Livability

Blithe House

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

Overall summary

This inspection visit took place on 9 October 2015. The inspection was announced 24 hours in advance because the service was a small care home for younger adults who are often out during the day.

This was the first inspection of Blithe House since the current provider took over the running of the service in July 2014.

Blithe House provides accommodation, personal care and support for up to four adults who have a learning disability or autistic spectrum disorder. There were four people living in the home at the time of this inspection.

The service had a registered manager in post. A registered manager is a person who has registered with 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 felt safe and were cared for by staff in ways that met their needs and maintained their dignity and respect. Staff understood how to identify, report and manage any concerns related to people's safety and welfare. There were systems and processes in place to protect people from harm, including how medicines were managed.

Summary of findings

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were in place or had been applied for.

People and their relatives were involved in planning the care and support provided by the service. Staff listened to people and understood and respected their needs. Staff reflected people's wishes and preferences in the way they delivered care. They understood the issues involved in supporting people who had lost capacity to make some decisions.

People were supported to eat and drink enough to meet their needs and to make informed choices about what they ate. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health or when their needs changed.

The service was responsive to people's needs and staff listened to what they said. Concerns or complaints were responded to appropriately. People were encouraged and supported to engage in activities and events that gave them an opportunity to socialise.

There was a friendly, homely atmosphere and staff supported people in a kind and caring way that took account of their individual needs and preferences. The staff and management team shared common values about the purpose of the service. People were supported and encouraged to live as independently as possible, according to their needs and abilities.

There was an open and inclusive culture within the service, which encouraged people's involvement and their feedback was used to drive improvements. The registered manager demonstrated an open management style and provided leadership to the staff team. There was a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate 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?
The service was safe.

People were protected from the risk of abuse because staff understood their responsibilities.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

The manager checked staff's suitability for their role before they started working at the home.

Medicines were stored, administered and managed safely.

Good

Is the service effective?
The service was effective.

People were cared for and supported by staff who had relevant training and skills.

Staff understood their responsibilities in relation to consent and supporting people to make decisions. The manager understood their legal obligations under the Deprivation of Liberty Safeguards.

People's preferences, nutritional and specialist dietary needs were taken into account in menu planning and choices.

People were referred to other healthcare services when their health needs changed.

Good

Is the service caring?
The service was caring.

Staff were kind and compassionate towards people.

Staff knew people well and respected their privacy and dignity.

Staff promoted people's independence, by encouraging them to make their own decisions.

Good

Is the service responsive?
The service was responsive.

Staff listened to people and were responsive to their needs. They had a good understanding of people's needs, choices and preferences, and the knowledge to meet people's individual needs as they changed.

Relatives knew how to complain and were comfortable to raise any concerns about the service people received.

Good

Is the service well-led?
The service was well led.

Staff received support and felt well informed.

Good

Summary of findings

There was an open and inclusive culture within the service, which encouraged people's involvement and their feedback was used to drive improvements.

The registered manager and the provider played an active role in quality assurance and ensured the service continuously developed and improved.

Blithe House

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. The inspection was planned to check whether the provider was 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.

We visited Blithe House on 9 October 2015. The registered manager was given 24 hours' notice because the service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector, due to the small size of the home and people's complex needs.

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. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

We met the four people who lived in the home and had the opportunity to spend time talking with three of them. We also spoke with three relatives, the registered manager, deputy manager and a member of the care staff. We observed how staff provided cared for people to help us better understand their experiences of the care and support they received.

We looked at a range of documents and written records including people's care records and medication charts; and staff recruitment and training files. We also reviewed records about how the service was managed, including risk assessments, quality and safety audits, and the arrangements for managing complaints.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us how staff helped them to keep safe, for example by supporting them in the kitchen when the oven was in use. Relatives we spoke with were confident their family members were safe.

The provider followed safe recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the files for two of the current staff and one recently interviewed for a position on the bank staff. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory disclosure and barring service clearance (DBS), and evidence of the applicants' identity.

There were sufficient staff to meet people's needs and provide personalised care and support with activities. The staff group was mostly made up of regular staff and experienced bank staff, which provided continuity of support for people. Staff told us that if agency staff were used, they were deployed alongside experienced staff on 'double up' shifts and not on their own. We saw that staff responded quickly so that people did not have to wait for support or assistance. A person told us there were enough staff to help them to do the things they wanted to do. Staff told us there was enough staff on duty to meet people's needs and support them with their activities.

People were supported to take planned risks to promote their independence. Risk assessment and management plans were in place to support people to do activities they enjoyed, such as swimming, and staff demonstrated knowledge and understanding of these. They told us how they supported one person, who used a wheelchair for certain activities, to walk independently at times when the person wished. This showed a personalised approach to promoting the person's safety and independence. The person's relative said "Staff know very finely what (the person) can contend with".

Records showed that checks were carried out on equipment and electrical items to ensure they were safe and in good working order. Each person had a personal emergency evacuation plan. These included important information about the care and support each person required in the event they needed to evacuate the premises.

