

Review of compliance

Blue Sky Care Limited
Belmont Road

Region:

East Midlands

Location address:

87 Belmont Road
Kirkby in Ashfield
Nottinghamshire
NG17 9DY

Type of service:

Care home service without nursing

Date of Publication:

September 2012

Overview of the service:

Belmont Road provides one place for a young adult.
The regulated activities are;
Accommodation for persons who require nursing or personal care.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Belmont Road was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

Belmont Road provides care for one person. We used a number of different methods to help us understand the experiences of the person using the service, because they had complex needs which meant they were not able to tell us about all of their experiences.

We observed how staff supported the person, communicated with them in a way they understood and helped them to make their own choices each day.

The person using the service told us there were lots of opportunities for them to be involved in the local community and participate in their preferred activities. They told us, "The staff are great." They also told us they felt safe and really liked their home.

The staff understood the persons needs and assessed any risks to their health and wellbeing.

What we found about the standards we reviewed and how well Belmont Road was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. The person who used the service had their privacy, dignity and independence respected.

Outcome 04: People should get safe and appropriate care that meets their needs

and supports their rights

The provider was meeting this standard. The person using the service experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. The person who used the service was protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. The person using the service was cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. There was an effective system to regularly assess and monitor the quality of service that people received.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We used a number of different methods to help us understand the experiences of the person using the service, because the person using the service had complex needs which meant they were not able to tell us about all of their experiences.

We spoke with the person using the service and observed them interacting with the staff and the director of the service. We looked at care records and the information recorded within the quality assurance audit.

The person using the service told us that they were happy and that the staff treated them well. They told us, "Staff are great."

Other evidence

We looked at a care plan. This contained information about the person's preferred name and identified the person's usual routine and how they would like their care to be delivered. The records included information about their specific needs and we saw examples where records had been reviewed and updated regularly.

We spoke with two support workers who demonstrated that they knew and understood the individual needs and preferences of the person using the service.

We saw that there were clear procedures followed in practice, monitored and reviewed that ensured the staff understood the concepts of privacy, dignity, independence and human rights and how they should be applied to the person who used the service. The two staff we spoke with had received training in promoting dignity. They told us that their understanding of their role in promoting dignity was checked by the manager during supervision. The quality audits and supervision recording we saw supported what the staff had told us. The quality audit recorded that the manager was checking that the staff understood their role in promoting dignity and monitored that the staff delivered care in a way that maximised the person's independence, choice and control.

The company director was visiting the home during our inspection. As part of the quality system in place staff had been provided with quick reference guides to promoting dignity and the director checked that the staff had these with them.

Records demonstrated that the staff supported the person using the service to access the community on a daily basis. They undertook regular visits home and used the telephone to contact family almost daily. This showed that the staff had supported and promoted their independence and community involvement.

We saw that suitable risk assessments were undertaken and that the staff respected and accommodated the persons wishes unless this placed them or others at harm. There were records in place that demonstrated how the staff had considered the capacity of the person to make choices and where required had undertaken a best interest assessment in accordance with the Mental Capacity Act 2005. This ensured that decisions were made in the persons best interests.

We observed how staff supported the person using the service to make decisions about how they wanted to spend their day and what meals they would like. We observed the staff discussing information about choices in a way the person could understand.

Our judgement

The provider was meeting this standard. The person who used the service had their privacy, dignity and independence respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We used a number of different methods to help us understand the experiences of the person using the service, because the person using the service had complex needs which meant they were not able to tell us about all of their experiences.

We spoke with the person using the service and observed them interacting with the staff and the director of the service. We looked at their records and the information recorded within the quality assurance audit.

Other evidence

The care plans we looked at contained an assessment of the person's needs.

The care plans were centred on them as an individual and considered all aspects of their individual circumstances, and their immediate and longer-term needs. The plans identified risks, and said how these were to be managed and reviewed. The staff we spoke with told us that they had received training specifically in the needs of the person using the service and they said they felt competent and able to meet this person's needs. They told us that the care plans provided them with clear guidance on the support the person required. This meant that care and treatment was planned and delivered in a way that ensured the person's safety and welfare.

