

Bleak House Limited

# Bleak House

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

Bleak House is registered to provide accommodation and personal care for up to 19 people with learning disabilities and/or mental health conditions, and on the day of this inspection there were 19 people using the service. The home is located in Patrington near Hull. There are several shared bedrooms as well as single bedrooms and shared communal facilities. The service has use of a vehicle and people who use the service also access community based day services. The service is within walking distance of local amenities.

At the last inspection in May 2016, the service was rated as Requires improvement. We identified breaches in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. People who used the service were not protected from the risks associated with living in accommodation that was inappropriately maintained. Records in relation to health and safety checks in the service were also inappropriately maintained. Processes and systems to manage medication in a safe way for people were ineffective and controlled drugs were inappropriately stored. The registered provider sent us an action plan in response to the breaches we identified stating what measures they were going to take in order to address the issues. At this inspection we found the registered provider had taken the action required of them to meet the regulation.

At the last inspection we made a recommendation for the registered provider to consider current best practice on quality assurance systems and takes action to update their practice accordingly. During this inspection we found improvements had been made to the quality assurance systems at the service.

This comprehensive inspection took place on 22 June 2017 and was unannounced.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 registered manager understood their responsibilities to report accidents, incidents and other notifiable incidents to the CQC as required. Copies of the most recent report from CQC were on display at the service. However, we noted when planning this inspection that the current CQC rating for the service was not accessible through the registered provider's website. This meant any current or prospective users of the service, their family members, other professionals and the public could not easily assess the most current assessments of the provider's performance. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 20A: Requirement as to display of performance assessments.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and controlled drugs were stored appropriately.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns. Systems were in place and well understood to help staff or people report concerns. People were supported safely because risks to people were identified and plans were put in place to minimise these risks.

There were enough staff to support people to follow their chosen activities, lifestyle and to keep people safe. Effective recruitment processes were in place and these were followed by the service. Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions and appraisals.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had an awareness of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were supported to access health professionals when required, including district nurses and doctors, to make sure they received continuing healthcare to meet their needs.

Improvements had been made to the environment and we saw one bathroom and toilet had been refurbished, flooring had been replaced in two other toilets and new dining tables and chairs had been purchased.

Staff provided care and support in a meaningful and caring way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People were treated with dignity and respect. Staff used methods of communication to speak with people and include them in conversations, and ensure they were understood. For some people this included supported communication using pictures and symbols, for example, to help with choosing food.

Bleak House had a welcoming, happy and positive atmosphere with people following full and active lifestyles of their choosing. Some people had lived at the service for many years and were very familiar with the manager.

People told us they knew how to complain. There was a complaints procedure in place which was accessible to all.

The manager had implemented an effective quality assurance system which ensured the service was continually improving and a range of audits and checks were completed regularly to ensure that good standards were maintained.

Records were well maintained and kept securely.

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

## 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.

Improvements had been made to the environment.

Accidents and incidents were recorded appropriately and we found improvements had been made to the medicines systems in place to ensure they were safe.

Staff had undertaken training and demonstrated a knowledge and understanding of safeguarding issues.

There was a recruitment system which helped ensure that people were suitable to work with vulnerable people. Staffing levels were sufficient to meet the needs of the people who used the service.

### Is the service effective?

Good ●

The service was effective.

People were asked for their consent to care. Staff had a good understanding of the Mental Capacity Act (2005).

Staff were well supported with induction, training and regular supervision.

People were supported to have enough to eat and drink and had access to healthcare services when required.

### Is the service caring?

Good ●

The service was caring.

People told us they were involved with their care planning and we saw meetings for people who lived at the home were held regularly.

We spent time observing interactions in communal areas of the service and saw that conversations between staff and people that used the service were relaxed, polite and friendly.

People were supported by staff who were kind and caring. They treated people as individuals and respected their dignity and right to privacy.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans included the information staff required to support people in a person-centred way.

People had access to a range of activities both within the service and in the local community.

