Supported Homes Limited

Supported Homes Limited - 1 Emerald Close

Inspection report

1 Emerald Close
Blackburn
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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

Overall summary

The service is registered to provide personal care for people who have a mental disorder and are accommodated in supported housing. The service runs four supported tenancies from this location. Two houses in Blackburn, two in Barrow and one in Preston. Currently there are 25 people who use the service living at the houses.

We last inspected this service in 05 November 2013 when the service met all the standards we inspected. This unannounced inspection took place on 24 and 25 of February 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service. All the people who used the service said they felt safe. Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

People who used the service self-medicated to help them remain independent although there were systems in place to ensure people were taking their medicines.

People who used the service had mental capacity. Staff had been trained in the Mental Capacity Act (2005) and should be aware of when a person needed to have a deprivation of liberty safeguard hearing to protect their rights.

People who used the service were able to follow their hobbies and interests. Each person had a timetable when they were supported to attend activities or have free time to do as they wished. We observed people going out independently to shop. We spoke with the manager of one house regarding paid or voluntary work and college courses. She said it depended upon how people's mental health was on any given day and they may or may not attend. People were asked what they would like to do when they attended their reviews. We recommend that the service seeks guidance and support about people attending work based or educational establishments in a voluntary or paid capacity for any person who wishes to do so.

We saw that the offices in each of the two houses we visited contained sufficient equipment to provide a good service. The equipment had been checked to ensure it was safe. This included the fire system and extinguishers.

People who used the service signed a tenancy agreement, consent to have their photograph taken, agreement to their care and support and other such as an induction to their home. Other documents were given to them including the service user guide. This meant people agreed to their care and support and were aware of the facilities and services provided.

Plans of care were personal to each person and updated regularly. Staff were kept up to date about people's care and support during daily handover meetings. The care plans focused on improvement to people's care and conditions. The registered manager audited the plans of care to check on the quality and content of them.

People said they felt able to complain and staff would listen to them.

People who used the service and staff completed surveys and were invited to regular meetings to provide their ideas about how the service could improve.

People and staff told us the registered manager and team leaders at the houses were supportive.

We observed staff supporting people who used the service. Staff supported people who used the service in a warm, friendly, yet professional approach in their support.

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?

Good

The service was safe.

There were systems in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse. Staff used their local authority safeguarding procedures to follow a local protocol.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration although people were encouraged to self-medicate. Staff checked people were taking their medication to help them remain well.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

This was because staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their general and mental health needs were met. Care plans were amended regularly if there were any changes to a person's medical conditions.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to follow a healthy eating lifestyle. People were assisted to store and prepare food by staff who had been trained in food safety.

Is the service caring?

Good

The service was caring.

People who used the service thought staff were helpful and kind.

We saw that in the plans of care people had been involved and helped develop their plans of care. Their wishes and preferences were taken into account. People were encouraged to be independent.

We observed a good interaction between staff and people who used the service.

Is the service responsive?

Good

There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to access the community to follow their interests and hobbies.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Summary of findings

During meetings and by sending out questionnaires the service obtained and acted upon the views of stakeholders, families and people who used the service.

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service. The registered manager liaised well with other organisations.

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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.

This unannounced inspection took place on the 24 and 25 February 2015.

This service supports people who live in houses as tenants. We looked at the care and medication records for people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We spoke with the six people who used the service, four staff members, a team leader and the registered manager.

The membership of the team consisted of one inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert was experienced with people who had mental health problems.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We requested and received 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 any improvements they plan to make.

We also asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the home. The views were positive.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe and had confidence in the staff to listen to them.

Staff had been trained in safeguarding issues and the staff we spoke with were aware of their responsibilities to report any possible abuse. The service had a good history of reporting any concerns which mainly surrounded people going missing. Staff had policies and procedures to report safeguarding issues and also used their individual social services departments to follow local protocols. The policies and procedures we looked at told staff about the types of abuse, how to reports abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy makes a commitment by the organisation to staff who report safeguarding incidents in good faith. There was also a copy of the 'No Secrets' document for staff to follow good practice.

