

Blundellsands Classic Management Limited

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## Inspection report

19 Blundellsands Road West  
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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

This inspection visit took place on 19 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people. We needed to be sure that we could access the office premises.

The Blundellsands Classic provides personal care and support to people in their own homes. People who used the service lived on site in their own private apartments or bungalows within the grounds. There are communal areas for the use of people who live independently within the grounds. The service provides 24 hour staffing and if people required support staff were available. At the time of the inspection the service was supporting five people.

There was a registered manager in place. 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.

At the last inspection on 14 May 2014 the service was meeting the requirements of the regulations inspected at that time.

Systems were in place to protect people from abuse and unsafe care. People we spoke with told us they felt safe and were happy living independently in their own apartments with support from the service.

We looked at the care records for two people who used the service. There was information in place about support needs for the individual, how these were to be met and the involvement of the person to promote independence. One person who used the service said, "I do need a little help but hope to be back on my own shortly."

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

We looked at how the service was staffed. Staff members spoken with said they were happy with how their visits were managed. They told us they were allocated sufficient time to be able to provide support people required. Due to staff being based within the complex visits were never missed and very rarely late this was confirmed by talking with staff and people who used the service.

Risk assessments had been developed to minimise potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff knew people they supported and provided a service that was tailored for the individual. Care plans

were in place detailing how people wished their care to be delivered. People told us they had been involved in making decisions about their care.

We found medication procedures at the service were safe. Staff who would be responsible for the administration of medicines had received training to ensure they had the competency and skills required.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

People supported by the service told us staff who visited them were polite, reliable and respectful in their approach to their work. Comments included from people who used the service, "They know this is my apartment and treat it with respect."

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The service had a complaints procedure which was made available to people when they received a service. People we spoke with told us they were happy and had no complaints.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included spot checks, care plan reviews and staff meetings. We found people who used the service were satisfied with support they received.

## 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.

Recruitment procedures the service had in place were safe.

The provider had procedures in place to protect people from abuse and unsafe care. People we spoke with said they felt safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were processes for recording accidents and incidents. Appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who used the service.

### Is the service effective?

Good 

The service was effective.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

### Is the service caring?

Good 

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their choices and preferences in order to provide a personalised service.

People were supported to maintain and develop relationships with people who mattered to them.

People knew their comments and complaints would be listened to and responded to.

### Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager consulted with stakeholders and people they supported for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked upon and action was taken to make improvements, where applicable.

# Blundellsands Classic Management Limited

## **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 inspection visit took place on 19 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector.

Before our inspection on 19 September 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people supported had been received.

During our inspection we spoke with two people who used the service, four staff members and a duty manager. In addition we spoke with the registered manager.

We looked at the care records of two people, training and recruitment records of two staff members and records relating to the management of the service. This helped us to gain a balanced overview of what people experienced accessing the service.

# Is the service safe?

## Our findings

We spoke with people about the service they received and what life was like living in their own independent apartments or bungalows supported by staff within the building complex. One person said, "It is nice to know you have contact with the staff it makes me feel safer." Another person said, "I feel safer with a little help from the staff every day."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. We spoke with four staff about safeguarding training and all were confident they knew the process to follow and what signs to look out for if they felt abuse was taking place. Comments included, "Yes I would go straight to the manager or if necessary to the safeguarding teams or CQC." Another staff member said, "We recently did some on line safeguarding training which I felt was useful."

Care records of people who used the service contained risk assessments intended to reduce potential risks of harm or injury to people. These included risks related to their own premises, mobility, kitchen access and personal care. Staff were aware of any potential risks or hazards. We found they had been reviewed regularly or when circumstances changed to ensure people were kept safe.

Accidents and incidents were recorded and discussed between the registered manager and staff. They were analysed by the management team and action to reduce risk and keep people safe were learnt from incidents. Any changes to care needed were made to reduce risks to people.

We looked at staffing levels and how the service supported people. We did this to make sure there was enough staff on duty at all times to support people in their care. We found by talking with people who used the service and staff members staffing levels were sufficient to meet the needs of people. There was always enough staff around the building complex to ensure visits were never missed or very rarely late. A staff member said, "We are unique here because we have so many staff around the building that people who require a service will never get missed." Also we spoke with two people who received a service and they told us staff were never late and never missed a visit. One person said, "They are always on time even if we change the time at the last minute." Staff members spoken with said they were allocated sufficient time to be able to provide support people required.

