

Blackburn & District Supported Housing Limited

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Inspection report

13-19 Grantham Street
Blackburn
BB2 4BZ

Tel: 01254668834

Date of inspection visit:

11 January 2023

12 January 2023

16 January 2023

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31 January 2023

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

About the service

Blackburn & District Supported Housing Limited is registered to provide both supported living services and domiciliary care services to people who require personal care. The service was not providing domiciliary care at the time of inspection. The service provides support to younger adults and older people with a physical disability, sensory impairment, learning disability or autistic spectrum disorder. At the time of our inspection there were 9 people using the service. The service supported people across 2 sites in their own homes.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Appropriate staffing levels were in place, though recruitment processes needed to be more robust. We made a recommendation about this. People's homes and communal areas was clean and tidy, though we did find that some infection control processes could be improved. The registered managers were quick to rectify this during our visit. Staff received appropriate support and training to carry out their roles. People were supported with their healthcare needs and staff supported people to eat, drink and prepare food in line with their abilities. People took part in activities and spoke positively about this and were supported to maintain relationships with loved ones.

Right Care:

People received person centred care and records reflected this. Medicines were being safely administered, though paperwork relating to medicines needed improving. We made a recommendation about this. People's needs were assessed and details of this was recorded in people's care plans. People's equality and diversity needs were respected, and people were supported to be independent. People's records were securely stored, and staff were kind and considerate. People were able to express their views and could access advocacy services should they need to. No one in the service was end of life, though some people had provisions in place such as funeral plans. The registered managers had previously supported LeDer (Learning Disabilities Mortality Review) following a death in the service, and complied with their request for information.

Right Culture:

Quality assurance systems needed to be more robust. We made a recommendation about this. The

registered managers knew about their responsibility to be open and honest and were supportive of our inspection. Staff meetings and meetings with people who use the service were taking place and relatives were kept up to date during visits or over the telephone. Surveys for people had been conducted, but staff and relative surveys had not. The registered managers told us they would look to action this. The service had a positive and open culture and staff told us they enjoyed their roles. Feedback about the management was positive. Staff worked in partnership with various agencies and health professionals to ensure people received the required support. Processes were in place to safeguard people and appropriate risk assessments were in place. There was limited examples of lessons learned and the registered managers told us how they would look to improve this. People's communication needs were being met and a complaints process was in place, though there had been no recent concerns raised.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 7 January 2022, and this is the first inspection under its new registration. The service was previously registered with us under the name of Grantham Street, which was rated good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made recommendations in relation to recruitment, medicines and governance.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Blackburn & District Supported Housing Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

This service provides care and support to people living in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was 2 registered managers in post.

Notice of inspection

We gave a short period of notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us. This also allowed the registered managers time to notify the people they support that we would be visiting.

Inspection activity started on 11 January 2023 and ended on 16 January 2023 when we delivered feedback remotely. We visited the location's office/service on 11 and 12 January 2023.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority, and we used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 1 relative. We spoke with 5 members of staff including support workers and both registered managers (1 of which was also the nominated individual). The nominated individual is responsible for supervising the management of the service on behalf of the provider. During the inspection, we visited some people's own homes, and we reviewed a range of records. This included reviewing 3 people's care records in detail. During the inspection we also looked at a variety of medicines records and documentation and the storage of medicines. We looked at 3 staff files in relation to recruitment as well as a variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels were safe. Staff told us there are enough staff, and at times they were overstaffed. One staff member said, "Yeah sometimes too much (staff) - at times."
- Recruitment processes were mostly safe, though a full employment history had not always been sought. Where the service had identified concerns with someone's background checks, they had records to show a documented discussion around this had taken place, but a risk assessment was not in place.

We recommend the provider reviews their recruitment processes to ensure new applicants are recruited safely and risks are fully assessed.

Using medicines safely

- People received their medicines appropriately, however, records relating to medicines needed improving.
- Paperwork provided by the pharmacy did not always match medicines quantities that had been dispensed. Whilst this is an error by the pharmacy this should have been picked up by the service. The registered managers spoke with the pharmacy to rectify these issues going forward.
- People's medicine records did not have their photographs and date of birth on, this was rectified during our inspection.

We recommend the service review their medicines processes to ensure medicines are managed safely.

- Medicines were safely stored and administered.
- People received regular medication reviews and staff were following STOMP (Stop over medicating people) guidance.

Preventing and controlling infection

- Infection prevention practices were mostly safe and people's homes and communal areas were clean, tidy and well maintained.
- Some people's clothes were being washed together. We queried this with the registered managers who explained some residents want single items washed each day, and this was the reason for communal washes. The registered managers created a risk assessment during our inspection to consider and mitigate any risks relating to this.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors in line with current government guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to safeguard people from the risk of abuse, though there had been no recent safeguarding concerns.
- A safeguarding policy and procedure was in place and included information on how to escalate concerns.
- People told us they felt safe. One person said, "Yeah I do (feel safe)."
- Staff told us they had received safeguarding training and were able to provide examples of what they would report.
- There were limited examples of lessons learned, however, during the inspection the registered manager improved documentation to support a more robust lessons learned practice going forward.

Assessing risk, safety monitoring and management

- Appropriate environmental risk assessments were in place and the service had access to the safety/risk assessments carried out by the landlord.
- People using the service had their own risk assessments in place relating to their health conditions and requirements.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Necessary Court of Protection authorisations were in place.
- A number of consent forms were in place for various aspects of support. However, consent to care forms were not in place. The registered managers told us they would look to rectify this.