When people were admitted to the service they were given documents to read and sign their agreement to. One included an agreement to self-medicate with staff being allowed to check medicines were being taken to help keep people in good health. Some staff had been trained in medicines administration although the registered manager said all the people accommodated within the homes self-medicated as part of their recovery program. In one house the medicines were stored in the office and people came to get their medicines. Staff recorded when they had taken them. At another house people retained their own medication and staff checked to ensure medicines were stored safely in each person's room. Staff also recorded when people had taken their medication and we looked at four records and found they were up to date with no omissions or errors. Staff supported people to order their medication in a timely manner.

In the medicines administration records there was a description of certain medicines people with mental health problems must take regularly and why there must be continuity of treatment. Staff were able to track when they had taken the medication and if they had attended the relevant clinic.

People told us there were enough staff to meet their needs. Each separate house was run by a team leader with the registered manager having overall control of the service.

Support staff were provided at each house for continuity of care for people who used the service. We looked at two staff records and found recruitment was robust. The staff files contained a criminal records check called a disclosure and barring service check. This check also examines if prospective staff have at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. All the people we spoke with spoke highly of staff and the support they received.

We examined four plans of care in two of the houses. In the plans of care we saw that risk assessments had been developed with people who used the service, who agreed to sanctions in some aspects of their care. Examples being an agreement not to smoke in the building for the safety of themselves and others or not visiting certain localities which may have been imposed by a court. We saw that the risk assessments were to keep people safe and not to impose rigid conditions or restrict their activities.

There were policies and procedures in place for the prevention and control of infection. Members of staff told us they had received training in infection control and although people who used the service were responsible for their own cleaning and storing of food staff said they would advise them of good practice. Staff had access to personal protective clothing such as gloves and aprons should they be required.

Equipment in the office had been tested to ensure it was safe. There was a fire alarm and extinguishers to use in the event of a fire and the alarms were tested frequently to ensure they were in good working order. The building was owned by a separate company to the care service. The registered manager said the landlord responded quickly to any requests for faults. People who used the service were responsible for their own equipment.

Four people responded to surveys sent by the Care Quality Commission. All four people said they felt safe at the service. Three staff responded and said they knew what to do if abuse was suspected and one community professional thought care staff knew what to do if they suspected abuse. The responses were above the national average.

Good

Is the service effective?

Our findings

The service was effective. Each person had a key worker they could relate to and discuss any care or health matters. Each person had a timetable for their activities which was monitored by the registered manager and team leaders.

People who used the service had their own supplies and areas for storage of food. Staff were there to provide support to make meals if required. We saw one person making their own meal independently from staff. People shopped for food items and planned what they ate themselves. There were no set times for meals. People who used the service could make a drink or a meal when they wished, provided it did not disturb others.

The service ran healthy eating meetings to help people plan and eat nutritional food. There were group and individual cooking lessons. One regular activity was a baking session and one person told us that the baking sessions were enjoyable. The registered manager said the healthy eating group went down very well and we saw one person had lost weight. This was by healthy eating and gym sessions which he had agreed to. The registered manager told us staff would contact a person's care co-ordinator if people were not able to follow a good diet.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. Staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. All the people we spoke with had mental capacity. People may be under a community care order of the mental capacity act for their or others protection. We saw one person acting as an advocate for a person who used the service on the day of the inspection. The staff member was negotiating for a resident who had encountered problems with faulty goods that he had recently purchased. The staff member was able to deal with the situation so that the issue did not become a trigger for the person. The registered manager was aware of her responsibilities to protect people's rights and speak with care co-ordinators about mental health issues including deprivation of liberties. We observed people were able to come and go as they wished although one person said the house was a bit remote.

We looked at the admissions procedure and paperwork which would be suitable for any new person who wanted to use the service. The assessment documentation we saw was competed prior to admission and was used to develop the plans of care. Social services also supplied an assessment of people's needs to ensure people were suitably placed.

People were tenants and had to sign an agreement to live in each house. Part of the assessment and admission program people had to undertake included an induction to the service. This told us people had been given keys to their property, the safe storage of medication had been explained, given their consent to be photographed, a housing benefit form was completed and a service user guide issued. The service user guide told people about the facilities and services provided by Supported Homes Limited. People were Introduced to staff, the team leader, other residents and the landlord. Fire safety such as smoke detectors, fire extinguishers and escape routes were pointed out. They were shown around the building, including the kitchen and how to use the appliances, their own cupboard, fridge and freezer space and where the cleaning materials and first aid kit was located. The whole document was signed by the person who used the service, their support worker and team leader when completed.

