Blythson Limited

Blythson Limited - 5 Ashley Avenue

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We undertook an unannounced inspection of this home on 14 October 2014. We previously inspected this service in August 2013 and there were no concerns. The home provides care and accommodation to three people with learning disabilities.

At inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

Three people were living in the home at the time of the inspection. The home is a semi-detached house located in a residential street close to shops, local facilities and public transport. Each person had their own bedroom and had access to shared lounge, dining, and bathroom facilities. We used a number of different methods to help

Summary of findings

us understand their experiences of living in the home, because they had complex needs and were unable to tell us themselves. We observed how people spent their time during the day, how staff met their needs and how people communicated and engaged with staff.

Staff demonstrated an in depth knowledge and understanding of each person's needs and their methods of communication. We observed that people were comfortable in the presence of staff that were seen to be compassionate, patient and caring in their contacts with people. Safe procedures were in place for the recruitment of staff, who received induction to their new roles and regular training to ensure they had the right skills. There were enough trained staff to ensure people always received support when they needed it

People were provided with lots of opportunities to go out in the community and to do activities that they liked. Their care records showed that their representatives were consulted about the care they received. People saw health and social care professionals when they needed to and staff recorded the outcomes of these appointments and made sure other staff were aware of important changes. Minor improvements were needed to ensure that appropriate and safe systems were in place for the safe management of medicines.

The home provided a clean well-maintained and homely environment for people to live in. Risk assessments and safety checks of equipment, gas, electrical and fire systems ensured people were kept safe from harm.

The provider visited the home regularly and was known to staff and the people living there. To help drive improvements a range of weekly audits were in place and the provider also visited unannounced three times each year, and had implemented performance monitoring and targets for the home to achieve. Representatives, and other professionals were asked for their views about the service and their comments were acted upon.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards.

We recommend that the provider considers NICE guidance in relation to the safe management of medicines

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Minor improvements were needed to ensure that appropriate systems were in place for the safe management of medicines. People lived in a comfortable and well maintained home. There were appropriate systems to ensure it was kept clean, and essential equipment and services were checked regularly to ensure they were safe.

There were enough staff with the right knowledge and skills to keep people safe. People participated in the interview process for new staff. All appropriate checks of applicants were made to ensure staff were fit to undertake their role.

Staff understood how to keep people safe, protect them from risks of harm and to use the correct reporting processes when incidents occurred. Emergency plans were in place and staff had access to out of hours support from managers.

Is the service effective?

Good

The service was effective.

There were appropriate arrangements in place for the induction, training and supervision of staff. The provider worked with other partner organisations to develop excellence in the service and seek specific advice and guidance from specialist organisations.

Staff had received Mental Capacity Act 2005 awareness training, and were familiar with assessing people's ability to make important decisions. Deprivation of Liberty safeguards assessments had been completed. Staff showed an in depth knowledge and understanding of people's behavioural needs, and how to support them safely.

Staff developed menus that took account of people's preferences. People had access to a wide range of health care support and referrals to specialists were made as and when required. Records showed good joint working arrangements with other professionals to help improve people's quality of life.

Is the service caring?

Good

The service was caring.

People we met were calm and relaxed and fully engaged with staff, or with things that interested them. Recent surveys of relatives by the home showed they remained satisfied with the quality of support and care their relative received.

Summary of findings

Staff had developed a comprehensive knowledge and understanding of each person, their capabilities and their methods of making themselves understood. Staff demonstrated awareness in their everyday practice of privacy and dignity issues.

People were encouraged by staff to develop their skills to a level and at a pace suited to their capabilities. Relatives visited the service when they wished and the staff encouraged and supported people to maintain links with their families and in the development of new friendships.

Is the service responsive?

Good

The service was responsive.

Staff had developed comprehensive personal support plans for each person and reported daily on their wellbeing. People were not actively involved in these but staff asked them about the things they liked and their relatives were consulted.

People were provided with lots of activities that they liked to do and went out every day in the week, and sometimes at weekends. Staff made sure people were offered alternatives if they lost interest so they did not get bored. When appropriate the home used occupational therapy services to inform them about equipment and activity needs.

A complaints procedure with pictorial prompts was in place but people lacked capacity to use this. Staff however, had an excellent understanding of how people expressed their unhappiness and would act on any concerns they became aware of.

