Kisimul Group Limited

Blythe 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?	Good

Summary of findings

Overall summary

We carried out this announced inspection of Blythe House 27 May 2016.

Blythe House is situated in the village of Faldingworth, approximately 10 miles from Lincoln. The home is registered to provide accommodation and personal care for up to 10 younger adults who experience needs related to learning disabilities. Nine people were living in the home on the day of the inspection.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered
necessary to restrict their freedom in some way, usually to protect themselves. During the inspection we found that the registered manager and staff acted in accordance with MCA and DoLS guidance to ensure people's legal rights were respected and upheld.

People and the staff who supported them interacted well and staff ensured people were supported in a safe way. Staff knew how to report any concerns they had for people's safety and how to protect them from the risk of abuse. Risks to people's health, safety and welfare had been assessed and planned for and medicines were managed in a safe way.

There were enough staff employed to work in the home so as to ensure people received all of the support they needed and wanted. Staff received training and support which helped them to understand people's needs. The provider had systems in place to assure themselves that staff were suitable to work in the home.

People were treated with kindness and care by staff who knew them very well. Their right to privacy was upheld and their dignity was respected. They received support which took account of their individual lifestyle choices and were supported to enjoy a range of interests and activities.

People and those who were important to them were involved in planning for the support they received and how the home was run. They were also encouraged to express their views and opinions about the service and there was a system for managing complaints.

The provider and the registered manager maintained systems to check the quality of the services and support they provided for people and took action to improve the services where any shortfalls were identified.

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.

Staff knew how to keep people safe from harm and the risk of abuse.

Risks to people's health, safety and welfare had been risk assessed and medicines were managed safely.

There were enough staff employed to support people and background checks had been completed before new staff were employed.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions whenever possible. When this was not possible decisions made in people's best interests were done so in line with legal safeguards..

Staff received training and regular support to meet people's needs, wishes and preferences.

People were supported to eat and drink enough and they had been supported to receive all the healthcare they needed.

Is the service caring?

Good

The service was caring.

People were treated with kindness and care.

People's privacy and dignity was respected.

Staff took account of people's differing lifestyle choices.

Is the service responsive?

Good

The service was responsive.

People were supported to pursue activities, hobbies and

interests of their choice.

Support was personalised and people had been consulted about how they wanted their support provided.

People were supported to raise issues or concerns and there was a system in place to manage complaints.

Is the service well-led?

Good

The service was well-led.

The registered manager understood their role and responsibilities and promoted an open and supportive culture within the home.

People, their relatives and staff had been asked for their opinions of the service so that their views could be taken into account.

Quality checks were carried out regularly and actions taken to address any identified shortfalls in the service provision.

Blythe 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 was planned to check whether the provider was 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 27 May 2016 and was unannounced. We gave the registered manager 24 hours notice of the inspection because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of a single inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with three people who lived in the home and received information from three relatives. We looked at three people's care and support records. Some people were not able to tell us about their experiences of their support so we also spent time observing how staff provided care for people. This helped us to have a better understanding of their experiences.

We spoke with the registered manager, three senior support workers, four support workers and a visiting therapist. We looked at the recruitment information for three support workers and the arrangements for staff supervision and appraisal. We also looked at records and arrangements for staff deployment, managing complaints and monitoring and assessing the quality of the service provided within the home.

Good

Is the service safe?

Our findings

People we spoke with told us and showed us they felt safe. One person said, "They look after me" and pointed to staff members. Another person gave us a 'thumbs up' sign and smiled. Another person said, "Yes" and hugged a member of staff. Relatives we spoke with told us they had confidence that their loved ones were supported to stay safe and they trusted the staff who worked in the home.

Throughout the inspection we saw that staff reminded people about, and supported them with, all aspects of their safety needs. An example of this was a person who was in the kitchen area with staff. We saw staff explaining about safety with knives and hot water. Another example was how staff supported people to evacuate the building when the fire alarm was raised. Staff supported people to leave the building quickly and safely and checked that everyone was present at the designated safety point. Following this we checked the records of people's personal evacuation plans and found that staff had provided the support for each person in line with those plans.

People's support records showed that risks to their health, safety and welfare had been assessed and were regularly reviewed. We saw, for example, that support for risks associated with needs such as epilepsy and people's behaviour had been planned. The plans in place demonstrated a positive approach to risk management so that people could continue to enjoy a varied lifestyle in line with their wishes and preferences.