People were seen by appropriate professionals when required to meet their physical and mental health needs.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well led.

The provider failed to display their inspection rating on the service website following their CQC inspection in May 2016.

Staff described the culture of the service as open and spoke positively about management.

The service actively encouraged feedback from people and their relatives about the quality of care delivered.

We saw improvements had been made to the quality monitoring systems, which consisted of audits to check systems and questionnaires to obtain people's views.

# Bleak House

## **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 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.

This comprehensive inspection took place on 22 June 2017. The inspection was unannounced, which means the registered provider did not know we would be inspecting and was carried out by one inspector.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the registered provider had sent us. Statutory notifications are when registered providers send us information about certain changes, events or incidents that occur. We consulted with the East Riding of Yorkshire local authority safeguarding and quality monitoring teams to ask for their views on the service.

The registered provider submitted a provider information return (PIR) in April 2017. 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.

During our inspection we spoke at length with six people who lived at the home. We spoke with three staff, the registered manager and two volunteers. We looked at two people's care records and ten people's medication records, staff rotas, meeting records, staff training records and other records about the management of the service. We spent time observing the interaction between people and staff in the communal areas of the service and during breakfast and lunchtime on the day of the visit. We also completed a tour of the premises.

# Is the service safe?

## Our findings

At our last inspection the service was not meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment. We saw that plaster was coming away from the wall in one toilet and paint was peeling off the walls. The floor around the base of one toilet was cracked and another was badly stained. Some toilet seats were chipped and a toilet cistern cracked. Stock checking of people's medicines was not always completed and controlled drugs were not stored appropriately. The registered provider sent us an action plan detailing how they would make improvements. We found these actions had been completed.

We completed a tour of the environment and checked all of the toilet and bathroom facilities at the service. We saw one bathroom on the ground floor had been refurbished into a wet room and another toilet had been improved with a new toilet, sink, flooring and tiles. Electric hand driers had been fitted for people to dry their hands. On the first floor we saw the flooring in two toilets had been replaced and new toilet seats fitted. The dining room was in the process of re-decoration and new dining tables and chairs had been purchased. One member of staff told us, "The residents love the wet room and use it a lot. It's much better."

Medicines systems for ordering, storing, administering and disposal were safe. We observed medicines being given by a qualified member of staff and all appropriate protocols were followed. The staff member who was responsible for medicines on the day of the inspections demonstrated how medicines were managed. The medicines were stored correctly and controlled drugs (CDs), which are subject to the misuse of drugs legislation, were kept in a locked cabinet and signed for by two people as required. The temperature of the medicine trolley where medicines were stored was monitored and was within the recommended range. There was a record confirming the stock of people medicines held at the service. We checked the amounts of four people's medicines and found these tallied with the balances recorded. We saw the packaging of medication that was stored in boxes or bottles was dated when the medication started to be used; this meant the service could ensure it was not used for longer than the recommended period of time. There were no gaps in the ten medicine administration records we examined.

The information above demonstrated that the service had taken appropriate action and were now meeting the requirements of Regulation 12.

People told us they felt safe. Comments included, "It's nice here. I feel safe, the staff look after us and keep us safe" and, "When there's a fire alarm we go to the veranda. It's really loud and the staff go and check if it's safe for us to come back in."

We reviewed the results from a survey that people's relatives completed in 2017 and saw comments included, "I know [Name] is happy and safe."

People were protected from the risk of abuse. Staff received training in safeguarding vulnerable adults from abuse or harm and there was a safeguarding policy and procedure in place. Staff told us they would report

any concerns to the registered manager and were confident any issues would be acted upon straightaway. One member of staff told us, "Safeguarding is about vulnerable people, they may appear withdrawn. I would go to my manager and raise any concerns. I would also go to the police or CQC." Staff demonstrated a good understanding of how to safeguard people who used the service.