Policies were in place in relation to safeguarding and whistleblowing procedures and these were accessible to all staff. Records showed and staff confirmed they had received training in safeguarding adults as part of their training and this was regularly updated. Staff were knowledgeable and able to describe the various kinds of abuse. They knew how to report any suspicion of abuse to the management team and agencies so that people in their care were protected.

People's medicines were stored securely and managed so that they received them safely. There were detailed individual support plans in relation to people's medicines, including any associated risks, and staff were aware of these. The medication administration records, including ones for topical applications, were appropriately completed. Clear guidelines were in place that helped staff to understand when 'as required' medicines should be given and by whom. Staff received training in the safe administration of medicines and this was followed by competency checks. Records showed that medicines were audited regularly.

Good

Is the service effective?

Our findings

Observations and comments from people and their relatives demonstrated that people's needs were effectively managed and the staff provided the support people needed. A person told us staff were good at supporting them. A relative told us their family member "Is the best she has ever been there". Another relative remarked about consistently good support and communication from the staff team.

The provider had a thorough induction programme that covered staff roles and responsibilities. The registered manager was aware of the new national Care Certificate which sets out common induction standards for social care staff and was introducing it for new employees. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Individual supervisions were held every two months and each member of staff had an annual appraisal. There was an on-going training plan in place, which provided staff with relevant knowledge and skills. This included disability awareness, medicines, safeguarding and care planning. In addition, all staff were supported to undertake industry recognised diplomas in health and social care, which are work based awards that are achieved through assessment and training. To achieve the diploma, candidates must prove that they have the ability to carry out their job to the required standard. The registered manager told us the service also had support from the local learning disability community team should it be needed.

The registered manager told us there were now more training opportunities for staff and management. This included a management course for senior care staff and training about the provider's care systems. A member of staff confirmed this, saying "Any training we want they are very good at supporting us with".

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood when a DoLS application should be made and how to submit one. Following a Supreme Court judgement which clarified what deprivation of liberty is, the registered manager had reviewed people in light of this and submitted applications to the local authority.

Staff had been trained and showed an understanding of the MCA and the associated DoLS. Staff recognised that people could make some decisions but not others and supported them to make as many decisions as possible. We saw that, where a person did not have capacity to make a significant decision for themself, the registered manager had organised a meeting with relatives and relevant professionals to discuss and agree what was in the person's best interests.

People were effectively supported to eat and drink enough to meet their needs. Staff used pictures of different foods and a wide range of meals in order to encourage people to make informed choices about what to eat. People were supported to shop for and help prepare their meals if they wished. A person told us they liked helping in the kitchen with food preparation and making cakes and biscuits. They said they enjoyed Sunday roasts, stews and takeaways. Another person was looking forward to going out to lunch. Mealtimes could be flexible, for example, people were provided with cooked lunches on Mondays and Thursdays to allow for their evening activities. Staff told us they monitored people's food and drink intake and encouraged healthy eating options. One person was on a particular diet due to an assessed health need. Information about people's nutritional and dietary requirements was clearly reflected in their care and support plans.

The staff team worked well with health and social care professionals to support people. This included regular

Good

Is the service effective?

engagement with occupational therapists and community nurses to ensure people had the right support and equipment in place to make life easier and safer for them. People's records showed they received regular and on-going health checks and support to attend appointments. This included reviews of the medicines they were prescribed, GP and dental appointments. People also had a health passport in readiness should they require hospital or other medical treatment. The aim of a health passport is to assist people with learning disabilities to provide medical staff with important information about them and their health, for example if they are admitted to hospital. Relatives told us their family members were supported to access health care when appropriate. One relative said the person was "The healthiest she has ever been".

Good

Is the service caring?

Our findings

Through observation and comments from people and their relatives it was evident that staff developed positive caring relationships with people using the service. One person smiled and said they would “Take staff home with me”. A relative commented that their family member was “Very happy” and the service was “Consistent regarding the excellence, caring and kindness of staff”. Another relative remarked about the “Homely atmosphere” and “Very knowledgeable and caring staff”. Relatives confirmed that staff respected people's privacy, dignity, choice and independence.

There was a good rapport between the registered manager, staff and people who used the service. The atmosphere throughout the home was friendly, calm and caring. The staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. Staff were knowledgeable about people’s preferences and what mattered to them, enabling them to communicate positively and valuing the person. A member of staff explained how “Respecting a person’s way of communicating is important for promoting their dignity”. People’s care and support plans reflected this and were written in a way that promoted and upheld their dignity and independence.

The service supported people to express their views and be involved in making decisions about their care and support. Regular meetings took place between individuals and their key workers, to ensure that they were consulted and informed about their support and what happened in the home. Key working is a system where one member of care staff takes special responsibility for supporting and enabling a person. The aim of this system is to maximise the involvement and help to build relationships between people using the service and staff. People knew who their keyworkers were and were aware of their care and support folders. One person went to get their folder independently in order to show it to us. A relative told us their family member’s key worker was “Fantastic”.

