

Barrow and Districts Society for the Blind Limited

Ostley 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 ●

Summary of findings

Overall summary

We carried out this inspection on 20 and 23 May 2016. The inspection was unannounced. We last inspected this service in June 2014. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Ostley House is a residential care home providing accommodation and personal care for up to 44 people. The home provides permanent accommodation for people and short-term respite care. Accommodation is mainly provided to older people and to people who have a sensory impairment. The home is a period property which has been adapted and extended for its present use.

There was a registered manager employed at the home. 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 and associated Regulations about how the service is run.

People who lived in the home, the visitors and health care professionals we spoke with told us this was a good service and said they would recommend it. They told us, "This is an excellent home" and said, "This home has a really good reputation in the area".

The staff were kind and caring. There were enough staff, with the appropriate skills and knowledge, to provide people with the support they required.

People were included in planning and agreeing to the support they received. The staff knew people well and provided their care as they preferred.

People were protected from harm. Risks to their safety had been identified and action taken to manage any hazards. People were protected from abuse and their rights were respected.

The home provided a range of activities that people enjoyed. Visitors were made welcome and people could maintain relationships that were important to them.

People received a choice of meals and drinks that they enjoyed. They were asked for their views of the home and were included in developing the service.

Medicines were managed safely. People were supported to see their doctor as they needed. This helped to maintain their health.

The premises were clean and free from unpleasant odour.

The management team and registered provider carried out checks on the service. They maintained

oversight of the quality and safety of the home. Where areas were identified that required improvement these were actioned.

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.

People were protected against the risk of abuse.

Risks to people's safety had been identified and action taken to manage hazards.

There were enough staff to provide the support people required. New staff were checked to ensure they were suitable to work in the home.

Is the service effective?

Good ●

The service was effective.

Staff were trained to give them the skills and knowledge to meet people's needs.

People received a choice of meals and drinks that they enjoyed.

People's rights were protected because the principles of the Mental Capacity Act 2005 were followed.

Is the service caring?

Good ●

The service was caring.

People were well cared for and the staff were kind and caring.

The staff knew people well.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People were included in planning their care and this was provided how they wanted.

People knew how they could raise any concerns about the care they received.

Is the service well-led?

Good ●

This service was well-led.

The registered manager set high standards. She asked people for their views and used their comments to develop the service.

The registered manager and registered provider carried out checks on the quality and safety of the service.

Ostley 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. 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 took place on 20 and 23 May 2016 and was carried out by one adult social care inspector.

Our visit to the home on 20 May was unannounced. At that visit we focused on speaking with people in the home, their visitors, care staff and visiting health care professionals. We arranged to return to the home on 23 May to look at records relating to how the home was managed.

There were 39 people living in the home at the time of our inspection. During our inspection we spoke with 18 people who lived in the home, three visitors, four care staff, four ancillary staff, the registered manager of the home and a member of the registered provider's board of trustees. We observed care and support in communal areas, spoke to people in private and looked at the care records for six people. We also spoke with two health care professionals who were visiting people in the home and looked at records that related to how the home was managed.

The registered manager of the home had 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. Before our inspection we reviewed the information we held about the service, including the information in the PIR. We also contacted local social work and commissioning teams to obtain their views about the service.

Is the service safe?

Our findings

Everyone we spoke with told us that people were safe living in this home. People who lived there told us, "I feel very safe" and said, "I've never had any reason to question that, I'm sure I'm safe here".

Visitors to the home told us they had never witnessed anything that concerned them about people's safety. One told us, "Our family visit numerous times each week, no matter what time we come we've never seen people being treated in anything but a kind and caring way. We have no concerns whatsoever".

All of the staff we spoke with were aware of their responsibilities around protecting people from the risk of abuse. They all told us that they had completed training in how to identify and report abuse. One staff member told us, "We know all about abuse. I can't imagine anything untoward happening here though, it's a lovely home".

Some people who lived in the home could not easily share their views with us. We saw that people who were living with dementia were comfortable and relaxed around the staff working in the home.

Most of the people who lived in the home told us that there were enough staff on duty to provide the support they needed. One person said the home was "short staffed" but also told us, "The staff always come quickly if I ring my bell".

All of the staff we spoke with told us that there were sufficient staff to care for people. Visitors to the home and the health care professionals we spoke with confirmed this. During our visits to the home we saw that there were enough staff to support people. We saw that the staff responded quickly to requests for support and were patient and unhurried while assisting people.

Hazards to people's safety had been identified and actions taken to reduce and manage identified risks. We saw risk assessments around safe use of equipment including wheelchairs and hoists. The safety of the premises was routinely checked and prompt action taken to address any issues identified.

We saw that the upstairs windows were fitted with devices to restrict how far they would open to protect people from falling from them. However, the restrictors were not tamper proof and could be removed without the use of a key or special tool. This meant they did not comply with guidance issued by the Health and Safety Executive. We discussed this with the registered manager of the home. They immediately carried out an assessment of the possible risk to people from falling from the windows and arranged for suitable restrictors to be purchased and fitted. This showed that the registered manager took prompt action to protect people.

