

Blue Pits Housing Action

Blue Pits Housing Action

Inspection report

BPHA Main Office
169 Drake Street
Rochdale
Lancashire
OL11 1EF

Tel: 01706345886

Website: www.bluepitshousingaction.co.uk

Date of inspection visit:
25 July 2017

Date of publication:
16 August 2017

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

The inspection took place on 25 July 2017 and was announced. This was the first inspection for this service.

Blue Pits Housing Action provides alternative support solutions to people with learning disabilities and mental health needs. This may involve shared accommodation, supported living or single tenancies.

There was a registered manager at the service. 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 2008 and associated Regulations about how the service is run.

People told us they felt safe being supported by Blue Pits. Sufficient staff were employed to help people who used the service had their needs met appropriately.

Staff files we looked at evidenced a robust recruitment system. This helped ensure people who were employed were suitable to work with vulnerable people. Medicines were managed safely within the service.

There was a safeguarding adults policy and procedure in place which included relevant guidance and contact numbers. Safeguarding issues had been followed up appropriately. Staff we spoke with demonstrated an understanding of safeguarding issues and how to report any poor practice they may witness.

Appropriate health and safety measures were in place at the service. There was an infection control policy and procedure and staff had undertaken appropriate training.

There was a thorough induction programme at the service which was signed off by a senior manager once the new employee was deemed to be competent. Regular staff supervision sessions took place; mandatory training was undertaken by all staff and extra courses undertaken where required

Care files included appropriate information about people's support needs. All care and support had been agreed with the person who used the service.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). Staff spoken with demonstrated a good understanding of the principles of the Act.

We spoke with eight people who used the service. Comments were positive about the support received.

We observed support being delivered and saw that staff were polite and respectful. Relationships were friendly and relaxed and people who used the service were comfortable to speak with staff. We saw that

privacy and dignity were respected.

The service was inclusive and initiatives such as inviting people who used the service to participate in staff recruitment helped people feel fully involved.

Care records were person-centred and included personal information around how people wished to be supported, their choices and preferences.

People were supported to a range of activities. Some people who used the service were also supported on trips out and holidays.

There was an appropriate complaints policy and procedure and complaints were followed up as required. People who used the service were given information in the form of a tenant handbook which included contact details and information on how to complain.

A range of policies and procedures were available in the office for staff to access when required. Policies were reviewed regularly and if there were updates these were sent out to staff via e mail.

Spot checks were carried out on a regular basis to help ensure the quality of the service remained good. Satisfaction surveys were sent out annually and we saw the results of the most recent surveys which included positive feedback around areas such as staff, support, activities, choices, involvement and views.

A range of audits were undertaken at the service. Incident forms were collated and appropriate actions taken to minimise the risk of further incidents. Monthly staff meetings and tenants meetings took place.

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.

People told us they felt safe. Sufficient staff were employed to help people who used the service had their needs met appropriately.

Staff files evidenced a robust recruitment system. This helped ensure people who were employed were suitable to work with vulnerable people. Medicines were managed safely within the service.

There was a safeguarding adults policy and procedure in place which included relevant guidance and contact numbers. Safeguarding issues had been followed up appropriately.

Is the service effective?

Good ●

The service was effective.

There was a thorough induction programme at the service. Regular staff supervision sessions took place; mandatory training was undertaken by all staff and extra courses undertaken where required

Care files included appropriate information about people's support needs. All care and support had been agreed with the person who used the service.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA). Staff spoken with demonstrated a good understanding of the principles of the Act.

Is the service caring?

Good ●

The service was caring.

We spoke with eight people who used the service. Comments were positive about the support received.

We observed support being delivered and saw that staff were polite and respectful. Relationships were friendly and relaxed

and privacy and dignity were respected.

The service was inclusive and initiatives such as inviting people who used the service to participate in staff recruitment helped people feel fully involved.

Is the service responsive?

Good ●

The service was responsive.

Care records were person-centred and included personal information around how people wished to be supported, their choices and preferences.

People were supported to a range of activities. Some people who used the service were also supported on trips out and holidays.

There was an appropriate complaints policy and procedure and complaints were followed up as required. People who used the service were given information which included information on how to complain.

Is the service well-led?

Good ●

The service was well-led.

