

Blackpool Society For Mentally Handicapped Children And Adults

Margaret Riley House

Inspection report

4 Rosebery Avenue
Blackpool
Lancashire
FY4 1LB

Tel: 01253346814

Date of inspection visit:

07 June 2016

08 June 2016

Date of publication:

29 July 2016

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

The inspection visit at Margaret Riley was undertaken on 07 June 2016 and was announced. We gave 24 hours' notice of the inspection to ensure people who accessed the service, staff and visitors were available to talk with us.

Margaret Riley provides respite care and support for a maximum of three people who live with learning disabilities. At the time of our inspection there was one person staying at the home. Margaret Riley is situated in a residential area of Blackpool close to local amenities. All bedrooms are situated on the first floor, which can be accessed by a stair lift. Two lounges and a dining area are available so people can choose where to relax.

A registered manager was in place. 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.

At the last inspection on 11 September 2014, we found the provider was meeting the requirements of the regulations.

During this inspection, we found concerns related to the monitoring and auditing of people's care and safety. The registered manager failed to assess and establish systems to maintain their welfare. They had not always prevented the potential for risks through service audits and there were no localised policies to guide staff. This is a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

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

Staff completed risk assessments to protect people from potential harm. They demonstrated a good understanding of how to safeguarding individuals from abuse or poor practice. People told us they felt safe and comfortable whilst receiving respite care. A relative added, "I can go away, relax and re-energise. Then I can come back ready to take [my relative] home and care for them again."

We observed staff completed medication processes safely. They received training and competency checks to underpin their knowledge. Medicines were stored in a safe and clean environment. A relative told us, "The staff are good with the medication and do it safely."

We found staffing levels were sufficient in meeting people's needs in a timely manner. Staff told us their training provision assisted them in their roles and responsibilities. Although no new staff had been recruited for four years, staff files evidenced the registered manager employed suitable staff.

We observed staff supported people with a respectful approach. They were kind and had a good understanding of maintaining their dignity and privacy. A relative told us, "[My relative] says he would be much happier at the home than staying with me. That tells me he's well-cared for."

Mealtime options were flexible because staff discussed with people what they wanted on a daily basis. Care records held detailed information about food likes and dislikes as well as risk assessments to protect individuals against the risks of malnutrition.

Staff demonstrated a good understanding and practice of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Staff further demonstrated an awareness of the principles of consent. One staff member said, "We work at a slower pace and use pictures to check for consent and their understanding."

Staff built care records around the requirements of the individual, including their preferences and wishes. They involved people and their relatives in the regular review of care planning to ensure this responded to their changing needs.

The registered manager led the home in a transparent way and involved staff and people in the running of the home. People were supported to comment about their experiences of respite care. A relative told us, "If I go in with a suggestion I know [the registered manager] would listen and change things straight away."

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.

We found staff had a good understanding of safeguarding people against potential harm or abuse. People said they felt safe during their respite care.

We noted staffing levels were sufficient to meet people's needs. Staff completed risk assessments to protect them from the risk of receiving unsafe care.

Staff received training and competency testing to ensure they managed medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff told us their training provision assisted them in their roles and responsibilities. This included guidance about the MCA and DoLS, which staff demonstrated a good level of awareness of in their work.

Staff completed risk assessments to protect people against the risks of malnutrition. Staff monitored their health throughout their respite care and acted where health changes developed.

Is the service caring?

Good ●

The service was caring.

We observed staff supported people with a respectful approach. Relatives told us staff were kind and maintained their family member's dignity.

Care records contained information about people's preferences. Staff personalised their records to meet their requirements.

Is the service responsive?

Good ●

The service was responsive.

Care records were built around the requirements of the individual. Staff updated documentation when people returned for multiple respite stays.

Staff had a programme of activities to occupy people. They matched these to the individual's expressed interests.

People on respite care had information about how to make a complaint.

Is the service well-led?

The service was not always well-led.

The registered manager did not have systems to monitor and maintain people's welfare. They had not always assessed the home for potential risks to ensure everyone was safe.

People told us Margaret Riley was well organised and managed. They were supported to comment about their experiences of respite care.

Staff said the registered manager was 'hands on' in their approach and supported them well with their responsibilities. They felt included in the improvement of the service.

Requires Improvement 

Margaret Riley 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 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 consisted of an adult social care inspector.

Prior to our unannounced inspection on 07 June 2016, we reviewed the information we held about Margaret Riley. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included the registered manager, a staff member, one person who had regular respite at the home and three relatives. We also spoke with the commissioning department at the local authority who told us they had no ongoing concerns about Margaret Riley. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to two people and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of Margaret Riley.

Is the service safe?