When we asked people who used the service if there were enough staff on duty, we received a positive response. Comments included, "Yes there is. Staff look after me." Discussion with the staff indicated that they worked together well as a team to make sure people received the care and support they needed. Comments included, "Staffing levels are all right. I've been here three years now and we do seven hour shifts" and, "We have some new staff starting in a week. There is always two on every shift and two during the night, one of those sleeps." The staff team consisted of senior staff, care staff and kitchen staff.

People were protected by safe recruitment practices. The service had a recruitment procedure to ensure that staff recruited were suitable and had the appropriate checks in place prior to being employed. We examined a sample of four records for staff. We noted that the records had the necessary documentation such as a criminal records disclosure check, references and evidence of identity, with the exception of one member of staff that did not have any references in place. We discussed this with the manager who told us these would be located and sent to us after this inspection.

We saw the service had systems in place to ensure that risks were minimised. Electronic care plans contained risk assessments for people's specific needs. This included daily living activities, pain management and continence. We saw one person stayed in their room and restricted access by staff. The service had implemented regular monitoring of the person in their room to ensure their safety.

Accidents and incidents were monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. There was regular analysis of accidents and incidents to identify any common trends or pattern. The analysis included what actions had been taken, and if anything could have been done differently.

Possible risks to people's safety from the environment and equipment were well managed and staff carried out regular health and safety checks. There were systems in place to make sure that regular and on-going safety maintenance was completed, including electrical and gas safety. A fire risk assessment was in place and personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation.

The service was clean, tidy and well maintained throughout. Staff followed infection control procedures and there were adequate hand washing facilities throughout the home. Staff were observed to wear personal protective equipment (PPE), such as plastic aprons, when appropriate.



## Is the service effective?

### Our findings

People spoke positively about the care and support they received. One person told us, "It's nice here, the staff are all right and they help us with things" and, "I've been living here a long time. Yes I am happy." A comment from the relatives survey said, "I put all my trust in everyone and can't thank and praise them enough for the care and support given."

People received care from knowledgeable staff who received regular training and updates that included infection control, medicines, moving and handling and fire safety. They also received training specific to the needs of people which included dementia and challenging behaviour. Staff were also supported to complete further training such as National Vocational Qualifications (NVQ) in care. This ensured staff continued to develop their knowledge and skills. All staff received regular one to one and group supervision sessions where they were able to discuss their learning and development needs. One member of staff told us, "I think I have enough training to do my job confidently. My induction was thorough and my training is good."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Discussion with the manager showed they had a clear understanding of the principles of the MCA and the associated Deprivation of Liberty Safeguards (DoLS), and we saw that if it was considered people were being deprived of their liberty, the correct authorisations had been applied for.

We saw that there were policies in place relating to the MCA and DoLS. Information received from the manager confirmed that, at the time of our visit, there were three people using the service who were subject to a DoLS. One staff member said, "I have done mental capacity act training. It's about people having the capacity to make decisions that are informed." Throughout the inspection staff asked people for their consent before offering care and support. One person told us, "We can do what we want. Get up and go to bed when we want. The staff ask us first if we want help like when washing hair."

People were supported to have sufficient to eat and drink. People's nutritional requirements had been assessed and their individual needs, including their likes, dislikes and dietary needs were documented. Staff had a good understanding of each individual person's nutritional needs and how these were to be met. There was a picture board which was used by people to choose what choice of meal they wanted. We saw people using this with support from a member of staff to choose their lunchtime meal during this inspection. We observed the breakfast and lunchtime meals and saw people ate different meals dependent on their preferences, for example, we saw people were eating different breakfast cereals and one person told us, "I always have toast for my breakfast." Others said, "Oh yes it's nice food" and, "When it was my birthday I had a buffet tea."

Records showed how staff made referrals to seek relevant healthcare services when changes to health or wellbeing had been identified. Care records evidenced where health and social care professionals such as GPs, dentist and chiropody had been contacted and visited the person. We spoke to one person and looked at their plan of care and saw they had experienced deterioration in their mental health. There was evidence that the service was working closely with healthcare professionals in the community to secure a more appropriate placement for the person.