We found recruitment procedures were in place to make sure suitable personnel were employed. The management followed their procedures to protect people from the employment of unsuitable staff. We saw staff files contained references and criminal record checks obtained from the Disclosure and Barring Service. The registered manager reviewed the applicant's full work history, training certificates and qualifications. A staff member said, "I was not allowed to start until all my checks had been done."

Staff files contained evidence they received medicines training, which was followed up with regular competency testing to maintain safe procedures.

Staff employed by the service received medication training before they could administer medication or prompt people. Discussion with staff members confirmed they had received refresher training to ensure they were competent to support people with their medicines. We spoke with two people about management of their medicines. They told us they were happy with their own medication arrangements and were confident staff were competent to support them if required with their medication.



## Is the service effective?

### Our findings

People we spoke with told us staff were trained well and were competent in their role. Comments included, "Yes they certainly know what they are doing. I believe they receive quite a lot of training." One person told us they always made sure everything was done before they left even if they went over the time allocated. The person said, "They don't rush and always stay a while."

People who received a service told us staff who visited them were matched well to them personally. For example the service used the same staff as much as possible. This meant care was effective because staff developed relationships with people due to the consistency of a small staff team supporting each individual.

People were supported by staff who had the knowledge and skills required to meet their needs. For example we found staff training records identified courses they had attended and when training relevant to their role required updating. Access to courses and training events were good. This was confirmed by talking with staff. Comments included, "Training is very good." Also, "Don't mention training courses we are always doing some training event. You cannot knock the availability or management support to ensure we develop our skills through training."

The registered manager had a programme of training that included, infection control, moving and handling and safeguarding. This training was updated on a regular basis to make sure staff kept up to date with good care practices. Staff were encouraged to further their development and undertake national qualifications that were relevant to their role. For example staff had completed 'National Vocational Qualifications' (NVQ).

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.

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager confirmed she was aware of the process to assess capacity and the fact that it is decision specific. Staff spoken with demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood procedures needed to be followed if people's liberty was to be restricted for their safety.

Records we looked at confirmed regular supervision and annual appraisals were in place for staff. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, any issues and training needs. We confirmed supervision sessions were taking place by talking with staff. One staff member said, "Yes supervision every two to three months. However the [registered manager] is available any time."

Records we looked at showed staff had received training in 'food and hygiene'. Staff we spoke with confirmed that. Staff would support people with meal provision if that was assessed what people required.

We found people's care records included the contact details of their General Practitioner (GP) or other health professionals that they required contact details of. This was so staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. One person who used the service said, "My details are there written down of my doctor. It is peace of mind they can contact somebody in an emergency."

## Is the service caring?

### Our findings

The two people we spoke with told us they liked the staff and the way they were treated. They said they were kind and caring. For example comments we received included, "The staff are so pleasant, caring and respectful of everyone." Another said, "They know this is my apartment and treat it with respect. I cannot say anything wrong about any of the staff that help me."

We observed during the day instances of staff interacting with people they supported. They treated people with respect and patience. People who wanted to talk with staff were not left ignored. Staff and the registered manager were attentive and patient when talking with people. One staff member said, "Treating people with respect and kindness is the way I want to be treated so that is the way we do things."

People supported by the service told us they were satisfied with staff who provided care for them. They told us the service had up to date information about their needs and they were being met. One person said, "Yes they are all very good to me and know what I need and what help to give. Very satisfied I must say."

We looked at care records of two people and found a person centred culture which encouraged people to express their views. We saw evidence people had been involved in developing their care plans. One staff member said, "People here live independently in their own apartment or bungalow and are very independent." Care records contained information about people's current needs as well as their wishes and preferences. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured the information staff had about people's needs reflected the support and care they required.

The principal aim of the service is to enable people to remain as independent as they can within the complex and maintain control of their environment as much as possible. This was confirmed by people who used the service and staff we spoke with. For example staff told us people only used the service as and when they required. One staff member said, "Part of the deal is for everyone who lives here will get some domestic help. It is only when they need extra support we are on hand to provide as much or as little as they wish."

Staff had an appreciation of people's individual needs around privacy and dignity. They told us they had received training around respecting people's privacy and this was a high priority for the service. People supported by the service told us staff spoke with them in a respectful way and respected their privacy. Comments from people who used the service included, "Kind, caring and extremely respectful of my privacy that is how I would describe the staff here." Another said, "Yes always respectful, they are mindful this is my home and they respect that fact."