We inspected four plans of care during the inspection. Care plans were developed with people who used the service to ensure their wishes were taken into account and the support they required would then be provided. Plans of care followed a system that highlighted individual goals and improvements. Where possible people would progress to independent living. Plans of care were reviewed regularly with the person who used the service and they were regularly asked for their views about care and support. We saw that the plans of care contained sufficient information for staff to deliver effective care. The care coordinators of each person who used the service were regularly updated to ensure they were aware of people's progress.

People who used the service had access to specialists and professionals. They included psychiatrists, community

Good

Is the service effective?

psychiatric nurses, social workers and had their own GP's. People were supported to attend appointments. This meant people's general health and mental health needs were kept up to date.

New staff has to complete an induction organised by the service to familiarise themselves with the house they worked in, other staff, the people accommodated at the home and key policies and procedures. They were enrolled upon a formal induction course. New staff were supported by experienced staff until they felt competent and comfortable working with people with mental health problems.

We looked at the staff training matrix. Staff had been trained in topics such as moving and handling, safeguarding, first aid, fire safety, infection control, medicines administration and health and safety. Certificates were available for inspection in the two staff files we looked at. Other training staff undertook included epilepsy awareness, the mental capacity act, deprivation of liberties safeguards, mental health, breakaway and de-escalation techniques and working with personality disorders, suicide and self injury. Most staff had achieved a recognised health and social care qualification. Staff we spoke with confirmed they had access to a lot of training and felt sufficiently well trained to perform their roles.

Staff received regular supervision and said the managers and team leaders were very supportive and encouraged their career progression. Staff could bring up topics of their own or any training needs to the meetings. Supervision covered all aspects of the service staff required to be competent with, such whether they felt able to handle difficult situations.

Four people responded to surveys sent by the Care Quality Commission. All four people said they received support from the same care staff, would recommend the service to others, staff had the skills to deliver good care, care workers completed all their tasks and care and support were designed to help people feel independent. Three staff responded and said they felt well trained, would recommend the service to a member of their own family, received sufficient training, were well supported, new staff received an induction and the care they gave supported independence. One community professional thought care staff were well trained, completed their tasks, understood their responsibilities under the mental health act, supported people to be independent and would recommend the service to a member of their family. All the responses were above the national average.

Good

Is the service caring?

Our findings

People who used the service told us, “The support I get here is good and the staff are brilliant” and “If it wasn’t for the manager of the home getting involved in my discharge from hospital I would have ended up on a park bench.”

We saw from the plans of care that people were treated as individuals and helped complete their plans of care and risk assessments. This meant that people not only agreed to their care but had their wishes taken into account.

Each person had a timetable when they were supported to attend activities or have free time to do as they wished. We observed one person returning from a planned shopping trip into Blackburn town centre. He went on his own and it required a short bus ride which previously he said he did not have the confidence to do. Other activities people told us they joined in as a group included going bowling, cooking, going out for meals, attending churches if they wished to follow their religion and going on holiday. People went individually to the gym, shopping or to a local pub. People were asked what they would like to do when they attended their reviews. We spoke with the manager of one house regarding paid or voluntary work and college courses. She said it depended upon how people’s mental health was on any given day and they may or may not attend. People were asked what they would like to do when they attended their reviews. We recommend that the service seeks guidance and support about people attending work based or educational establishments in a voluntary or paid capacity if people who use the service wish. The people accommodated in Blackburn told us they were looking forward to a forthcoming short break to Southport, which together with the staff they had organised.

We observed staff interacting with people who used the service and found a warm, friendly yet professional approach in their support.

One person told us, “I have made some good friends whilst I have lived here.” We observed other people who used the service socialised with each other but were able to remain alone if they wished. One person who used the service also told us another was being noisy and disruptive. Staff were seeking outside help for this person to help to remedy the situation.

Four people responded to surveys sent by the Care Quality Commission. All four people said they were introduced to new staff, were happy with their care and support, they were treated with dignity and staff were kind. Three staff responded and said they were supported to get to know new people who used the service before working unsupervised and people were treated with dignity and respect. One community professional thought care staff were kind and treated people with respect and dignity. The responses were above the national average.