# Is the service caring?

## Our findings

People had built strong relationships with the staff who worked with them, and with each other. We saw that people were comfortable around staff and their peers. We spoke with two people who shared a room together. One of them told us, "I share a room with [Name] now" and the other said, "I used to share with [Name] but she got ill. I now share with [Name] as she wanted to share with me." When we asked if they had been consulted about this they both told us, "Yes."

We saw that people who used the service were well presented throughout the day. We saw people looked well cared for, men were clean shaven (when this was their choice) and people wore clothing that was in keeping with their own preferences.

We observed care in communal areas throughout the day and listened to interactions between staff and people who used the service. Staff spoke in a friendly and polite manner. People who used the service told us staff were kind and caring. Comments included, "It's nice here. [Name of member of staff] is my keyworker and she took me to Cakey Bakey" and, "[Name of manager] looks after us." Comments from the recent relatives survey included, "I have known [Name] for 40 years and this is the happiest I have ever seen him" and, "The staff team make [Names] life complete. I know 100% she is happy and content."

One person at the service remained upstairs in their room, where they also took their meals. We saw that staff ensured they went up to them frequently during the inspection to help ensure they were comfortable and happy.

People who used the service told us their friends and relatives came to visit them. One person said, "My mum is coming tomorrow and maybe my dad and the new baby." People were supported by staff who demonstrated a commitment to meeting their needs and we observed this was carried out in a relaxed atmosphere with staff and people talking and laughing together. A volunteer told us, "The staff are very good. This is a lovely service and we can't keep away."

We saw people who used the service had a strong relationship with the manager and during the inspection we observed kindness and genuine affection between people and the manager. People chatted with the manager frequently during the inspection. During our discussions with the manager, they talked with fondness and care about the people who used the service.

Staff treated people with dignity and respected their privacy. They spoke with people in a respectful and friendly manner. Staff knocked on people's doors before entering. One person told us, "Staff knock on our doors, they don't just come in our bedrooms."

People were supported by staff who understood how to meet their individual needs. Care records showed staff how to support people with their communication needs. For example, one person's care plan said, "[Name] needs support to develop her written word. Needs space and time to communicate." One member of staff told us, "One person has no speech and we communicate by using adapted sign language and

pictures." We observed staff communicating in this way with the person during the inspection.

We saw records of residents meetings which took place on a regular basis. Discussions included activities and the environment. This helped people who used the service to be involved in the care provision. People we spoke with confirmed these meetings; one person told us, "We have residents meetings and we talk about nice things. [Name of manager] asks us if we are happy and we talk about holidays. She [manager] looks after us."

We saw that people who used the service, and their relatives when appropriate, were involved in their care planning. One person told us, "I look at my care plan and it's about me" and another person said, "I have one [care plan] too."

People were supported to maintain their independence. One person said, "It's my job to dust the chairs in the dining room. I like to do housework" and another told us, "I like going out. I can go to the shop on my own and I can get washed and dressed by myself." Throughout the inspection we saw people completing household tasks such as laying the tables at lunch and bringing their own washing down to the laundry.

## Is the service responsive?

### Our findings

We saw staff provided people with person-centred care. This is when treatment or care focuses on people's individual needs and preferences. For example, staff knew how to communicate with people in their preferred way. This included adapted sign language, pictures and pictorial menu boards. Staff knew people's needs well and provided them with choices. People were able to spend time in their preferred places such as their bedrooms or communal dining/lounge areas and the gardens. People told us they were able to get up when they wanted to and go to bed at their preferred time.

We saw each person who used the service had a care plan, which was kept electronically on a 'Person Centred Software' system. Person Centred Software is a mobile electronic care system method of evidencing care interventions in a social care environment.

Each person had a care plan on the software system for every aspect of their lives including their behaviour, emotional support, mental capacity, mobility, finances and nutrition and hydration. Each element had a corresponding risk assessment (where required) to ensure people were supported consistently and effectively according to their needs and preferences. Person centred information included information about a person's life so far, as well as their current interests, important routines and how to communicate with the person. For example, one person's care plan said, "Information should be given to me at a slow pace." Staff kept up to date with changes to care plans and supported people to receive the care they needed and chose. One member of staff said, "The system itself includes any changes made to peoples care plans and we also have verbal handovers at the start of each shift. We continually ask people if things are okay."