People told us they had house meetings with staff, where they talked about activities, menu planning, holidays, what people wanted and how they felt, and “If everybody is happy with staff”. We saw records were kept of these weekly house meetings. The service also involved people’s relatives, where appropriate, in planning care and support. Relatives told us they were involved in reviews of their family members’ care and the service kept them informed. One relative told us how staff worked together with them in supporting their family member to attend health appointments.

People’s care and support plans included information and guidance to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand. There was a contact number in the home for advocacy services if they were needed. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

A person centred approach to responding to people's needs was evident in the service. Before people moved to the home they and those acting on their behalf participated in an assessment of their needs to ensure the home was suitable for them. Following this initial assessment a care and support plan was developed that was tailored to the individual, reflected their personal preferences and how they expressed themselves and communicated with others.

Staff monitored people's changing needs through a system of regular review and observation and this was clearly recorded. Each person had a key worker, a named member of staff who participated in reviewing the person's care and support with them. Staff told us about their responsibilities as key workers, which included consultation with people and their family members about decisions affecting them. This helped to ensure care and support plans were current and continued to reflect people's preferences as their needs changed.

Care plans were written in a personalised way, including what and who was important to the person and 'My Life Story' using pictures and drawings. People's plans gave clear guidance in an easy to read style using people's preferred ways of communicating. Activities and tasks, such as making a drink or preparing food, were broken down into clear steps for staff and the person they were supporting. In this way a consistent and personalised approach had been developed that responded to each person's needs and promoted their independence.

Staff demonstrated knowledge and understanding of people's care and support needs and the strategies in place for meeting them. They were consistent in what they told us about how individuals communicated their needs and wishes and the agreed methods for staff supporting them. This demonstrated that care and support plans were accurate and up to date.

Staff provided support in a flexible way that matched the person's daily needs and was in line with their detailed care plan. We observed staff using this personalised approach at various times such as mealtimes and supporting people to take part in leisure activities. The staff rota was organised around people's preferred activities and to meet their needs in a personalised way. Staff developed an activity planner with each person, which helped them to pursue their personal interests. People told us about a range of day and evening activities they enjoyed, including meeting people at college, cooking, swimming, bowling, and visits away with their friends and relatives. These activities and times matched those recorded on people's activity planners. Staff ensured that people were able to maintain contact with their family and friends where possible and supported this through telephone contacts and visits.

Through conversations with people using the service and staff it was evident that people were supported to raise any concerns or complaints. One person told us they would "Talk to the boss" if there was anything they were unhappy about. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something. A complaints procedure was provided in a pictorial format and a copy was kept in each person's support plan. Relatives were aware of how to make a complaint and told us they would feel comfortable to do so and confident any concerns would be responded to appropriately. The registered manager confirmed that the service had not received any complaints.

Good

Is the service well-led?

Our findings

Relatives we spoke with were happy with the quality of the service. One relative told us they had "A lot of respect for the manager" and also commented that the new provider had invested in the home and brought about improvements. Another relative said the registered manager was "Very organised and up together"; while another told us the home had a "Good manager, always on the end of the phone" if they were needed. Relatives told us the registered manager and staff involved them and kept them informed about events.

The registered manager and deputy manager told us the new provider was improving the service through, for example, a larger maintenance budget and team resulting in on-going improvements to the home environment; and increased training opportunities for care staff and managers. They also said there was a "Great network of support within the organisation". The registered manager attended meetings with her line manager and other managers and saw these as an opportunity to share good practice. The service had a good working relationship with the local community health and safeguarding teams and was able to obtain support from them when required.

The registered manager notified of us of incidents and important events, in accordance with their statutory obligations, and demonstrated the skills of good leadership. A member of care staff told us they thought the service was well led and the "Support is brilliant". They said the new provider had "Given staff more responsibilities and support to carry these out" and "Everything is service user orientated, which is what it's supposed to be". Staff told us they had opportunities to discuss their practice and share ideas outside of their daily routine at regular team meetings and group supervisions. The registered manager also used these meetings to keep staff up to date about organisational changes and praise staff for their good work. Staff were aware of the values and aims of the service and demonstrated this by promoting people's rights, independence and quality of life.

Corporate quality assurance systems were in place and used to identify improvements within the service. The registered manager completed a monthly quality audit and this was seen by their line manager and any actions were discussed and agreed. We saw this had included reviewing and planning future support in relation to a person's changing needs. The registered manager also carried out regular health and safety checks and produced a report and action plan based on this. A previous action had been to put in place a first aid risk assessment and this had been completed. Procedures were in place for responding to and reporting accidents and incidents. Where necessary, action plans were created and followed up until the actions were completed. For example, an access ramp at the front of the house had been improved after a person had a fall.

The service used feedback to drive improvements and deliver consistent and high quality care. Satisfaction surveys were conducted that included questionnaires sent to people who used the service, relatives and external professionals. The responses indicated that people were satisfied overall with the service provided. House meetings held within the service also gave people the opportunity to discuss how they felt the service could be improved. For example, as a result of people's feedback at house meetings changes had been made to the menus.