Staff told us, and records confirmed that they had received training about assessing and managing risk. This included how to support people who may need physical support to remain safe if they became distressed. We saw staff were skilled at identifying if people were becoming upset or anxious at a very early stage and were able to help the person calm by using techniques such as redirection to other activities or gentle and calming verbal interaction. This reduced the need to use physical support. Records showed that the registered manager and staff had consulted with those who were important in people's lives about safe methods of supporting people when they became distressed. A relative told us their loved one's anxiety levels had "Improved dramatically" since they had lived in the home.

Staff demonstrated they were aware of what steps to take if they saw or suspected someone was at risk of harm or abuse. They knew how to report a situation of this kind within the provider organisation and which external agencies they could contact, such as the local authority or the police. They told us they received regular training about how to keep people safe to ensure their knowledge remained up to date. Record confirmed that they had received this training. They were also aware of the provider's policy and procedures in relation to keeping people safe.

Staff told us they had undergone a series of checks before they started to work in the home. Records showed the provider carried out checks which included obtaining references, information about previous work history and checks with the Disclosure and Barring Service (DBS). These checks were carried out to assure the provider that applicants would be suitable to work with people who lived in the home.

People who lived in the home and the relatives we spoke with told us there were enough staff on duty to support people with their needs. Staff also told us there were enough staff on duty to help people meet their personal and social needs. The registered manager explained to us how staff levels were based on each person's assessed needs. Some people had need of individual staff support at times and we saw this was incorporated into the duty rota. Some relatives told they felt there was a high turnover of staff within the home. We looked at this issue during the inspection and found that within the previous 12 months there had been an 8% turnover of staff and currently there were three vacancies within the team. Rotas showed that staff vacancies were covered by existing team members who knew people well. The registered manager also told us there was an on-going staff recruitment plan.

We saw that people received their medicines at the times prescribed for them and in the correct doses. Medicines administration records were completed in full. Protocols were in place to ensure the consistent administration of medicines people only required at specific times, such as pain control or 'rescue' medicines for those who experienced epilepsy. Medicines were stored and disposed of in line with national guidance. Records showed that medicines management systems were checked on a regular basis by staff within the home and other managers from within the provider's organisation.

Good

Is the service effective?

Our findings

Relatives we spoke with told us they felt staff were well trained. One relative told us staff were "Absolutely up to date" in their knowledge of how to meet people's needs. Although people who lived in the home were not able to clearly express their thoughts about this subject we saw that they freely engaged with, and sought out staff when they wanted support. This indicated to us that they had confidence that staff knew how to support them in the ways they wanted.

We saw that newly employed staff undertook a period of introductory training in key subjects such as safe care and health and safety. The introductory training also included a period of shadowing experienced staff members in order to get to know people who lived in the home. The registered manager and staff told us that new staff undertook nationally recognised induction training called the Care Certificate which sets out common induction standards for social care staff.

Staff told us they were well supported by the provider to undertake further training courses to ensure they had the correct skills and knowledge to support people. We saw in records, for example, staff had training about different methods of communication, how to administer 'rescue' medicines for people who experience allergies or epilepsy and how to manage behaviours. Staff told us they were also supported to undertake training which led to nationally recognised diplomas in caring for people. One staff member said, "There's loads of training and [the provider] will pay for extra courses which we think would help develop our skills."

Records showed and staff confirmed that they were supported and guided by senior colleagues to undertake their roles. They told us they had regular supervision sessions with a named senior colleague during which they could discuss any issues they may have and plan for their skill and knowledge development. One staff member told us, "It helps to develop your confidence and to know where you are going."

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) which a law that is in place to ensure that whenever possible people are supported to make decisions for themselves. Throughout the inspection we saw staff supported people to make their own decisions and choices about their lifestyles. Examples were seen such as staff providing people with information about meals and outings so that they could decide what they wanted. Staff supported people to decide where and how they wanted to spend their time within the home and which staff they wanted to support them. People's support plans gave clear information about how people made key decisions about their life and what support they may need to do this. Where people were not able to make decisions about key areas of their life records showed that the registered manager and staff had consulted with others involved in their support to ensure decisions were made in their best interest.

The registered manager and staff demonstrated their understanding of the legal safeguards which are in place to ensure people are not unlawfully deprived of their freedom. People can only be deprived of their freedom to receive care and treatment when this is in their best interests and legally authorised under the

MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that where a person required restrictions of their freedom in order to keep them safe the registered manager had acted in accordance with DoLS guidelines.