Is the service well-led?

Good

The service was well-led.

People were observed to like having contact with the registered manager. Staff said they found her approachable, felt able to raise issues and felt listened to by her. Staff said the providers had a presence in the home and were well known to them and the people living there. They said they would have no concerns about talking with the providers or raising issues with them if they needed to.

Staff said that they had regular staff meetings to discuss the needs of each person and any changes to these and in the day to day operation of the home. Staff had input into discussions and records showed that oversight of the home was good and shortfalls were being discussed with staff to make improvements.

A wide range of weekly audits were completed by the registered manager and staff, actions highlighted from these were monitored for completion. Overall performance of the service was monitored by the providers who also undertook unannounced monitoring visits to ensure quality was being maintained.

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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.

The inspection took place on14 October 2014 and was unannounced.

The inspection was conducted by one inspector. Before the inspection the provider completed 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.

Before we visited the home we checked the information that we held about it and the provider. This included notifications received and complaints. No concerns had been raised with us since the last inspection.

We met all three people who lived in the home. People were unable to tell us about their experience of care at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we observed staff attitudes and how they behaved with people they supported and with each other. We looked at how people were supported during the course of the day and whether any therapeutic activities were happening. We also viewed a range of records to show how people were supported and the operational management of the home. These included two care plans with associated risk and assessment information. Two staff recruitment records and a record of their induction into their roles. Training and supervision records for the whole staff team, menu information, medicines management, cleaning schedules and quality assurance audits completed by the staff, registered manager and the provider.

We spoke with three staff and the home's registered manager. We also contacted the local commissioners of the service, a care manager and two health professionals who provided support and advice to staff in regard to the care of some of the people to ask for their views about the home. Their feedback was positive about the service and raised no issues of concern. We also viewed recent survey feedback from relatives which was supportive of the efforts of staff and the overall standard of care provided.

Requires Improvement

Is the service safe?

Our findings

We spoke with two staff in depth who said they felt that people were safe within the home because of the safety checks that were undertaken on a daily, weekly and monthly basis. They also thought that the experience and knowledge of the staff team and their commitment to people's wellbeing ensured their safety.

Records showed that the provider had the right procedures in place and an open and inclusive environment that ensured any concerns staff or other people had about a person's safety were appropriately reported. Records of accident and incident information showed that action was taken immediately to minimise recurrence. Records showed that staff were reminded where necessary of ensuring procedures were followed and their performance was monitored.

Staff demonstrated awareness of safeguarding and explained that their training involved scenarios about the different types of abuse people could be subjected to, and how this might occur. They were aware of the actions to take in the event of seeing abuse and policies and procedures were in place to give guidance on actions to take. An easy-read flow chart was provided for them to ensure they followed the correct process. Staff were aware of the whistleblowing process but had not had cause to use this. Training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns.

Staff told us that communication between them was very good and people's individual wellbeing, including any concerns about their welfare, was shared at handovers when each person and their current well being was discussed. Risks to people's safety were appropriately assessed, managed and reviewed. Care records showed there was not a 'one size fits all' approach to the assessment of risk with each person having risks assessed relevant to their specific dependency and these were kept updated, for example risks associated with behaviour, going out in the community, financial risks.

The staff were able to demonstrate that they explored and embraced the use of new technology in developing communication tools for people and also in enabling them to maintain contact with the people who were important to them.

The premises were well maintained with all appropriate servicing and safety checks undertaken for the electrical installation, gas installation and fire alarm and fire equipment. Fire drills were held, and staff assessed environmental risks on a daily basis to ensure people were kept safe.

The home had a low turnover of staff with the majority of staff having been in post for more than five years. Staff said the home was well staffed to meet the needs of the people there. The registered manager demonstrated a good understanding of individual dependency, and had requested and been provided with additional staffing hours between 10-4pm to help with the activities programme during the week.

The service was able to show empathy with people's anxieties and dislike of change and had implemented one shift change each day so as to cause minimum disruption to people's daily routines. The provider maintained a bank of flexi staff that were available to fills gaps in shifts; most had been with the company for many years and were familiar with people's needs. They received the same training as the main staff team and this was kept updated. This ensured people were only supported by people they knew.

