

Blue Sky Care Limited

Richmond Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Richmond Lodge is a residential home that provides care for up to five people who are living with a learning disability. At the time of our inspection there were five people living in the home. At the last inspection, in June 2015, the service was rated Good. At this inspection we found that the service remained Good.

People were safe and continued to receive safe care. The risks to people's safety were regularly reviewed and processes were in place to protect people from avoidable harm. Sufficient numbers of staff were in place to keep people safe and safe recruitment procedures ensured people were protected from the risks of unsuitable staff. People's medicines were managed safely and people received their prescribed medicines when needed.

People's right to make their own decisions about their care and support needs, where able, was respected by staff. Where decisions were made for people, they were made in line with the principles of the Mental Capacity Act 2005 (MCA). People were encouraged to eat and drink healthily. Staff were well trained and felt supported to carry out their role effectively. People's day to day health needs were monitored and referrals to external professionals were made where needed and in a timely manner.

People were treated with kindness, dignity and respect by the staff. People had developed positive relationships with staff which contributed to a positive atmosphere within the home. People's support records were person centred and focused on what was important to them. Support was provided for people in line with their personal preferences. People were provided with an 'easy read' complaints process that supported people living with a learning disability. Effective systems were in place to manage any complaints that the provider may receive.

The service was well-led. The current registered manager split their time between two services, but this did not impact on the quality of the service provided. People, relatives, staff and professionals commented positively about the registered manager. There was a calm, open and friendly atmosphere at the home which resulted in a high quality of service for people. Effective auditing processes were in place, with regular input from representatives of the provider.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Richmond Lodge

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.

This was a comprehensive inspection that was completed by one inspector on 28 March 2017 and was announced. We gave the provider notice because we needed to be sure that the registered manager, staff and people living at the home would be available.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

Due to people living at the home having varying abilities to verbally communicate, we were only able to speak with two people during the inspection. We also spoke with four members of the support staff including the registered manager and a representative of the provider. We looked at records relating to all five people living at the home as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for support staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

After the inspection we spoke with two relatives and two health and social care professionals who gave us their views on the quality of the service provided.

Is the service safe?

Our findings

People were protected from avoidable harm because a staffing team was in place that understood how to keep them safe. A person we spoke with said, "I do feel safe, although I can look after myself." A relative said, "I know [my family member] is safe, but more importantly they feel safe as well."

Staff could explain how the risks to people's safety had been assessed and managed. Records showed these risks were regularly reviewed to ensure the support provided reduced the risk to people's safety without placing unnecessary restrictions on them. Processes were in place to ensure the appropriate authorities were notified if people were at risk of experiencing avoidable harm or abuse. Accidents and incidents were regularly reviewed with the registered manager carrying out analysis to identify any trends or themes. Action plans were in place to support people where needed. Staff told us they thought people were safe at the home. One staff member said, "Any concerns I'd report to the team leader and then to manager if needed. If all else fails I'd call you guys [CQC]."

People and relatives told us the number of staff available to support them or their family members was sufficient. Staffing levels at the home were regularly reviewed to ensure people were safe and received the support they needed. Where people received funded continuous support, also known as one to one support, records showed this had been provided. Our observations throughout the inspection showed the number of staff working matched the number recorded on the rota. Safe recruitment processes were in place that ensured only staff suitable for their role were employed at the home. This included criminal records checks as well ensuring staff had the experience to support people.

People received their medicines as prescribed and when they needed them. Safe medicine management practices were in place. These included safe storage, regular ordering and safe disposal of medicines and accurate recording in people's medicine administration records, showing when people had taken or refused to take their medicines. Medicines were administered safely and in line with people's preferences. Photographs were used to aid identification and people's allergies were also recorded. All of these measures ensured people received their medicines safely.

Where people received medicines that were required on 'as needed' basis, medicines that are not part of a person's regular daily intake, protocols were in place to ensure consistent administration. The administration of these medicines was also monitored by the registered manager to ensure they were administered appropriately. We noted guidance had been requested from healthcare professionals where medicines were administered covertly, to ensure they were administered safely. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the person is unknowingly taking medication.

Is the service effective?

Our findings

People told us staff understood how to support them and they did so effectively. One person said, "The staff are good with me." A relative said, "The staff are great, they know what they are doing."

People received care and support from a staff team that had a training programme in place designed to equip them with the skills needed to support people safely and effectively. Staff performance was regularly reviewed and staff felt supported by the registered manager. Staff were encouraged to develop their knowledge further by obtaining externally recognised qualifications such as NCFE Level 2 qualifications. The NCFE is a national, educational awarding organisation that designs, develops, and certifies diverse, recognised qualifications and awards, including for distance learning courses. Staff have undertaken this training as part of their development and expanding their skill base.

People felt able to give their opinions and about their day to day routines and support needs. We saw people making decisions such as deciding if they wanted to take part in activity or what food they wanted and staff respected those decisions. Where people were unable to make decisions for themselves, decisions were made in their best interest ensuring the appropriate legal processes had been followed. This included obtaining authorisation from the authorising body to place restrictions on certain people for their own safety; this can include not being permitted to leave the home unaccompanied. These are called Deprivation of Liberty Safeguards (DoLS). Staff and the registered manager spoke knowledgeably about DoLS and were aware of the restrictions they could and could not place on people.

People who may present behaviours that may challenge were protected by staff because appropriate assessments on how to support them had been carried out. We observed one person becoming distressed and showing signs of agitation. A staff member calmly placed a catalogue in front of the person and this calmed the person immediately.

People were supported to maintain a healthy, balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We observed people making their own drinks and meals independent of staff support. One person told us they enjoyed going out for meals and the staff supported them with this. Where people were at risk of dehydration or from eating and drinking too much or little, monitoring of their consumption was recorded along with regularly monitoring their weight. Where needed, professional guidance was requested to enable staff to support people effectively.