People were involved in planning and preparing the meals they liked and wanted to eat. We saw that staff supported people to observe food hygiene guidance when they were helping in the kitchen such as washing their hands or wearing aprons. Flexible menus were in place and picture cards were available to help people who could not verbally express what they wanted to make their choices. People were also supported to have meals of their choice during outings and they helped to shop for food that was cooked in the home. We saw people had their specific nutritional preferences met such as being provided with certain types of water and meat. Throughout the inspection we saw people were supported to take drinks whenever they wanted them. A range of hot and cold drinks were freely available for people.

Records showed that where people required specific support with their nutrition staff had carried out assessments and planned support in conjunction with health professionals such as dieticians. A relative told us, "[My loved one] is on a very healthy diet." Staff demonstrated their understanding of the importance of good nutrition in order to help people maintain their health. They told us how they encouraged people to make healthy choices but recognised that people did not always want to choose the healthy option. Records showed that people were offered the opportunity to have their weight checked regularly so that any significant changes could be identified and the appropriate support sought and provided for the person.

We saw that people had access to the healthcare services that they required such as their GP, opticians and dentists. Records showed when people had been supported to see the healthcare professionals that they needed to. They also showed that staff had sought advice and guidance from healthcare professionals where people had specific health needs such as epilepsy.

Good

Is the service caring?

Our findings

There was a welcoming and happy atmosphere around the home throughout the inspection. One person told us, "I love living here and the staff." A relative told us there was a relaxed atmosphere within the home and they felt comfortable when visiting. Other relatives we spoke with told us they felt their loved ones received a good quality of care and staff treated them with respect and kindness. One relative told us how their loved one was always happy to return to the home when they had taken them out and how they seemed to like all of the staff.

During the inspection we saw that caring relationships had developed between people who lived in the home and staff. They interacted freely with each other and there was lots of laughter throughout the day. Staff were patient with people when they provided support and demonstrated to the person that they were actively listening to what they were saying and focussing on the support they were giving. We saw staff encouraged people to join in social discussions so that everyone could feel they were a part of what was happening in the home. Throughout the inspection we noted that staff had a very good understanding of people's needs, wishes and preferences. Staff demonstrated their understanding of how people communicated their needs and preferences and used methods such as signs and pictures to help people express themselves.

Staff supported people to maintain their personal dignity and different lifestyle preferences. A member of staff told us, "Everyone is different and they want different things in their life." Examples of this were noted such as staff knew which style of clothes people preferred to wear; they knew how ladies liked their hair to look and how people liked to spend their relaxation time. They knew how people liked to live in their private spaces, for example whether they preferred to keep the space tidy or not so tidy. We also noted that staff paid people compliments to which they responded positively. One example of this was where a staff member remarked how nice a young lady's hair looked and the young lady responded with a big smile and held her head high. The registered manager told us they had recently identified a member of staff to undertake the role of a 'dignity champion' in order to further promote compassion and respect for people living in the home.

Staff demonstrated that they understood the importance of promoting people's privacy. People had been supported to decorate and personalise their bedrooms as they preferred so that they had a comfortable and private space to use whenever they wished to. Staff provided personal care in a discreet way and spoke with people in private about their needs. We saw that they asked people for permission before they went in to their bedrooms. Staff knew how to manage people's personal records in a secure way. Paper records were kept in a locked area and computers containing personal information were password protected.

The registered manager and staff recognised that some people could not easily express their wishes and thoughts so they made sure there were arrangements in place to enable people to access advocacy services if they needed to. Contact details for the local advocacy service were available in the homes' service user guide. Advocates are independent of the service and can support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People and those who were important to them had been consulted about the support they wanted to receive. Support plans were detailed and gave staff clear guidance about how to provide people's support for needs such as personal care and healthcare. The plans took into account people's capacity to make decisions and their safety. Plans also contained information such as what people liked to do with their day, what made them happy, their past experiences and who was important in their life. The plans were reviewed regularly so that any changes in a person's needs or preferences could be highlighted and their support amended to take account of the changes.