Good

Is the service responsive?

Our findings

Each person had a 'hospital passport'. This would give other organisations the basic details they would need in an emergency. The service had a good rapport with other organisations and arranged meetings to respond to any health or behavioural issues with care co-ordinators or the mental health team.

Staff held regular one to one meetings with people who used the service to discuss their needs and wishes. This included people's social aspirations as well as health issues.

We observed care and support during the day. We saw that staff had good working relationships with the people they supported.

People who used the service were encouraged to express their views about the agency by completing a survey. We saw that the results were very positive. Questions were asked around the capability of staff and the care people received. The responses were either excellent or good. However, the registered manager responded to people's views that the survey was too long and would amend the next survey and was looking into the possibility of an online marketing company who would provide a more anonymous way for people to give their feedback.

There were regular house meetings. At the meetings people discussed house security, a new television, smoking safety, trips out, healthy lifestyles and people's responsibilities to keep the house clean. At the end of the meeting everyone was given a chance to bring up any topics they wished.

We saw that care staff wrote daily about the care and support people had received. Any changes were updated in the care plans and staff were informed at the twice daily handover meetings. This meant staff were kept up to date with people's changing health and social needs.

Each person had a copy of the complaints procedure. The procedure told people who to complain to, how to complain and the timescales for any response. There had not been any complaints about the service since the last inspection. People were informed that they could take a complaint further including the contact details of the Care Quality Commission.

Four people responded to surveys sent by the Care Quality Commission. All four people said they were involved in making decisions about their care, knew how to make a complaint, thought staff would respond to any concerns and felt supported to choose who looked after them. Three staff responded and said managers responded well to any concerns they had and one community professional thought care staff acted upon any instructions or advice given, the service had a good relationship with other organisations and the care staff and managers were accessible and responded to any concerns. The responses were above the national average.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. All the staff in Barrow and Blackburn thought they were well supported and there was a good staff team.

We observed that people who used the service appeared relaxed and regularly spoke to the registered manager and manager at one of the houses.

There was a recognised management system which staff understood and meant there was always someone senior to take charge. The staff we spoke to were aware that there was always someone they could rely upon. People who used the service also thought they could approach management to talk over care or support issues.

The service had achieved recognition with ISO 9001/ Investors in People award, which is a benchmark of good quality mainly around training of staff.

There were regular staff meetings, usually in each house. We looked at the records and saw that there were topics such as an update and overview of people who used the service, care planning and keeping them up to date, advice around the new format of CQC inspections and the new emergency reporting procedure. This was to enable management to review all incidents, accidents and emergencies for the head office to review, spot any trends and take action to improve the service or minimise risks. Staff were able to bring up topics of their own.

The registered manager was aware of and had sent prompt notifications to the Care Quality Commission. Although there had not been any complaints we did see action was taken to reduce incidents such as one person absconding.

The registered manager conducted audits to ensure the service ran well. The audits included feedback from meetings and surveys, care plans, incidents and accidents. The registered manager had regular contact and visited the houses in their separate locations to check on the quality of service provision. There were audits on the service from a senior person, which also checked the work of the registered manager. The registered manager undertook such audits as were necessary to check that systems were working satisfactorily.

There were policies and procedures which the registered manager updated on a regular or as needed basis. We looked at many policies and procedures including challenging behaviour, health and safety, bullying and harassment, codes of conduct, infection control, safeguarding and medication administration. The policies we looked at were fit for purpose.

The registered manager thought that improvements to the service were the new policies and procedures they had received since the service had merged with a larger organisation. She felt that a weakness in the service was a lack of intelligent commissioning in terms of personalised sustainable support packages and a fear that people who used the service would have "the rug pulled from under them if they showed any signs of making progress."

Four people responded to surveys sent by the Care Quality Commission. All four people said they knew who to contact in the agency if they needed support, staff asked them for their views about their care and support and they received sufficient information to understand what the service provided. Three staff responded and said they felt confident in reporting any concerns to the registered manager, management took their views into consideration and passed on information in a timely manner. One community professional thought care staff asked for external professionals opinions, the service was well managed and tried hard to improve the quality of life for the people they supported. The responses were above the national average.