We saw how staff recorded and monitored the person's health needs, which helped them detect and prevent ill health. Staff recorded health visits on a main calendar and within the care plans to ensure the person using the service received continuity in their

care, treatment and support by other providers such as, the GP, Psychiatrist, dentist and district nurse.

Accidents and incidents were recorded and monitored to ensure that learning took place and action taken to reduce the risk of them happening again.

The provider had made plans in advance of a foreseeable emergency, to ensure the needs of the person who used the service would continue to be met before, during and after the emergency. An emergency response team was in place and the provider told us that he checked the staff response time recently and found this to be within three minutes for all of the team members. There was also a fire safety support plan in place.

The staff we spoke with told us they had received training in the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards ensure scrutiny and the right of appeal in situations where a person may need to receive treatment or have actions taken in order to keep them safe which amounts to a deprivation of their liberty. The staff told us that this would only be used when it was considered to be in the person's best interest and in accordance with the Mental Capacity Act Code of Practice.

Our judgement

The provider was meeting this standard. The person using the service experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We used a number of different methods to help us understand the experiences of the person using the service, because the person using the service had complex needs which meant they were not able to tell us about all of their experiences.

We spoke with the person using the service and observed them interacting with the staff and the director of the service. We looked at their records and the information recorded within the quality assurance audit.

The person using the service told us they felt safe and happy in their home and they liked the staff.

Other evidence

We spoke with two support staff who told us that they had received training in safeguarding vulnerable people. They told us that they were aware of and understood the signs of abuse and felt confident that they could report them. They told us they had access to contact numbers of managers and the safeguarding authority and had a policy that helped them understand the aspects of the safeguarding processes. This showed that the organisation had taken the necessary steps to ensure that the staff were aware of their personal responsibility in safeguarding the person using the service.

The staff we spoke with told us they had never had any cause for concern about the way the person using the service was supported and protected. The care plans we looked at described the way staff protected the personal finances of the person,

keeping records and receipts of all transactions. This supported what the staff had told us about how personal money was managed.

The staff told us that they had received training on managing behaviour that challenged. Their training provider had worked with the staff team to develop a person centred approach to the management of behaviour, which used de-escalation or positive behaviour support over restraint wherever possible. They described what could potentially trigger behaviour and demonstrated the skills and knowledge to respond at an early stage, to reduce the likelihood of this behaviour happening.

We saw how records were held to monitor and review any challenging behaviour. These were audited by the manager and director to ensure the person was protected against the risk of unlawful or excessive control or restraint.

Our judgement

The provider was meeting this standard. The person who used the service was protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke with the person using the service but their feedback did not relate to this standard.

Other evidence

We spoke with two support staff who told us they had received an induction into their role. They said they had received training regularly. They also told us that they could ask for any training or development that was relevant and appropriate so that they could carry out their role effectively.

The staff confirmed that they met with their manager each month and discussed their performance and development. They told us they could talk through any issues about their role, or about the people they provided care, treatment and support to.

The provider told us that there was a learning and development plan for all staff.

Our judgement

The provider was meeting this standard. The person using the service was cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We used a number of different methods to help us understand the experiences of the person using the service, because the person using the service had complex needs which meant they were not able to tell us about all of their experiences.

The person using the service told us they liked their home and they could choose how it was decorated and furnished. We saw that the home was secure and well maintained.

Other evidence

We found that the service had appropriate systems for gathering, recording and evaluating accurate information about the quality and safety of the care, treatment and support the service provided, to demonstrate that its objectives were achieved.

There was an up to date quality improvement system in place to identify, assess, manage, monitor and record risks. We saw how the manager had commenced a monthly audit of all systems including record keeping, staff training and supervision, environmental issues and risk assessments. This showed that the provider identified, monitored and managed the risks to people who used, worked in or visited the service.

The provider took account of complaints and comments to improve the service. We saw records of concerns and compliments were held and used to improve the quality of the service.

Staff told us there was a confidential way for them to raise concerns about risks to

people, poor practice and adverse events. Staff said they understood the reporting system and felt confident to use it, without fear that they would be treated unfairly as a result of raising a concern.

Our judgement

The provider was meeting this standard. There was an effective system to regularly assess and monitor the quality of service that people received.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Author	Care Quality Commission
Audience	The general public
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