A range of policies and procedures were available in the office for staff to access when required. Policies were reviewed regularly and if there were updates these were sent out to staff via e mail.

Spot checks were carried out on a regular basis to help ensure the quality of the service remained good. Satisfaction surveys were sent out annually and we saw the results of the most recent surveys which were positive.

A range of audits were undertaken at the service. Incident forms were collated and appropriate actions taken to minimise the risk of further incidents. Monthly staff meetings and tenants meetings took place.

Blue Pits Housing Action

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 on 25 July 2017 and was announced. The provider was given 24 hours' notice because the location provides shared accommodation, supported living and a domiciliary care service. We gave notice to ensure that someone would be available in the office to facilitate the inspection and that we could arrange to see a number of people who used the service.

The inspection was undertaken by an adult social care inspector.

Prior to the inspection we reviewed information we held about the service and notifications we had received from the service. We also contacted the local authority commissioners of the service and did not receive any negative feedback.

Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asks the provider to give us some key information about the service and any improvements they are planning to make.

During the inspection we spoke with the registered manager, a member of the board, the service manager, a team leader and a senior support worker. We spent time at the office and looked at three staff files, training records, supervision records, service user satisfaction surveys, meeting minutes and audits. We attended the supported living property where we spoke with six people who used the service and looked at four care records. Four people who were supported via the outreach service came into the office to speak to us.

Is the service safe?

Our findings

We asked people if they felt safe with the care they received. One person told us, "I feel safer here [supported property]". Another said, "I am safe as houses. I like my house".

On the day of the inspection we visited the supported living property, which is staffed at all times. There were sufficient staff to meet the needs of the people who used the service. We looked at staff rotas and saw that enough staff were employed to ensure people who used the service could have their needs met appropriately.

We looked at information in three staff files relating to recruitment. The recruitment system was robust and the files included application forms, offer letters, two written references, proof of identity and a contract of employment. Each employee had a Disclosure and Barring Service (DBS) check. DBS checks help employers know if people are suitable to work with vulnerable people. The registered manager told us that some people who used the service were involved in interviewing new staff. Two days recruitment and selection training was given to those who wanted it to help them contribute positively to the interview process.

There was a safeguarding adults policy and procedure in place which included relevant guidance and contact numbers. There was reference to mental capacity to help ensure staff were aware of this in relation to safeguarding. There was also a safeguarding children policy and procedure for staff to reference. Safeguarding issues had been reported to the correct authorities and followed up appropriately. Staff we spoke with demonstrated an understanding of safeguarding issues. We saw that there were whistle blowing posters around the office and in the supported living property. This helped people know how to report any poor practice they may witness.

The service had information about self-neglect, as some people who used the service may be inclined to neglect their own needs at times. There was guidance available to staff and flow charts to help them deal with any issues appropriately.

We looked at the medicines policy which included all relevant information. All staff had received training in medicines administration during induction. Their competency was then assessed and regular spot checks helped ensure they remained competent in this area. Within the supported living property we visited we saw that people's medicines were stored appropriately in locked cupboards. Medicine administration records (MAR) sheets were completed by staff administering medicines and weekly or monthly audits of stock were carried out to help minimise the risk of and pick up errors. The MAR sheets we looked at had been completed appropriately.

We saw an appropriate and up to date fire risk assessment at the supported living property and fire drills and full evacuations were carried out regularly. We looked at health and safety records and saw that gas safety certificates, electrical safety and other relevant checks were in place.

There was an appropriate infection control policy in place and all staff had undertaken appropriate training

in this area. Personal protective equipment, such as plastic aprons and gloves, was used to help prevent the spread of infection. Accidents and incidents were recorded and reported as required. We saw that all incidents had been followed up with appropriate actions.

Is the service effective?

Our findings

New staff undertook a probation period when they were required to shadow senior staff members. There was an induction programme which included training and orientation to the service and this was signed off by a senior manager once the new employee was deemed to be competent.

We saw evidence within staff files of regular supervision sessions. The service carried out their own supervisions, which included discussions around well-being, timetables, timesheets, policies and procedures, medicines, money logs and caseload. Each staff member had a staff handbook to refer to if required.

The staff training matrix evidenced that mandatory training was undertaken by all staff and extra courses taken where required. Staff we spoke with told us they were encouraged to access as much training as they required and supported with extra personal learning and development by the management of the service, for example, being trained as dementia friends. A member of staff who was a newly qualified social worker was being supported with their Assessed and Supported Year in Employment (AYSE) and felt this support was really important to their future career development.

