints.
- Relatives told us they had not felt the need to complain but could raise concerns at any time and were confident they would be responded to. Comments included; "They will always respond to us and take time." and "there were some concerns recently when the lift was broken but we were very happy with how they dealt with this." and "I would feel comfortable if I ever needed to raise anything."

## Is the service well-led?

### Our findings

Well-led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider ensured staff were clear about their roles and the quality of care expected of them. Staff had also been given a code of conduct to inform their practice.
- Staff we spoke with said the management team were clear about the values and aims of the organisation and were committed to achieving high-quality care. A relative said, "The manager doesn't hesitate to address any issues of quality."
- The registered manager completed regular audits of care practice and care records. Any issues which had been identified were addressed through supervision and other staffing procedures.
- Staff were committed to providing person-centred care which empowered people.
- Relatives were confident the service was well managed. Comments included; "It seems to be a well managed service, on the whole we get regular support." and "I really trust the manager they understand everything about what is important."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged with families and sought their views informally on a regular basis. A relative said, "We engage all the time."
- A relative had recently been involved in interviewing new staff which they said was useful.
- Engaging with people who received a service was achieved over a period of time and was based on shared knowledge of how people responded. This was important because some people were not being able to respond verbally.

Continuous learning and improving care

- The provider had a system in place to investigate any incidents or events which helped ensure they were able to understand and learn from them.
- Lessons learned had been applied to improve care. We reviewed a recent incident relating to a broken lift. This had been fully investigated and the procedure for responding should this happen again had been amended.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility of duty of candour.
- When things went wrong, we saw that the registered manager apologised and provided an explanation of any lessons learned. Relatives told us the manager was open with them. Comments included; "The registered manager always informs us of anything that happens." and "They always let us know if there is something that has gone wrong." and "They tell me when there are incidents or if (name) has been upset about anything."

#### Working in partnership with others

- The registered manager told us they worked in partnership with a number of different agencies, these included; children's' services, Ofsted, and consultants.
- Relatives praised how well the service co-ordinated working with partner organisations.