We looked at the process for recruiting staff. Staff records viewed showed that there was a thorough recruitment process in place, to ensure that all necessary checks were completed prior to the staff member commencing their employment. Records showed that four references were required from applicants and we saw that detailed interviews had been undertaken, that explored gaps in employment histories. The interview process was in two stages and the second stage enabled and encouraged people in the home to interact with prospective staff; their reactions and the reactions of the applicants helped inform the interview process.

Staff had access to emergency contact numbers and a business continuity plan was in place in the event of an incident that stopped the service. Out of hours on call arrangements were in place and staff were provided with clear criteria for the type of incidents that would need to be reported to the out of hours on call.

We looked at the arrangements for the management of medicines in the home, and observed one person receiving an 'as required' medicine because they were feeling unwell.

Requires Improvement

Is the service safe?

This was managed discreetly away from other people and undertaken with patience and at a pace to suit the person. We talked through the medicines management process with the registered manager from ordering through to disposal and were satisfied that appropriate systems were in place for the safe management of medicines. The home received good support from the pharmacy and medicine audits were undertaken regularly.

We noted that whilst the majority of prescribed medicines received in boxes and bottles outside of the medicine dosage system (MDS) were signed and dated upon opening, we found a few exceptions. Medicine charts were completed appropriately but one handwritten entry had not been signed and dated which would be good practice and in accordance with NICE guidance. There was good separation of the MDS medicines from creams and 'as necessary' (PRN) medicines but not between PRN oral medicines and creams. We drew these matters to the registered manager's attention so that improvements could be made.

The premises were maintained to a high standard of décor and furnishing. Staff took pride in the appearance of the home and we found all areas were visibly clean and tidy. Staff meeting minutes showed that the appearance of the home was kept under scrutiny by the manager and staff performance in this area was monitored and commented on it was not to the expected standard. Staff told us they had received training in infection control which was updated regularly and records confirmed this. Staff were familiar with using personal protective clothing (PPE) and said they had access to supplies when they needed them. Cleaning schedules were in place for the day and night time staff to complete and these were checked for completion through audit processes.

We recommend that the provider considers NICE guidance in relation to the safe management of medicines

Good

Is the service effective?

Our findings

We looked at how the home ensured staff had the appropriate knowledge and skills to meet people's needs. An induction programme was in place for new staff and their competency was assessed throughout. New staff were initially extra to the rota for the first five shifts and this gave them time to familiarise themselves with the people in the home and the routines. A competency assessment had recently been reviewed to make this more robust and provide the manager with greater assurance that staff were competent. At the end of the induction new staff were awarded an induction certificate.

The provider had invested in the development of trainers within the organisation who delivered the majority of training to staff. This enabled training to be tailored to the specific needs of each service and could be refreshed as often as required. Staff appreciated the face to face training, and said they were up to date with courses and were reminded when training was due. The home was able to demonstrate that training could be booked quickly in response to an emerging identified need, and gave a recent example of this.

The service had been able to demonstrate that it sustained practice and had achieved the Investors in People award (this is an Accreditation scheme that focuses on the provider's commitment to good business and people management excellence). Provider information also told us that the organisation has been working with Kent Challenging Behaviour Network Paradigm, which had played an important part in the development and promotion of person centred approaches. The management team had met with this network through attendance at regular workshops over the last twelve months to help develop and improve person centred practice within its services.

Staff told us that they received regular supervision which they found supportive; records confirmed this was held monthly and staff were able to bring items to the agenda to discuss. Each staff member had a learning and development plan in place and this highlighted gaps in skills and knowledge or requests for additional training and how these could be met.

Staff confirmed they had received training to provide basic awareness of the Mental Capacity Act 2005 (This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves) and more in depth training was planned for each member of staff. Care records showed that staff were confidently using mental capacity assessments, and were familiar with consulting other stakeholders for best interest decision making. Records demonstrated recent joint discussions between the home manager, care manager and family of what decision would be in the best interest of someone requiring a medical intervention, who could not make that decision for themselves..

Because people lacked capacity a Deprivation of Liberty Safeguards (DoLS) assessment had been completed for each person to ensure that they were not subject to unlawful restrictions other than those that kept them safe from harm. The manager was aware of recent developments in the interpretation of DoLS and will be contacting the local DoLS team to see whether these changes effect the present DoLS status of the people in the home.