Our findings

People and their representatives told us they felt Margaret Riley was a safe and comfortable home for their respite needs. A relative stated, "I have complete peace of mind that [my relative] is going to be safe." Another relative added, "[My relative] is very safe at the home. I would not leave him if I did not feel he was safe."

We reviewed the systems the registered manager had to record and respond to accidents and incidents within Margaret Riley. Staff documented details about the accident and what actions they had taken. The registered manager told us they reviewed incidents to assess how potential risks could be minimised. This demonstrated they had reduced the risk of accidents in order to maintain people's safety during their respite care.

Care records contained an assessment of people's requirements, including reviews of any risks associated with receiving care. These related to potential risks of harm or injury and appropriate actions to manage risk. Assessments covered risks associated with, for example, behaviour management, environmental safety, kitchen safety, falls, personal hygiene, self-harm and substance misuse. Preventative measures were put in place to reduce the potential of risks occurring.

Staff were clear and confident about procedures related to safeguarding and whistleblowing to protect people from potential harm or abuse. One staff member told us, "Any concerns I would contact [the registered manager] and document everything. My next port of call would be CQC and the local authority." To underpin this, the registered manager had provided training in the principles of safeguarding vulnerable adults.

We reviewed staffing levels and saw these were sufficient to meet people's needs in a timely manner. The two staff employed at Margaret Riley said they planned their holidays and training around people's booked respite stays. Individuals who accessed the service said they felt staffing levels were adequate for their requirements. A relative told us, "I've never had any concerns about the staffing requirements." We discussed how sickness was managed with the registered manager, who said this had always been covered. They reassured us they would obtain the services of a staff agency to cover sudden illness to maintain people's safety.

No new staff had been recruited at Margaret Riley for four years. Staff files we reviewed contained required evidence to confirm staff already in place had undergone safe recruitment. This included criminal record checks, references and review of any gaps in employment. This meant the registered manager had followed correct procedures to protect people from the employment of unsuitable staff.

We found people's medicines were checked on arrival to ensure information was correct and up-to-date. Additionally, staff reviewed their medication needs where they accessed Margaret Riley for multiple respite stays. We reviewed processes in place and found staff retained accurate recordkeeping of medicines administered. Patient information leaflets were available to staff to assist them in their understanding of

individual medicines. Staff files we reviewed contained evidence staff had received appropriate training. A relative told us, "This is very serious and important to get right. I am confident the staff are trained because I've seen they're careful and knowledgeable about medication."

We found medicines were stored in a safe and clean environment and were stock controlled to ensure the safe management of medication. A medication handover sheet was in place to communicate any changes between shifts. We saw staff were competency checked on a regular basis to assess their ongoing skills. This showed the registered manager had systems in place to protect people from the unsafe management of their medicines.

Is the service effective?

Our findings

People and relatives we spoke with told us they felt staff were effective in their duties and responsibilities. A relative added, "What is really important to me is that [my relative] is cared for by staff who know him." Another relative stated, "The staff know what they're doing and are trained to do their jobs well."

Training records we reviewed contained evidence staff received appropriate guidance to support them in their roles. This included first aid, equality and inclusion, nutrition, understanding mental health, dementia awareness, infection control, environmental safety and food hygiene. Additionally, staff had attained recognised qualifications in health and social care. A staff member told us, "The training is really good. We get workbooks, which I go back to and reflect on if I am unsure about something." A relative added, "I know the staff are very well trained because when I book respite they tell me when they're not available as they are on courses."

We saw staff received regular supervision and appraisal to support them to carry out their duties effectively. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. A staff member told us, "Supervision is really good. It works well and I can discuss anything I need to."

We found limited documentary evidence of people's consent to their care. However, we observed staff consistently offered choice to individuals and checked for their agreement prior to taking any action. Staff demonstrated a good understanding of principles in relation to consent. One staff member said, "All service users have the right and ability to give consent. We help them to decide what they want to do." We discussed this with the registered manager. They assured us they would introduce a new document to demonstrate people had agreed to their care. A relative confirmed, "Before the staff do anything they always explain things, try and give [my relative] a choice and then check if he's ready before they proceed."

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures, where someone may be deprived of their liberty, the least restrictive option is taken.

There were no current applications made to deprive a person of their liberty in order to safeguard them. We did not observe people being restricted and found staff respectfully supported them to make their day-to-day decisions. A relative told us, "I would not bring [my relative] here if I ever thought the staff would force anything on them. I am reassured the staff keep him safe without stopping him from doing anything." Staff received relevant training and demonstrated a good understanding of the legislation and related processes. One staff member explained, "It's about doing everything we can to keep people safe without depriving them of their liberty."