People received the support they needed to take their medicines. We saw that medicines were stored securely to prevent them from being misused. Staff who handled medicines had been trained to ensure they could do this safely. We saw that the managers in the home carried out checks on medication administration records to audit if these were being completed properly. The temperature of medicines

storage areas were checked to make sure the medicines were kept at the correct temperature so they remained effective. The registered manager of the home took advice from the supplying pharmacy if they had any concerns regarding the handling or storage of medicines. Good systems were in place to ensure people received their medicines safely.

The registered manager carried out the required checks to ensure new staff were suitable to work in the home. All new staff were checked against the records held by the Disclosure and Barring Service to ensure they were not barred from working in a care service. New staff also had to provide evidence of their character and fitness. People could be confident that staff in the home had been recruited safely.

Is the service effective?

Our findings

Everyone we spoke with told us the staff in the home were good at their jobs and provided people with a high quality of care. One person told us, "The staff here are very good". Another person said, "This is the place to be if you need care".

Visiting health care professionals we spoke with told us the care staff were competent and knew how to support people who lived in the home.

All the staff we spoke with told us that they had received training to give them the skills and knowledge to care for people in the home. The training records we looked at confirmed this. We also saw records that showed staff were observed carrying out their duties to assess their competence. This helped to ensure people received care from staff who were trained and competent to support them.

Some people who lived in the home were not able to make important decisions about their care and lives. We saw that the registered manager had a good understanding of their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The 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.

The registered manager of the home understood their responsibility to protect the rights of people who were not able to make important decisions about their lives. We saw that the staff gave people choices about their daily lives and respected the decisions they made. People agreed to the care they received and could refuse any aspect of their planned care if they wished. People told us that the staff "always" asked for their consent before providing support. We also observed this. People's rights were protected because the principles of the MCA were followed.

When we carried out our inspection there was no one living in the home who had a DoLS authorised. We did not see anyone being restricted of their liberty or being denied the right to make choices about their lives.

People told us that they were supported to see their doctor if they were unwell. One person told us, "The doctor came today because I wasn't feeling so good. The staff always get the doctor if I'm unwell".

The health care professionals we spoke with said the staff in the home contacted them appropriately if a person required support and always acted on the advice they gave. One told us, "They are very good here, and they always send a staff member to medical appointments to support a person if they have no family to attend".

Some people required support from specialist services such as mental health or dementia care specialists. The records we looked at showed that people were referred to specialist services as they needed.

Everyone we spoke with told us they enjoyed the meals and drinks provided in the home. One person told us, "Everything I have is lovely, the meals really are very good". Another person told us, "It's fish and chips today, lovely".

We saw that people were given a choice of meals and drinks. The staff in the home explained to people what choices were available and the menu was also displayed on a special board to make it accessible to people who had a visual impairment.

Where people required a special diet to promote their health and wellbeing this was identified and known to the catering staff. This helped to ensure people were provided with appropriate meals to promote their health.

Is the service caring?

Our findings

Everyone we spoke with told us the staff working in the home were very caring and treated people well. One person told us, "They [care staff] are lovely, kind, caring girls". A visitor to the home said, "The staff treat people in a lovely way. We visit at various times of the week and it's always the same, the staff are always lovely to people".

The care staff we spoke with said they were confident people were treated well. They said the focus of the home was on providing a caring environment for people to live in. One staff member told us, "It's simple really, if the care isn't good enough for my relative, it's not good enough for my residents".

One person told us that they had felt unwell and said the staff had arranged for their doctor to visit. They told us that they had chosen to remain in their bedroom and said the care staff visited them regularly to check if there was any support they needed and to prevent them feeling isolated. They told us, "The staff have been lovely, very attentive and helpful".

During our inspection we saw that people were supported to maintain their independence. Where people required small items of equipment the staff ensured these were available and accessible to the individual. We saw that people make choices such as where to spend their time and whether to take part in the activities provided. Visitors we spoke with confirmed that the staff in the home respected their relatives' independence and autonomy. One person told us, "The staff give [my relative] choices, they tell them about the activities that are going on and encourage them to take part, but they always respect [my relative's] decision. They promote their autonomy".

We saw that one person who was living with dementia was feeling anxious. The staff in the home immediately noticed this and gave the person reassurance until their anxiety reduced. We saw that the staff knew the individual well and knew the actions to take to reduce their anxiety and to promote their wellbeing.

Everyone we spoke with all told us that the home was always clean and fresh smelling. A visitor told us, "There are never any unpleasant smells here, you really notice that when you walk in".

We spoke with the housekeeping staff who were working during the inspection. They told us that they felt well supported and had the time and equipment they needed to carry out their duties. One told us, "We're a good team here". Throughout our inspection we saw that all areas of the home were clean and free from odours. This helped to promote people's dignity.

Everyone we spoke with told us that they had relatives or friends who would support them if they needed assistance to make a decision or to express their wishes. The registered manager had links with local advocacy services that people could contact if they needed independent support to express their wishes about their lives in the home. Advocates are people who are not connected with the home who can support people to make decisions or to express their views. We saw that details of how to contact the advocacy

service were displayed near the entrance to the home. This meant it was available for people if they needed it.

