

Blueberry Transitional Care Ltd

Sandford Road

Inspection report

94 Sandford Road
Birmingham
West Midlands
B13 9BT

Tel: 01902672692

Date of inspection visit:
14 May 2019

Date of publication:
06 June 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: We carried out an announced comprehensive inspection of Sandford Road on 14 May 2019. Sandford Road is a 'care home' that provides care for a maximum of 6 people, some of whom may challenge the service. At the time of the inspection 6 people were using the service.

People's experience of using this service:

People were not all able to fully verbalise their views therefore they were not able to tell us about their experience of living there. Due to people's current needs we were only able to spend a short amount of time with people. However, we were able to observe some interactions between people and the staff supporting them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were committed to delivering care in a person-centred way based on people's preferences and wishes. There was a stable staff team who were knowledgeable about the people living at the service and had built trusting and meaningful relationships with them.

Staff were recruited safely and sufficient numbers were employed to ensure people's care and social needs were met. Staff knew how to keep people safe from harm.

There was time for people to have social interaction and activity with staff. Staff actively encouraged people to maintain links with the local community, their friends and family.

People's care was individualised and focused on promoting their independence as well as their physical and mental well-being. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible.

The environment had been adapted to meet people's individual needs and keep them safe from harm. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. People were involved in shopping, meal planning and preparation. Staff encouraged people to eat a well-balanced diet and make healthy eating choices.

Where restrictions had been put in place to keep people safe this had been done in line with the requirements of the legislation as laid out in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. Any restrictive practices were recorded and regularly reviewed to check they were still necessary and proportionate.

There was a clearly defined management structure and regular oversight and input from senior management. Staff were positive about the management of the service and told us the registered manager was very supportive and approachable. Any concerns or worries were listened, addressed and used as opportunities to make continuous improvements to the service.

Rating at last inspection: This was the first inspection since the registration change. Under the previous provider the service was rated Good overall. However, they had been rated Requires Improvement in Well Led as quality assurance systems were not robust. That report was published on 15 May 2017.

Why we inspected:

This inspection was a scheduled comprehensive inspection.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Sandford Road

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one adult social care inspector.

Service and service type: Sandford Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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: The inspection was announced. This was due to people's needs and we want people to be prepared we were visiting. Also, this was a small home and we wanted to ensure that they would be in when we inspected. We visited the service on 14 May 2019.

What we did:

Before the inspection we reviewed the Provider Information Return (PIR). 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 made the judgements in this report. We also reviewed notifications we had been sent. Notifications are specific issues that registered people must tell us about.

Due to people's needs we were not able to verbally communicate with people who lived at the service to find out their experience of the care and support they received. We spoke with the registered manager, team leader and three other staff members. Following the inspection visit we received information from two relatives and three professionals to hear their views of the service.

We looked at people's detailed care records, staff training records, staff rotas, four staff files and other records relating to the running of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had updated safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of abuse.
- Safeguarding processes and concerns were discussed at staff meetings.

Assessing risk, safety monitoring and management

- Risks were identified and staff had clear guidance to help them support people to reduce the risk of avoidable harm.
- People were supported to take positive risks to promote their independence. For example, care plans detailed what support individuals needed to enable them to access the community as independently as possible.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff to help identify known triggers, so they could respond quickly to prevent situations from escalating.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's assessed needs.
- The service used agency staff occasionally, however they were regular agency staff who knew people well. Additional hours were also provided by existing staff, this was to cover appointments or sickness, that people knew and trusted.
- Where people were assessed as needing specific staffing ratios, for example, when going out in the community, this was always provided.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- People received their medicines safely and on time. Staff received training in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- The premises were clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- When accidents and incidents occurred these were discussed with staff, at regular staff meetings, as a learning opportunity.

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

Good: 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

- People's individual needs were assessed before they moved into the service, to help ensure there, at times complex, needs were understood and could be met.

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.

- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.

- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs. For example, staff completed positive behaviour management (PBM) training.

- New staff completed a comprehensive induction and worked alongside more experienced staff to get to know people. Due to the complex needs of people living at the service new staff continued to shadow existing staff until a trusting relationship had been formed with people. Staff new to care completed the Care Certificate, a set of national standards social care workers are expected to adhere to.

- Regular supervision sessions were arranged when staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported by management.

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

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.

- People were supported with shopping and menu planning in line with their needs and preferences.

- Where possible people were involved in meal preparation and the kitchen was suitably equipped to support people to do this.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to see their GP, community nurses, and attend other health appointments regularly.