There was a range of activities that staff and two volunteers provided for people. People told us they liked doing photography, arts and crafts, playing bingo and going out to local attractions such as sea life centres and shops. Comments included, "They [staff] take me out. I went to Mr Moo's and had a cup of tea and when I went to the sea life centre - there were fish, seahorses and turtles and a penguin followed me" and, "We have craft groups with [Names of two volunteers]." People were very proud to show us what they had made in their craft groups which included individual handmade bags and photograph memory books containing pictures of special occasions such as birthdays and outings people had been on. During the inspection we saw 13 people taking part in an afternoon of painting canvasses with the volunteers. People took photographs of their work after it had been completed.

People were regularly asked for their feedback about the service. This was done on a day to day basis, through meetings and feedback surveys. The registered provider had made information available in an accessible format about how to make a complaint. People told us they knew what to do if they were worried about anything. One person said, "I would talk to staff if I wasn't happy." We saw from records held that the service had not received any formal complaints in the last 12 months.

## Is the service well-led?

### Our findings

There was a manager in post who was able to give us a good account of the service. They provided us with all of the information we needed, and it was organised and easy to follow.

The provider is required to display their inspection rating following a CQC inspection. The rating for the inspection conducted in May 2016 was displayed within the service. However this was not displayed on the registered provider's website. We spoke with the registered manager about this. They were not aware that they needed to display the rating on their website. The registered manager had the website disabled during this inspection, until this could be rectified. The failure to display the rating was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we recommended the registered provider considered current best practice on quality assurance systems and took action to update their practice accordingly. Since the last inspection we could see the changes that had been implemented to improve the quality assurance system, which we saw involved a range of audits. Each member of staff held responsibility for completing monthly checks on specific areas of the service provision such as accidents/incidents, moving and handling, first aid, medicines, fire, laundry and repairs. Any actions required following these checks were recorded, for example, we saw in the medicine checks it was identified that two people had been prescribed new medicines and the prescriptions were checked to ensure this was correct. The manager and one member of staff completed an overarching check of these audits every month to ensure they had been completed and to monitor any actions taken.

The premises were well maintained and decorated. Maintenance checks were being completed regularly and we could see that any repairs or faults had been highlighted and acted upon.

We saw that people and their relatives had been asked for their views about the quality of the care at Bleak House via questionnaires. We looked at what people had said and what actions or responses had been made by the manager to improve the quality of the service. People who used the service had commented positively and said they were happy with the care they received. Comments from relatives included, "It's a very friendly environment" and, "Staff cannot improve on perfect." This meant that people and their relatives could make suggestions or comments about the home they lived in.

People told us they knew the manager. Comments included, "[Name of manager] takes me to the dentist and drives the minibus" and, "[Name] is the manager and she is nice." It was clear from our observations that people were comfortable in the manager's presence and approached them to have a chat and ask questions. The manager knew people well and they understood their individual needs and wishes.

Staff were positive about the manager and their colleagues at Bleak house. One member of staff told us, "We get very good support from the management" and another said, "Everybody gets on and we sort things out and compromise."

Staff we spoke with said the culture of the service was, "Like home from home" and a volunteer told us, "The managers are welcoming and it's like your family."

We asked the manager about how they kept up to date with best practice guidance. They told us they attended regular local authority forums and liaised with other service managers so they could support each other. They went on to tell us they contacted CQC when required and received a regular health and social care sector magazines to keep them updated with best practice.

The manager was aware of their responsibility to notify the CQC of incidents which affected the safety and wellbeing of people who used the service and in completing the Provider Information Return (PIR) when required. We received notifications and the PIR in a timely way.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The provider did not have the inspection rating on display on their website for the home.</p>