We carried out kitchen checks and found the food preparation areas were clean and tidy. Records included up-to-date monitoring of kitchen appliances and food temperature checks, food safety and equipment. Mealtime options were flexible because staff discussed with people what they wanted on a daily basis. A relative told us, "The food is really good and the staff check with [my relative] what he wants at every meal time."

Care records held detailed information about food likes and dislikes. This included a long list of fruit, vegetables, meats, desserts and details about how food should be prepared. Staff documented people's wishes around their weight management. For example, one person wanted to lose weight and their care plan contained information about healthy foods and dieting. Staff completed nutritional risk assessments to protect individuals from the risk of malnutrition.

Where people's health needs had changed, staff worked closely with other providers to ensure they received support to meet their ongoing needs. A relative told us, "[My relative] had a fall on a recent respite stay. The staff reacted quickly and efficiently to get him to hospital for a check over." Records included details about professionals involved, such as GPs, social workers, day care services and specialist consultants. Staff updated documentation each time people stayed for respite to ensure information reflected any changes.

Is the service caring?

Our findings

People and relatives we spoke with said they were happy with their respite care at Margaret Riley. One person told us, "I love the staff, they're dead caring." A relative stated, "They are a really good service. The staff are very caring." Another relative added, "The staff are marvellous and so dedicated to their work."

Margaret Riley was a small home and we observed staff, people and relatives interacted in an intimate, personal and appropriate way. A relative stated, "The staff are so bubbly and bright all the time, just what [my relative] needs." Staff were keen to maintain these relationships to support the family and to receive an update on people's health and care needs. The registered manager told us, "[One relative] lives nearby and often rings us or pops round for a brew in between stays. We have lots of contact to support her as well."

We observed staff engaged with people in a friendly and caring manner. For example, they maintained eye contact and made appropriate use of touch. A relative told us, "[My relative] loves them. His face lights up when he comes here for respite." On discussing dignity in care and respect, staff demonstrated a good level of awareness and knowledge. One staff member explained, "Good care is about understanding the person's needs, respecting this and keeping their dignity at all times." Staff maintained people's dignity through their kind and respectful attitude.

Our discussions with staff demonstrated they had an understanding of personalised care and how individuals wished to be supported. Care planning was aimed at promoting people's independence and maintaining their preferred routines. For example, staff encouraged and supported individuals to bring in their own belongings, such as their own televisions, computer games and ornaments. A relative told us, "They know [my relative] so well and know how to look after him and his little quirks."

Care records were individualised to the requirements of each person who lived at Margaret Riley. This included their preferences and wishes about how they wanted to be assisted. For example, we saw in one person's records they required minimal assistance, but would ask for help if they required it. We found people and their relatives were involved in their support and care planning. This included their skills in managing their own care. A relative told us, "Oh I am absolutely involved. We discuss [my relative's] care plan to make sure staff know what they are doing." Staff updated documentation when people returned for respite care to assess any changes after their last stay. A staff member said, "We encourage the residents to tell us how their support is going to involve them in their care." This showed the registered manager included people in their care planning and protected them against the risks of receiving inappropriate care.

People told us they were supported to maintain their important relationships with families and friends. Relatives were encouraged to visit at any time. We observed people and their families and friends were encouraged to drop in at Margaret Riley in between respite stays. During these visits, we noted staff supported individuals to develop their relationships further. This showed the registered manager and staff assisted people to maintain their important contacts and enhance their social skills.

Is the service responsive?

Our findings

People and relatives said staff were responsive to their requirements and met their ongoing needs. A relative told us, "[The staff] really do know [my relative] and how best to support him." Another relative added, "When we arrive we have a chat about how [my relative's] been and if there's any changes. They add this to his care plan."

Care records were comprehensive and personalised to the needs of people who stayed at the home. A relative told us, "The care is very much personal to each individual. When [my relative] is on respite, the staff provide his care based around him and his needs." Staff checked the individual's requirements prior to their admission to review any changes and ensure they could continue to assist them. For example, one file contained the person's most recent psychology report, which staff evaluated to make certain they could support them. This was then updated on their care plan. This ensured staff protected people from the risk of inappropriate care and support.

Staff reviewed people's needs where they accessed Margaret Riley for multiple respite stays. This included their physical requirements, behaviour that challenged the service and social support. They also contained photographs of what made people happy, such as activities, celebrities and food. Staff further updated their changing capabilities, such as with communication, personal hygiene, nutrition and medication. We noted care records made use of positive language, such as skills and abilities. A staff member told us, "We also have informal ways of looking at care. For example, we have a 'listen to me group', where we have coffee and biscuits and discuss how they feel things are going." This demonstrated staff used a personalised approach to care planning, which they kept up-to-date to reflect people's current requirements. A relative explained, "Every time [my relative] comes in for respite, the staff check for any changes to update his records."