Staff support: induction, training, skills and experience

- Staff were supported through regular supervisions, though no staff had received a recent appraisal at the time of the inspection. The registered manager told us they will look to implement appraisals.
- An induction programme was provided when staff first commenced employment to ensure they had an understanding of what was required within their role.
- Staff had completed various training courses to provide them with the skills and knowledge required to meet people's needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to ensure they were supported with their healthcare needs.
- The service worked with a variety of health care professionals including specialist learning disabilities nurses, social workers, podiatrists, dentists, speech and language team, advocates and neurologists. This would ensure people receive good outcomes.

- Care plans included information in relation to people's health and care needs, which helped staff provide appropriate support.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink in line with their preferences, and care plans referenced supporting people to eat healthily.
- People were supported to get involved with their food shopping and staff helped people prepare food when needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager advised that people's needs were assessed before they started using the service. Whilst there was limited paperwork in relation to pre assessments, we were able to see how the service slowly introduced new admissions to their homes gradually to ensure they were a good fit for each other.
- People's diagnosis was recorded in care plans, we found some examples where people's support around epilepsy could have been more detailed. The registered manager told us they were working to improve this aspect of the care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's equality and diversity needs were respected.
- Staff supported people to be as independent as possible and respected their privacy and dignity.
- Paper records relating to people's care were stored securely in a locked room and locked cupboard, and electronic records were on computers which were protected by passwords.
- Care staff appeared kind and considerate when speaking to people and we witnessed some caring interactions.
- People told us they liked the staff, one person said, "They're (staff) really good. The staff are really friendly." One relative told us, "They let him be independent in the sense that he likes to help out, he's got his jobs every day that he does. Next door is supported living, some of the people are not so able but [person's name] does everything for himself. [Person's name] cannot communicate to the same extent so he needs someone there, but they support him to do all that he can do."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were able to express their views.
- The manager told us how they accessed advocacy services should these be required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's records were person centred and detailed their preferences and how staff should support them.
- Care plans were in place containing information to guide staff about people's health conditions and backgrounds.
- People told us they were able to make everyday choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication needs were being met.
- People's communication needs were detailed in their care plans, which helped guide staff. Staff knew people well and were able to effectively communicate with them.
- The registered managers understood the need to ensure people were able to access information in a format suitable for them.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was available, and this explained the process people could follow if they were unhappy with the service they received. However, the policy required updating with necessary contact information.
- Complaints records showed there had been no recent complaints.

End of life care and support

- No one at the service was receiving end of life care at the time of the inspection.
- Most people had funeral plans in place and the registered manager said they would usually discuss end of life wishes as someone enters an end of life pathway.
- Staff had completed end of life training, but this was historic.
- The registered manager was aware of LeDer which is about learning from the lives and deaths of people with learning disabilities and autistic people. They told us how they had provided information to LeDer when requested to.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in activities that were socially and culturally relevant to them. One person told us, "I'm going to my sisters, my oldest one, my big one. She lives down the road, she's moved now. Staying until half 3. The staff take me and pick me up in the car. I have a boyfriend as well and my staff take me there."
- People told us about activities they took part in, people's comments included, "We go to green lane to do jigsaws, bingo, colouring and sing songs. I have a voluntary job", "I've been to Spain on an aeroplane. I got to go in the cockpit. We went swimming and boat trips" and, "I go to Mill hill. I'm going to St. Marks tonight, I go to the disco room, I talk to my friends. I like swimming. I go with [staff member] and [person's name] and we go in the water at Blackburn. [person's name] and [person's name] and [person's name] go there, every time I see them they talk to us. I know them from reach."
- One relative said, "They are never in. Maybe on Saturday and Sunday it's quiet but they go to church on Sunday. They are out all week, he plays snooker one night and is out every day."
- People are supported to access the community and go on holiday every year. The registered managers had photo books made to document events, these books allowed people to look back on their memories.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were in place and audits were taking place. However, we found the medicines audit and recruitment process could be more robust to identify the issues we found in the safe domain. The registered managers took immediate action and was working to ensure audits were improved.
- Various policies did require updating which the registered managers were in the process of completing.
- Providers regularly visited the service and conducted meetings to ensure they had oversight. However, records could be improved to show what level of oversight they conducted. The registered manager, [who also is the nominated individual] told us how they plan to de-register as registered manager and provide a more robust level of oversight from a senior level going forward.

We recommend the provider reviews guidance to ensure quality assurance systems are strengthened.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been no recent accidents, incidents and concerns that needed to be reported to the CQC and the local authority. However, we saw evidence of the communication between the registered managers and various organisations was open and transparent and we found the service to be open and honest during our inspection.
- The registered managers were aware of their responsibility under the duty of candour and spoke about being open and honest when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings were taking place regularly. We also reviewed documentation that supported one-to-one meetings with people who used the service. The registered managers told us relatives were kept up to date via telephone or during visits.
- Surveys had been conducted with people who used the service and the results had been analysed and were mostly positive. No staff or relative surveys had been carried out. The registered manager told us they would look to do this.
- We were only able to see some limited examples of continuous learning from lessons learned, however, the service was passionate about improving care and worked with people and their loved ones to try and achieve this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered managers promoted a positive open culture. A whistleblowing policy was in place and staff knew how to report poor practice. One staff member told us, " Yeah – they [the registered managers] are very open, it's not like a workplace, it's like a family. It's comfortable, you enjoy coming to work."
- Feedback from staff, relatives and people about the management was positive. One relative told us, "The manager is absolutely super. There's one in each home and they keep me updated."
- Staff told us they enjoyed their roles. Staff comments included, "This is the best job I've ever had. I'm very happy in this job" and, "[It is a] Brilliant [place to work] - the overall activities, the service users (people who used the service), how the families are with you, every family member is very appreciative of your role and what you bring to the table, and how you're supporting their children."
- Staff worked in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support.