People had regular access to a wide variety of health and social care professionals to support them with their health, care and support needs. We saw examples where people received on-going support from staff with a variety of health conditions which had seen an improvement in their health. For one person we saw specialist advice had been requested to assist staff with a complex health condition. Changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. A healthcare professional told us staff acted on any guidance they have given.

Is the service caring?

Our findings

People told us they enjoyed living at the home and found the staff to be kind and caring. One person said, "They are nice to me. I like going out with them." A relative said, "They really do seem to care."

People were treated with compassion and respect. In the majority of cases we observed staff talk positively about the people they supported, showing respect for their feelings and acting on their wishes. However we did observe one example where staff discussed a person's needs and did not always talk as respectfully about the person's wishes as would be expected. We raised this with the registered manager, who was present during this discussion and they agreed to discuss this with the staff member to remind them of their responsibilities.

People developed positive relationships with staff and we saw them engaging in meaningful and engaging conversation. People were able to give their opinions and make choices about their day to day care and support needs via 'Talk Time'. This was a process where people met with staff members to discuss anything they wished to and then agreements and timeframes were put in place where changes or actions were agreed. During these meetings people were also able to give their views on a variety of things that could affect them within their home. A recent example being the choosing of the new hall carpet. A person told us they were able to choose their own food, the activities they wanted to take part in and whether they wished to join others on outings. They told us staff respected their wishes. Information was provided for people if they wished to speak with an independent advocate. Advocates support people with making decisions about their day to day lives and where applicable can advocate on their behalf.

People were treated with dignity. A dignity champion was in place. The dignity champion's role was to ensure that people were treated with dignity at all times and to meet with other dignity champions from across the provider's group of service, to discuss best practice. Relatives spoken with felt their family members were treated with dignity. One relative said, "They are very respectful and understanding." Staff spoke positively about the way they supported people in a dignified way. One staff member said, "Treating people with dignity is really important here."

People's privacy was respected by staff. We saw one person wished to be alone in their bedroom which staff respected. We also saw a staff member knock on their door and wait to be given permission to enter to ask if the person was ready for their medicines.

People were encouraged to do as much for themselves as they were able to. People were supported to eat independently and detailed support planning records were in place which gave staff guidance on each person's level of ability to perform tasks around the home as well supporting themselves with personal care. We noted some people living at the home were able to lead independent lives outside of home. We saw these people come and go throughout the inspection, visiting local amenities and going out for activities such as riding their bike, independent of staff support.

Is the service responsive?

Our findings

Prior to admission to the home, an assessment had been carried out to ensure the home was suitable for people. Where able, people and/or their relatives had been involved with this process. Once people had moved to the home, individualised care and support plans were put in place to enable staff to have the guidance needed to support people in the way they wanted them to. In the sample of records we looked at we saw they were regularly reviewed to ensure staff were able to respond to people's changing care and support needs. A staff signature sheet was also present on support plans to show that staff had read them and were aware of any updates made.

Staff had a good understanding of each person's care and support requirements and were able to explain how they contributed to providing them with person centred support. A variety of documents were in place which explained what was important to each person, how they wanted staff to support them and their day to day likes and personal preferences.

A wide ranging activities programme was in place for each person that was individual to their preferences. One person told us staff had supported them in obtaining their motorcycle licence and they had also saved up for their own motorcycle, which they took great pride in showing us. Group activities also took place and during the inspection the majority of the staff and people living at the home took part in a ten pin bowling competition which people clearly enjoyed. People were also planning holidays and were in the process of saving money for this. Plans were also in place to support a person with experiencing their first holiday with their family.

A person we spoke with told us if they felt the need to make a complaint or to raise an issue that was worrying them, then they felt confident enough to discuss this with staff or with the registered manager. An easy read complaints process was available for people with communication needs and records showed people were able to discuss any concerns they had during their 'Talk Time' sessions with the staff. Staff were able to explain what they would do if a person raised a complaint with them. One staff member said, "I'd act on it straight away and reassure the person it would be dealt with." Records showed processes were in place that ensured all complaints received were dealt with in line with the provider's complaint policy.

Is the service well-led?

Our findings

People and relatives felt able to make a positive contribution to the development and continued improvement of the service. Their views were regularly requested and acted on. This led to an inclusive, open and positive atmosphere and culture at the home. Staff also felt able to contribute. Regular staff meetings and discussions during supervisions gave staff the opportunity to talk about the people they supported and how improvements could be made. Staff felt valued and empowered and as a result the staff we spoke with told us they enjoyed their job.

The staff we spoke with were also aware of the provider's whistleblowing policy and told us they felt comfortable in challenging poor practice if they needed to.

People, staff, relatives and professionals all spoke highly of the registered manager. They found her approachable, willing to listen and ready to act on their views. Although new to the role of registered manager at this home and currently sharing their time managing another of the provider's services, staff told us this did not impact on the way the service was run. A representative of the provider told us plans were in place to recruit a 'home manager' who would be trained to take over the role of registered manager when it was felt they were ready. This staged and patient approach from the provider ensured the smooth running of the service was not compromised by too many managerial changes in a short period of time.

Quality assurance systems were in place to help monitor the standard of the service provided and to help drive improvement at the home. A monthly audit was carried out by the registered manager as part of the provider's quality monitoring system. This was reviewed and discussed with the provider's head of care to ensure continued improvement and development of the service. The progress and performance of the home was consistently monitored by the provider with regular audits carried out to ensure the quality of the service provided met the provider's aims and values. Staff career development was encouraged, with staff members successfully supported to achieving promotion both within this home and others across the provider group. Promotion from within the current staffing team ensured the people continued to receive a consistent and high level of care and support.