Staff we spoke with had a good understanding of their role and responsibilities and demonstrated an in depth knowledge of the people they supported. Staff told us they worked well together. One said, "If there is a crisis you can count on any of the team. We are flexible about times and pull together".

We looked at four care files which were kept in the office and duplicates held in people's own homes if they wanted this. We noted that one person had been upset about having care records in their home and these had been removed. Records included a timetable, tenancy agreement, session sheets which detailed what staff had done with the person each visit and how the person was. There was an 'All about Me' document, which was on-going and could be added to at any time, contacts and information about key workers. Support plans were included and outlined all aspects of daily living and support required. Incidents and accidents were recorded appropriately within the files. If the person who used the service refused support on any occasion, a 'failed session' document was completed with an explanation of the reasons for this. All care and support had been agreed with the person who used the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular 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 so that they can 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. We saw that capacity was outlined within people's records with details of decisions and tasks which the person may require support with. Staff had undertaken training in MCA and DoLS and those we spoke with had an understanding of the principles involved.

Is the service caring?

Our findings

We spoke with eight people who used the service. Comments included, "I am more or less happy, staff are fine and I have made friends."; "I like living here. Staff are very good, polite and respectful. They go out of their way to help"; "Staff are really nice and pleasant, easy to get on with. You can have a good chat or they will let you be. I like it a lot [in supported living service]. There's a good mix of independence and support"; "Staff are dead helpful. If I am struggling with anything they help sort it out. I love this flat"; "Staff are beautiful, very kind and sometimes come two or three times a day. [Staff name] is a diamond"; "I haven't had depression since I lived here. It's the happiest I've ever been and I don't drink any more".

One person who used the service had given a written testimonial which was very positive. Part of this said, "Whilst at Blue Pits, I have gained a better understanding of myself, staff have supported me to look after my home, pay bills, go to appointments, I have been abroad on holiday, been on day trips, I have been a tenant rep and attended groups. I don't think that anything could be better about Blue Pits, I do think that staff could wear name badges though".

A health professional we contacted said, "We do use them and they have a good reputation with us, they manage some quite complex cases and difficult families and we do have confidence in them as a provider of high quality services. We have not had any concerns raised about them".

We observed the way staff interacted with people and saw that they were polite and respectful. Relationships were friendly and relaxed and people who used the service were comfortable to speak with staff. We saw that privacy and dignity were respected. Staff members knocked on people's doors and waited to be invited in. One person told us, "Staff always respect my privacy".

We saw that Dignity Action Day was celebrated annually and the office had a 'dignity tree' on the wall. People who used the service had written comments about what dignity meant to them on the leaves and these included; "Being treated as an individual"; "Being treated with respect"; "Respect for everyone"; "Seeing the person behind the illness"; "Value people for who they are"; "To be treated like an adult".

The registered manager told us they tried to include people who used the service in all aspects of the support provided. The service had access to independent advocates for anyone who required this.

The service was inclusive and initiatives such as inviting people who used the service to participate in staff recruitment helped people feel fully involved. People who used the service were included in the implementation of their support plans and agreement to the support was recorded. They were also involved with regular reviews and updates. One person said, "I am happy with my care plan". Another told us, "I have read my care plan this morning". A third person said, "They [staff] explain the care plan to me and we talk about it".

All staff undertook training in equality and diversity. We looked at a care record for someone with a particular cultural and religious background. We saw that this person was supported to follow their religious

beliefs and cultural dietary requirements. Only female staff supported this person, as required by their culture and the service had ensured they had staff with the appropriate language skills to help meet this person's particular requirements. The registered manager told us about other individuals who were supported to follow their own beliefs and cultural needs.

Is the service responsive?

Our findings

Care records were person-centred and included personal information around how people wished to be supported, their choices and preferences. The 'All about Me' document was an on-going project that staff supported people to complete on a continuing basis. Support plans were reviewed on a six monthly basis or as and when changes were required. Staff told us they were flexible about times of support and tried to facilitate the needs of the people who used the service. People who used the service agreed that staff understood their needs and their moods and would adapt the support according to their wishes. For example, we saw documentation around support being refused as the person did not wish to receive it at that time. This wish was respected whilst ensuring the person was well and safe.