Staff documented people's wishes in their care records. This included choice of activities, hobbies, food likes/dislikes, music, famous people and their preferred daily routines. Staff updated associated records for people who returned to Margaret Riley for multiple respite stays. A staff member said, "We also look at if their preferences have changed." This showed the registered manager used a person-centred approach and were responsive in maintaining people's preferred daily routines. A relative confirmed, "They always check what he wants and how best to ask him."

We found staff supported people to engage within the local community and to maintain their chosen activities. For example, one person attended day care centres, evening clubs and a full day activity to support them with communication through art. Staff provided a wide range of activities on a daily basis, based around each individual's likes and dislikes, as well as internet access. Activities included bowling, meeting friends, theatre, coffee and biscuits, swimming, cake making/food preparation, music, shopping and films. Staff discussed activities with people by using pictorial tools to assist them to understand and choose what they wanted to do. We heard staff talking about an activity for one person on respite care. They said, "It's [Blackpool Gay] Pride this weekend so we could ask her if she'd like to go. She loves bands and music, so she might enjoy that." This showed an awareness of people's preferences and choice in relation to

social activities. A relative confirmed, "Staff provide lots of activities related to what [my relative] likes."

We found the complaints policy was current and had appropriate timescales and stages as to how complaints would be addressed. A staff member told us, "If someone complained about something I would check if it was ok for me to raise it with the manager and then I would pass it on to be dealt with properly." At the time of our inspection, the registered manager had not received any complaints in the previous 12 months. A relative said, "In the 30 years we've been using this service I have never had to make a complaint." The protocol was made available in easy read format to assist individuals with communication difficulties. This showed people on respite care were supported to understand procedures and how to raise any concerns.

Is the service well-led?

Our findings

Staff, people who had respite care at the home and relatives said they felt Margaret Riley was suitably managed and well organised. A relative added, "[The registered manager] is a good manager and is well trained to manage the home." Another relative told us, "I cannot think of any way they could improve the service."

The home's gas and electrical safety certification were current. We found hot, running water was available throughout. Additionally, the system had been checked to ensure it was safe from legionella. This showed the registered manager assessed the environmental safety of the home to ensure people continued to experience a safe service.

However, we noted there were no window restrictors to protect people from potential harm or injury. We requested the registered manager addressed this issue urgently. We were notified within three days of the inspection this work had been completed. Although we saw people were safe, we further found the registered manager did not always check the quality of their care. There were no audits to assess people's safety and welfare, such as medication, environmental safety and care records. A fire risk assessment was not established to maintain everyone's fire safety. Although Margaret Riley had policies and procedures, these were not localised to the needs of the home. Consequently, protocols were not detailed around the requirements of the service to guide staff fully in their duties and responsibilities.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team had failed to assess and establish systems intended to monitor and maintain people's safety and wellbeing.

The registered manager was 'hands on' in their approach to care and in how Margaret Riley was managed. We observed they were caring towards people and had a clear understanding of their individual needs. The atmosphere was calm and individuals approached the registered manager in a relaxed manner. Staff said they and the registered manager were keen to involve them and their relatives in the ongoing improvement of the home. One staff member added, "We involve them in the running of the home by discussing activities, meals, the home and how things are during their respite." People and their relatives said they had good experiences of respite care at the home. One relative said, "There's nothing I would want to change. It's the best place for my relative."

Staff told us they felt the registered manager was very supportive to them. They added they felt Margaret Riley was managed efficiently and organised well. A staff member stated, "[The registered manager] is a good manager. She's passionate, dedicated and has a way with residents that inspires me."

We found the registered manager and staff worked closely together and were regularly in touch with each other throughout the week. Additionally, a communication book was in place to record care updates or where information needed to be passed on to staff. This meant the registered manager had oversight of the service and staff responsibilities. We saw evidence that they followed up identified issues to ensure these

were managed effectively. A staff member told us, "[The registered manager] has clear boundaries, but we also work very closely as a team. We work together to improve the service."

The registered manager supported people and their representatives to give feedback through regular satisfaction questionnaires. These covered people's experiences of their respite care and asked for suggestions about improving the home. Comments seen included, "I like [the registered manager and staff] and look forward to coming into respite" and "Just very happy with respite." We saw there were no negative comments, but the registered manager told us they would follow up any identified concerns. A relative said, "I get annual surveys. It's important for me to tell them how they're doing, so I appreciate getting them."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.</p> <p>The registered manager failed to assess and establish systems intended to monitor and maintain people's safety and wellbeing. They had not always mitigated potential risks by having in place audits, a fire risk assessment or localised policies to guide staff fully in their duties and responsibilities.</p> <p>Regulation 17 (1), (2) [a, b]</p>