People had different methods of communication with some people using variations of Makaton or making known their wishes through body language, vocalisations, and facial expressions. Staff had an in depth understanding of people's individual communication styles, but to ensure people had opportunities to make decisions around their preferences they were supported to use a range of tools that included use of widget software, pictorial schedules, pictorial menus and the use of social stories. An iPod with a communication application through photos was in use for one person and also support to use 'FaceTime' using the internet to video link with relatives.

Some people's behaviour could at times be challenging for others. Care records gave staff clear information about triggers to behaviours, the form the behaviour might take, and guidance as to how staff should offer support to de-escalate situations. Staff had been provided with training to provide interventions which as a last resort could include authorised mild physical interventions to move the person away from harm. All interventions that could be used were clearly recorded in each person's behaviour support and were kept under review. The

Good

Is the service effective?

frequency of people's different types of behaviours were recorded and analysed to inform discussions with health and social care professionals in seeking better ways of working with the people concerned.

Staff had received food hygiene training and understood about the preparation of food and correct serving temperatures. Records showed that no one required a special diet and menus were made up of people's known and preferred items of food. We viewed the menus which showed people ate a varied diet. Records of what people ate and drank each day were kept and monitored to ensure people had enough to eat and drink. When we viewed the records of food intake we saw that staff were also recording what people had selected to eat when out of the home. We saw that this sometimes meant people ate similar types of food to the items on the home menu several days running and we drew this to the attention of the registered manager to review.

Records showed that people maintained stable weights and these were recorded regularly. People's food and drink intake was recorded on a daily basis. Staff were observed offering drinks at regular intervals. Discreet assistance with eating and drinking was offered to one person in accordance with their support plan. Their records showed they had responded well to this support, and staff input would be gradually reduced now that they were sustaining a good food intake and maintaining a stable weight.

In discussion staff confirmed that people were supported to attend all routine and specialist health care appointments and the outcomes of these were recorded in detail to inform others within the staff team. Health action plans were in place and hospital passport information in the event that the person needed to be admitted to hospital.

Health care records showed there were good links with health professionals including a doctor, dentist, chiropodist, podiatrist and psychologist. Health appointments were recorded in the house diary to ensure that staff were reminded when these were due. Treatments that required invasive interventions were appropriately discussed in the person's best interest. During the inspection staff showed concern and compassion for someone who was feeling unwell. We observed staff provided 'as required' pain relief and monitored their condition throughout the day, and contacted the doctor appropriately when things did not improve.

Good

Is the service caring?

Our findings

In recent surveys of relatives conducted by the home we saw that they had been happy with the care and support provided to their relative by the home staff. People were unable to give their own views about the service they received, but we saw that they were engaged in regular contact with staff or with activities or objects that interested them throughout the inspection.

The atmosphere in the home was calm and relaxed. Our observations also showed staff to be compassionate and caring in their attitudes towards the people in the home, and they spoke respectfully and fondly about the people they supported.

People were offered assistance by staff in a quiet, patient manner that enabled people to respond at their own pace. We noted that staff were mindful of people's safety and kept each other informed if they needed to be elsewhere in the home, so that people were kept under supervision. Because people were unable to express themselves clearly it was important that staff understood and could recognise when people were distressed. In discussion staff were able to describe clearly how each person expressed their emotions and the different ways in which each person preferred to be comforted when they were distressed or upset.

We observed staff using Makaton signing with people to ask them about something or to convey information. People understood this but we did not see them signing back; although staff said that one person did have more in depth conversations with a staff member they had known for a long time when they wanted to.

People were supported to maintain and develop skills within their capabilities and we observed one person assisting with tea making by bringing milk from the fridge, staff said another person liked to help with hoovering.

People were assisted with maintaining contact with their friends and relatives if they wanted to and staff spoke about birthday and Christmas card activities for some people to ensure they kept up with important dates. New technology was used to enable people to use face time to maintain contact with their relatives. Friendships that had developed with people in other homes were supported and people were enabled to spend time in each other's company for meals or for short tea visits.

Staff were aware of people's privacy and dignity. People's preferences around same gender personal care support were respected. Dignity was preserved for people with continence issues through regular support and ensuring toilet stops were built into activity plans in the community.

Records showed that relatives visited the home from time to time, and one person returned home on a regular basis for short breaks. The home was supportive of one person's attendance at their church on a regular basis and staff told us this person was a valued member of the congregation and was invited to a range of church events.