Staff had a good understanding of protecting and respecting people's human rights. We looked at training records and noted they had received guidance in equality and diversity. Staff confirmed this when we spoke with them. Staff told us the importance of treating people as an individual and respecting their rights.

We witnessed examples of staff interacting with people they supported. They treated people with respect

and patience. One example was a person who used the service wished to have a talk with the registered manager who immediately stopped the task she was doing and sat and talked with the person. This showed the management team and staff were attentive and patient when talking with people who lived at The Blundellsands Classic.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

People who lived independently within the building told us they felt staff were responsive to their support needs. For example one person said how they required help every day with getting dressed following an illness. The person said, "I never needed help but suddenly had to. They responded straight away and sorted out what I need the staff are very good here."

Care plans seen confirmed people had expressed when, how and by whom they wanted their support provided. For example people had been encouraged to specify what staff they wanted to support them. The service provided a large amount of personnel that provided support throughout the complex. Therefore there was a range of staff with different skills to support people who used the service. People told us they had expressed their choices and preferences about visit times and the level of support they required. People's needs had been identified as part of their plan of care. For example to promote independence or maintain independent living.

We looked at care records of two people who used the service. They were up to date, with copies available in the office. Good assessments of support had been undertaken prior to support being provided. This meant staff had as much information as possible in order to provide quality support and care.

The management team had visited people to assess their needs. This was to identify what support people required before the service started. One of the management team said, "It is essential we visit people in their own apartment to go through things and ensure they are involved in what type of support is required." Care plans were person centred with input evident from the person who received a service. For example the person signed the care plan to confirm they agreed with the support provided.

People we spoke with told us they found the service was flexible and responsive in changing staff to suit the needs of individuals. For example one person who used the service told us they liked particular staff as they 'had things in common'. The management team then ensured staff matched the person as much as possible which helped develop relationships and met with peoples wishes.

People who lived at The Blundellsands Classic had access to social events within the complex. For example events included regular coffee mornings and games mornings in the 'hobbies' room. People who used the service as well as other people within the complex had access to social gatherings and events. One of the people who used the service said, "It is a wonderful place with lots going on. You can join in with social events or not it is entirely your choice."

People supported by the service told us they found the management team were responsive if they contacted them. We were informed they were quick to respond if they needed an extra visit because they were unwell or needed to cancel a visit.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured

people these would be responded to appropriately. Contact details for external organisations including the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations.

We saw the service had a system in place for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service. People who used the service told us knew how to make a complaint if they had a concern or an issue. One person who used the service said, "I know who to speak with if I needed to but never had a problem so far, a great service."

## Is the service well-led?

### Our findings

The service had a registered manager who understood their responsibilities and was supported by the registered provider to deliver what was required. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.

People who used the service were positive about how it was managed. One person said, "[Registered manager] always asks if everything is alright or if we feel any improvements can be made." People's views were listened to for example as a result of suggestions made by people times of visits had been changed to suit individuals. A staff member said, "It is good to get views of what we provide so we continue to change things for the better."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager and duty managers worked with them and showed leadership. Discussion with members of the management team confirmed they were clear about their role. They told us between them they provided a well organised, consistent service to people who required support Staff told us they felt the service worked well and they supported each other. One staff member said, "We are a large staff team and we all get along fine. If we are short someone will always step in."

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the registered manager. These included care plan reviews, regular spot checks to people's apartments and risk assessments. Any issues found on audits were acted upon and any lessons learnt would be implemented to improve the service.

Comments from everybody we spoke with told us the service provided was well led, with a good management team to support staff. For example one staff member said, "It is extremely well organised with very good management." A person who used the service said, "The manager is always around the place and calls in to see me to make sure everything is fine with me."

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided. They were also encouraged to give opinions on how to improve the service for the better.

The registered manager had a daily 'handover log' that records the day's events for The Blundellsands Classic. Incorporated in the log was information relating to people who received a service. This meant staff coming on duty had up to date information of people who they provided care for. A staff member said, "It is a good system."

We found the registered manager had sought views of people who used the service using variety of

methods. For example spot checks to people's apartments. In addition comments and compliment cards had been received and all were positive about the service. Comments from cards received included, 'Thanks to all the staff for the caring help given. A wonderful team.' And, 'A heartfelt thanks for the speed of your response when we needed help in an emergency. The staff just came instantly.'

Inside the main building a notice board area displayed monthly events and gave people the chance to write comments about The Blundellsands Classic and services that were available. One staff member said, "We need views of people who use the service but also any friends or relatives so we can improve. This is a chance for us to receive written comments about Blundellsands."