The registered manager and staff told us support was based around helping people to develop their skills of independence and social interactions. We saw that some people who lived in the home chose to make use of a detached building in the grounds that had been furnished comfortably with a kitchen area, lounge area and laptop computers. During the inspection we saw two people being supported to use this area to develop their cooking skills and use the computers. Staff told us that the facility was also used in the evenings when people wanted to socialise in a different area or engage in hobbies and pastimes. People also had time planned within their week to engage in household tasks such as shopping and cleaning their bedrooms.

People told us and records showed they were supported to enjoy activities and interests they had chosen or were known to enjoy. These included horse riding, swimming and attending social clubs. People told us about, and showed us photographs of, trips to places of interest and the holidays they enjoyed. During the inspection staff supported people to go shopping, use personal computers to watch films and prepare food. Some people enjoyed time with a visiting aromatherapist in the afternoon. Some thought their loved ones were well supported with a variety social and leisure pursuits. However others felt there could be more variety offered. The registered manager and staff told us how they regularly looked for different opportunities in the local community that may interest people who lived in the home. They told us, for example, how they were trying to identify a local facility where people could enjoy football based activities as they had done in the past.

Staff were able to interpret people's behaviours effectively to ensure they gave the right support at the right time. An example of this was when a person became a little restless in their chair. Staff recognised that the person wanted to leave the room and engage in another activity which they immediately supported them to do.

When we asked people who lived in the home how they would tell someone if they were not happy with anything, two people said they would talk to staff members and one person pointed at a member of staff and gave them a hug. People's relatives told us they knew how to make a complaint if they needed to and the results of the provider's latest quality assurance surveys echoed this. We saw the provider's procedure for making complaints was displayed in the home and was available in picture formats for those who needed them. Records showed that no complaints had been received by the home in the 12 prior to the inspection.

Good

Is the service well-led?

Our findings

There was an established registered manager in post at the home. They demonstrated throughout the inspection that they had a detailed knowledge of people's needs and had developed close working relationships with the people who lived there. We noted that people who lived in the home were relaxed and comfortable when in the registered manager's company. One example we saw was a person who enjoyed sitting with the registered manager when they were working in their office. Another example was when two people returned from shopping and sought out the registered manager to proudly show them what they had purchased. One person told us, "I like her, she's my friend."

The registered manager demonstrated a knowledge of the staff team and their particular skills or areas of interest. They told us how they took these things into account when they appointed people to lead roles or delegated tasks. Staff told us the registered manager was very supportive and had an 'open door' policy. They said they felt able to speak with the registered manager or raise issues whenever they needed to. They also told us they were confident that the registered manager would deal quickly with any issues they raised and in the appropriate manner. All of the staff we spoke with were aware of the provider's whistleblowing arrangements and said they would feel comfortable to use them if they needed to.

People who lived in the home and the people who were important to them, including external professionals and staff were asked for their views about the service. The provider used methods such as surveys and meetings to gain this feedback. The results of the last survey carried out in May 2015 showed positive responses from those who returned the survey forms. Where an issue was highlighted the registered manager showed us how they had responded to improve the service.

Records showed that people who lived in the home and staff had regular meetings to discuss topics such as improvements to the home environment, holidays and other activity ideas. People had their own copies of the minutes of the meetings where they wanted them and they were available in the formats that people required such as pictures. We saw that people were also supported to be involved in the recruitment process for new staff to enable them to have a say about who worked with them.

The registered manager understood their role and their responsibilities under the Health and Social Care Act 2008 and associated Regulations. The registered manager informed CQC and other appropriate agencies of any untoward incidents or events which happened within the home. Records showed they regularly reviewed the incident records so that they could ensure the risks of them happening again were minimised.

The provider and the registered manager carried out regular quality assurance checks to ensure the services provided met people's needs and wishes. The provider's system involved registered managers undertaking audits in homes other than their own in regard to topics such as health and safety, dignity and respect, nutrition and governance. We saw that action plans were put in place when any improvements were indicated as being needed.

The registered manager also carried out quality audits within the home for topics such as medicines

administration, support planning, infection control and complaints. Again we saw that where any issues were identified the registered manager had an action plan to make improvements. Staff demonstrated that they were aware of the outcomes of audits and how they helped to monitor and improve areas such as health and safety and record keeping. They told us that information gained from audits was shared with them at staff meetings and during supervision. This ensured that staff were kept up to date with any improvements that were needed within the home. During the inspection the fire alarm had been raised as part of the regular checks that staff carried out within the home to ensure safety systems would work in the event of a real emergency occurring.