- If people found attending healthcare appointments difficult, because it might cause them to become anxious, suitable arrangements were made to ensure people had access to the support they needed. For example, professionals seeing people in the service, at a suitable time and in an environment more comfortable for them.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

Adapting service, design, decoration to meet people's needs

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- Each person had access to their own large enclosed garden area, which had been suitably adapted to meet their individual needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were completed for people. Staff were provided with training on the Mental Capacity Act 2005 and were aware of how to protect people's rights.
- Where restrictions had been put in place, to keep people safe, this was carried out in line with the requirements of the MCA and associated DoLS. Authorisation for these restrictive practices had been sought and kept under regular review to check they were still necessary and proportionate.
- One person was given some of their medicines hidden in food. This had been considered in line with legislation and after taking appropriate medical advice.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest's principle. Where possible relatives who knew the person well were involved in the decision-making process. One relative commented; "I feel that my son is well looked after and his best interests are at the heart of the care."

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

Good: 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.

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff.
- Care plans contained information about people's abilities and skills. Staff took a pride in people's achievements and were keen to talk with us about this.
- Relatives and professionals were complementary about the care and support the service provided. Comments included; "I am presently confident that they are caring for my client to a good standard."

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

- People were supported to make as many decisions as possible about their daily living. Relatives confirmed staff involved them if people needed help and support with decision making. Where needed, staff sought external professional help to support decision making for people such as advocacy.
- People living at the service had limited verbal communication. Care plans contained information about people's specific communication methods. For example, one person had a board of pictures and symbols they could point to so staff knew what they wanted.
- Staff understood each person's communication needs and knew how to recognise what specific signs and gestures meant.

Respecting and promoting people's privacy, dignity and independence.

- People's right to privacy and confidentiality was respected. Each person had their own private bedroom space. Confidential information was kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging and praising them.
- People were supported to maintain and develop relationships with those close to them. Relatives said; "(They) will phone and give information and emails as and when needed" and records showed family members had been updated when changes in people's needs were identified.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. These were reviewed regularly or if people's needs changed to help ensure they remained up to date and accurate.
- Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. This information was used to handover to staff when shifts changed.
- Care plans contained information about the support people might need to access and understand information. For example, their methods of communicating and whether they needed aids such as hearing aids. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with the Accessible Information Standard.
- People's rooms were decorated and furnished to meet their personal tastes and preferences. Personal photographs and posters were on the walls.
- People were supported to pursue their interests and hobbies. Each person had their own personalised activity plan, which had been developed with them. People undertook a wide selection of activities inside and outside of the service. For example, shopping, meals out, attending a college course and activities in the garden.
- People shared the service's transport and the registered manager ensured there were sufficient staff on duty to drive when needed. Staff were allocated to work with each person, in the numbers agreed in their care assessment, which meant there were enough staff on duty to provide people with the choice of going out or staying at home.
- Records showed that people went out most days. Days when outside activities did not occur were either due to the person's choice or weather conditions. A professional commented; "He is accessing the community and is getting adequate levels of physical activity."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale. The complaints process was available in an easy read version for people to access.
- Relatives and professionals knew how to make complaints and felt confident that these would be listened to and acted upon in an open and transparent way. Complaints received were viewed as opportunities to improve the service.

End of life care and support:

- The service was not providing end of life care to anyone at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

This was the first inspection since the registration change. Under the previous provider the service was rated Good overall. However, they had been rated Requires Improvement in Well Led due to quality assurance processes not being consistently robust. That report was published on 15 May 2017. These issues have now been resolved and the service has now been rated as Good.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff were positive about the management of the service. The registered manager has been appointed since the last inspection. Staff told us the registered manager was very approachable and always available for advice and support. One commented; "[The registered manager is] very hands on." The registered manager was knowledgeable about all the people living at the service.
- Relatives expressed confidence in the management team. Comments included; "The manager is brilliant and goes above and beyond and genuinely cares about the residents." A professional commented that since the registered manager has been in post they have; "Seen a significant improvement in staff morale, attitude, consistency, knowledge and approach."
- The service had clear visions and values in place focusing on community inclusion and supporting people to live fulfilled lives. These values, and any organisational changes, were communicated to staff regularly for example through meetings and discussions.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Roles and responsibilities were clearly defined and understood. The registered manager was supported by team leaders. Staff were key workers and had an oversight of named individual's care planning.
- The registered manager was very involved in the day to day running of the service including working hands on, alongside staff where required. The provider had a defined organisational management structure and there was regular oversight and input from senior management.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.

One staff member said; "Really happy with [the registered manager] and she has made some good changes to how the home is run."

- There was good communication between the management team and care staff. Important information about changes in people's care needs was communicated at staff handover meetings each day and regular staff meetings.
- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- Regular audits took place and these were supported and overseen by senior managers.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the provider's website.

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

- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. One worker said, "Feel very much part of the team. Good team work and everyone gets on well."
- People, relatives and professionals were asked for their views of the service through questionnaires and informal conversations with management. All feedback received was positive.

Continuous learning and improving care

- The registered provider and manager were keen to ensure a culture of continuous learning and improvement.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.
- Sandford Road's policies and procedures were designed to support staff in their practice.
- The registered manager had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development.