Home staff were aware of advocacy but it had not been necessary to use this at the present time as people in the home were well represented. Good communication was maintained between all stakeholders to ensure decisions taken were in the best interests of the people concerned.

Good

Is the service responsive?

Our findings

Care records showed that comprehensive needs assessments informed the development of each person's individualised plan of support. These were reviewed regularly by an allocated staff member. When people's needs changed, the care plans showed reviews and changes in their support, and all staff were informed about changes through handovers and the communication book.

Staff confirmed that they were kept well informed about changes and this showed that people's changing needs were recognised and met. Staff maintained detailed daily reports for each person that recorded their general wellbeing and moods, and how they had spent their time. These were also used to inform changes in care and support.

People were kept busy with activities they liked during the week and this was evident on the day of inspection. We observed people coming and going from the home to attend activities. There was a good use of sensory and indoor and outdoor activity equipment for which the home had sought and received input from the Occupational Therapist. However, staff felt that people became restless and usually displayed negative behaviours if they were unable to get out of the home on a regular basis. Each person therefore had a structured activity programme that ensured they were supported to access the things in the community they liked to do.

We met one person who had withdrawn from a number of external activities; and staff told us they were currently working with other health and social care professionals to help the person regain their confidence. The strategies agreed by those involved showed that improvements were already happening but home staff were careful to ensure that this happened at the person's own request and pace.

A complaints procedure was displayed. This was in a format that included pictorial prompts to help people who could not read to understand what they could do if they were unhappy with something. Whilst it was unlikely that people in the home would actively use the complaints process on their own behalf, staff demonstrated a sufficiently in depth understanding of each person to judge whether they were upset or distressed and to determine for them whether this might constitute the basis of a complaint. The complaints record showed that no formal complaints had been received, however concerns previously expressed on a relative's survey had been actioned and the matter resolved. The home had also received four compliments in the past twelve months.

Good

Is the service well-led?

Our findings

People were observed to have a rapport with the registered manager and liked it when she was around. Staff said they found her approachable and trusted that she would listen to them.

The registered manager told us that she met weekly with one of the company directors who she found always willing to listen, supportive, and responsive where resources were needed.

Records showed that a range of audits were undertaken by the registered manager and the staff on a weekly basis which included a daily task check. Staff used this to ensure that environmental risks were checked on a daily basis, any maintenance needed was highlighted as a result and an action plan given to the maintenance person. This action plan was monitored for the progress of maintenance and repairs on a weekly basis.

In addition records showed that weekly audits were completed for the computer, catering environment, general office, people's welfare, medicines, systems used in the home and health and safety. Actions from all these audits were highlighted and followed up by the provider through unannounced monitoring visits. The provider undertook these visits three times each year, during which the provider spoke with staff on shift and people present in the home. Staff said they found the providers were approachable and felt able to go to them in the absence of the registered manager if there was a serious issue.

Records showed the provider visits to be comprehensive and produced actions that needed to be completed, however, timescales for completion of actions were not given. Shortfalls highlighted also informed performance monitoring and were picked up and discussed at weekly and monthly manager meetings. Staff meeting minutes made clear areas where improvement was needed and the impact on performance monitoring.

The provider also undertook performance monitoring of services within the organisation. Records showed that over time this home had improved its performance and was now performing above the benchmark in respect of staff supervisions, staff turnover and overall audit scores.

A business improvement plan had been developed for the year with timescales for implementation and completion. This showed that the provider considered the future training and development needs of staff employed in all their services and also highlighted all the environmental and operational improvements planned to individual services and the head office.

In discussion staff said they found the registered manager supportive, and felt that she fostered an open culture that enabled them to raise issues and to feel listened to.

There was a clear staff management structure in place and staff spoken with understood their roles and responsibilities. Staff understood the reporting processes, and the lines of accountability within the home. The registered manager understood the circumstances under which the home would need to notify the Care Quality Commission of any significant events.

A range of policies and procedures were in place, and these were under review to ensure they kept pace with changes in legislation and practice. We saw a number of examples of policies covering the safety and protection of people that had been prioritised for updating and were complete and ready for staff to read.

People's relatives and other stakeholders were asked to give their views about the service through questionnaires. Responses were analysed by the registered manager, and records showed where comments had been acted upon and improvements sustained.