Is the service responsive?

Our findings

People told us that they made choices about their lives and were included in planning and agreeing to the care they received. They said that the service was responsive to any changes in the support they needed. One person told us that they had chosen to stay in their room because they felt unwell. They said this decision was respected and the staff supported them as they needed.

People's care needs were assessed before they were offered accommodation in the home to ensure the facilities and support provided were suitable to meet their needs. During this assessment they were also asked for details about their interests and their preferences about their lives. This information was then used to create a "welcome pack" for when they moved into the home. We saw these were specific to the individual and included items they had identified such as magazines they liked, small items of confectionary and drinks. This showed that the registered manager used information from people to try to make them feel at ease when they moved into the home.

Each person had a care plan that included information for care staff about the support they required and the choices they had made about their lives. We saw the care plans included information about the person's life before they moved into the home and about the relationships that were important to them. This helped staff to know about the individual as well as about the support they needed.

People told us that the staff knew them well and knew the choices they had made about their care. They told us the staff called them by their chosen name and provided their care as they had requested. The staff knew people's preferences about their lives and support and provided their care as they preferred.

We saw that the staff in the home knew people well and knew the things that were important to them in their lives. They used their knowledge of individuals to reassure people when they felt anxious.

We saw that the care plans were reviewed regularly and as people's needs changed. This helped the care staff to have accurate and up to date information about how to support people.

Health care professionals we spoke with told us that any advice they gave about supporting an individual was included in the person's care plan. They said the staff in the home always followed any advice they gave and people received support they required to meet their needs and promote their health.

People who lived in the home told us they enjoyed a range of activities. One person told us, "There is always something happening that you can join in with". People told us they enjoyed exercise sessions, trips out in a minibus and watching entertainers who came to the home. Visitors to the home told us, "There is always some activity going on".

During the afternoon of our inspection a singer was entertaining people in one of the communal areas. We saw that the staff asked people if they wanted to watch the singer and respected the choices individuals made. We saw that people enjoyed watching the singer and one person said, "She's really very good isn't

she?"

Everyone we spoke with told us that visitors were made welcome in the home. Visitors told us, "I can come any time at all and I'm always welcome". People who lived in the home told us they could see their friends and families as they wished. One person told us, "I like to go out with my family and that's fine. I just tell the staff and they make sure I'm ready to be picked up". People were able to maintain relationships that were important to them.

The home was introducing more individualised activities. These provided opportunities for people to follow an interest with one member of staff. One person had visited a local park with a staff member and another had enjoyed a visit to the town centre. These gave people the opportunity to continue to be engaged in their local community in ways they had enjoyed before moving to the home.

The registered provider had a procedure for receiving and responding to complaints about the service provided. A copy of the complaints procedure was clearly displayed by the entrance to the home. This meant it was accessible to people in the home and their visitors if they wished to raise a formal complaint.

People we spoke with told us that they had not needed to make a formal complaint about the support they received. They told us, "If I have any concerns I speak to one of the staff". A visitor to the home told us, "I'd speak to the senior staff member on duty, the staff are very good at sorting out anything I raise".

Is the service well-led?

Our findings

People we spoke with told us that this was a good home and said they would recommend it. A relative we spoke with told us, "This home has a really good reputation in the area. It's the only home [my relative] would ever have considered moving into, they wouldn't even look at the others".

A health care professional also told us, "This is an excellent home, one of the best in the area".

The registered manager was supported by a deputy manager and senior care staff. This meant there was always an identified person in charge of the home if the registered manager was not available. The staff we spoke with told us that they felt well supported by the management team. One care worker told us, "We're really well supported. We all work together, the staff and managers. We're a really good team".

People who lived at the home told us that they had been asked for their views of the service at regular meetings held with a member of the management team. They said they were asked about the activities they would like and for their views on the meals provided. They told us the registered manager listened to their views and acted on the suggestions they made. One person told us, "I go to the meetings, I feel they do take note of what we say".

People had also been asked to share their views by completing a quality survey. We looked at some surveys that had been completed. These showed that people had made positive comments about the quality of the care provided.

Members of the registered provider's board of trustees carried out regular visits to the home. At these visits they spoke with people who lived in the home and their visitors and checked on the safety and quality of the environment. We saw reports of the visits that had been carried out. Where areas had been identified as requiring improvement we saw action had been taken by the management team in the home.

The management team gave the staff employed in the home opportunities to share their views of the service and to suggest any improvements. We saw that at one staff meeting a staff member had suggested that bags of ice cubes should be purchased so people could have ice in their cold drinks. The management team had agreed to this suggestion and bags of ice cubes had been purchased.

People who lived in the home, their visitors and the staff we spoke with told us that the management team set high standards for staff to work to. One visitor said, "It's as though they [the management team] have set a standard and all the staff know and work to it".

The registered manager and deputy manager worked alongside care staff, giving support and advice as the care staff required. This also gave them the opportunity to assess the quality of the care being provided.

Providers of health and social care services have to inform the CQC of important events that happen in the home such as serious injuries to people and events that may prevent the service from operating safely. The

registered manager had informed us of significant events as required. This meant we could check that appropriate action had been taken.