The service manager told us, when people who used the service were admitted to hospital, staff would visit them regularly to help ensure they offered a familiar face and continuity of support. It also helped keep staff up to date with the individual's changing needs. They hoped to continue to do this for anyone who used the service.

People were supported to a range of activities. Some activities, including arts and crafts and the New Way group were held at the service's office building. We saw examples of the arts and crafts displayed within the office premises. The New Way group was led by a qualified counsellor and was around supporting confidence building and emotional intelligence. Other activities included coached badminton sessions, line dancing, bingo, boxing and manicures. One to one sessions were available for those who required them and people were supported into paid or voluntary work where appropriate. Some people who used the service were also supported on trips out and holidays.

Comments from people who used the service included, "I have been to activities"; "I have done some art sessions and go on walks with staff"; "They [staff] take me shopping and help me to sort things out like my internet"; "I'm going on holiday soon and looking forward to it. Staff have taken me shopping to get new clothes for the holiday. I sometimes have tea out"; "I have been to Blackpool to see the lights and a carvery for my birthday"; "I have been Christmas shopping in Bury and Manchester and [staff member] explains everything about money".

There was an appropriate complaints policy and procedure and complaints were followed up as required. People who used the service were given information in the form of a tenant handbook which included contact details and information on how to complain. One person told us, "I can report any problems. I would just go to the office". Another said, "I could make a complaint and it would be sorted". A third told us, "I have no complaints. Things get done and it doesn't take weeks".

We saw some stakeholder feedback which was sought by the service annually. Comments included, "I really appreciate the sharing of relevant information and updates"; "The type of service that [service] produces is essential for the client group. A settled home environment is essential for good mental health".

Is the service well-led?

Our findings

There was a registered manager at the service. 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 2008 and associated Regulations about how the service is run.

The management structure consisted of a management board, a service manager and a registered manager. There were four board members with a range of backgrounds and skills and we spoke with one member. They told us board meetings were held on a monthly or bi-monthly basis. Discussions were held around finances and on-going projects and the board member told us these were invariably productive discussions. They also told us that they felt the service was willing to support people through education and learning as this was good for the organisation.

The service manager had completed a Masters in leadership in Health and Social Care in 2015 and the registered manager had been supported to complete a Level 4 Institute of Leadership and Management (ILM) course in 2016. This was part of their continual professional development. Other staff members had a range of experience and qualifications relevant to their roles and all were encouraged to continually develop and improve their skills.

One staff member told us, "I am very happy here. I couldn't ask for a better manager. They keep a good level of service despite cuts". Another staff member said, "They are fantastic to work for, it (the service) becomes a part of you. We are really supported, personally and professionally and because we are treated well we are willing to go the extra mile".

A range of policies and procedures were available in the office for staff to access when required. Policies were reviewed regularly and if there were updates these were sent out to staff via e mail.

In addition to regular in-house supervision sessions, the service also facilitated supervision sessions from external professionals to carry out specific sessions for staff who had qualifications such as counselling or social work. This helped to support their professional development.

Monthly staff meetings took place and we looked at the minutes of the most recent of these. Discussions included training, annual leave, health action plans, policies and procedures, fire safety, new tenants and a review of current tenants.

There were also regular tenants meetings in the supported living house, which were minuted. The last tenants meeting had facilitated discussions about the up-coming supported holiday that some of the people who used the service were looking forward to.

Spot checks were carried out on a regular basis to help ensure the quality of the service remained good. Satisfaction surveys were sent out annually and we saw the results of the most recent surveys of which 24 had been returned. These included positive feedback around areas such as staff, support, activities, choices,

involvement and views.

A range of audits were undertaken at the service. Medicines audits were carried out either weekly or monthly depending on how the individual received their prescriptions. Incident forms were collated and appropriate actions taken to minimise the risk of further incidents. Health and safety checks were undertaken with regard to fire, alarms, food hygiene, hazardous substances, water and the first aid box. There was a maintenance repair form for staff to complete for tasks that needed to be completed.

The service had commissioned an independent quality insight report by an outside agency. This had resulted in very positive feedback from 13 customers. Stakeholder feedback included positive comments from professionals who had some involvement with the service.