

Blue Sky Care Limited

Christie Development Centre

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

About the service.

Christie Development Centre is a residential care home that was providing personal care to 10 people at the time of the inspection. The service can support people with a learning disability or autistic spectrum disorder. It accommodates people in one building that is split and adapted into two separate homes: Christie House and Sherwood View. All bedrooms are single occupancy with their own bathroom facility. People share the lounge, dining room, kitchen and garden in each house. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with a team leader at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service did not use any restrictive intervention practices.

People's experience of using the service and what we found.

People were safely supported and protected from harm. This was because safeguarding systems and ways of managing risk were carried out well. There were sufficient numbers of suitable staff employed who managed medicines safely and followed good infection control and prevention practices to protect people from harm. Staff learnt lessons when problems arose.

People's needs were effectively met, because people were thoroughly assessed with mobility, nutrition and health care, as well as any diagnosed conditions. Staff were trained to support them in these areas. People lived a comfortable life because the premises were suitably designed to meet their needs. Staff worked consistently well with other healthcare professionals.

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.

People's equality, diversity, privacy, dignity and independence were respected. Their views on their care and support were listened to. They were supported by caring and compassionate staff and so their lives were pleasant. Staff had a real affinity with people's needs and wishes and clearly enjoyed supporting them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff provided personalised care, which meant people experienced good support. This was achieved by producing and following person-centred support plans and knowing people's needs. People's communication needs were well met using systems and good practice. Complaints were responded to and well managed. People were assured a good end of life experience when the time came.

The registered manager promoted a positive culture among the workforce so that everyone was open and honest. Staff were clear about their roles, monitored people's changing needs and sought to improve the care people received. They engaged and involved people in deciding their care and support. Partnership working was well established with other organisations or agencies. All of this meant people experienced a well-run service where their needs were met.

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

Rating at last inspection.

At the last inspection the service was rated good (published 11 February 2017).

Why we inspected.

This was a planned inspection based on the previous rating.

Follow up.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Christie Development Centre

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Christie Development Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We contacted the local authority contracting and safeguarding teams to ask for their views of the service. We reviewed information we had received from the provider about people at the service since the last inspection, such as, restrictions placed on people, injuries, deaths and allegations of abuse. We asked the provider to complete a provider information return (PIR) prior to the inspection. We used the information the provider sent us in the PIR. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at information we already held about the service and what people had told us. We used all this information to plan our inspection.

During the inspection-

We spoke with five people that used the service about some of their experience of care, and with one relative, who visited on the day we inspected. We spoke with the head of care at Blue Sky who is also the nominated individual, two team leaders and three support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We viewed a range of records. These included two people's care files, medication sheets, quality assurance, premises safety and staffing documents. We looked around the premises. We observed people interacting with staff and staff assisted people to tell us what they liked, preferred and wished.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We looked at information relating to training, staff support, the governance and safety of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm. They told us, "I do feel happy here and know what to do if I was bothered about something" and "I am always safe." People's relatives said, "[Name] is safe here, I have no doubt" and "Staff work safely and look after people well."
- Staff were trained in and demonstrated knowledge of their safeguarding responsibilities. They knew how to handle incidents and refer them to the local authority safeguarding team. incidents were managed well to safeguard people.

Assessing risk, safety monitoring and management

- The provider ensured risks to people were managed through good staff practice and following risk documentation. Risk assessments gave information on how to reduce risks to people in their daily lives and activities.
- The premises and any equipment used was safely maintained and evidenced by certification.

Staffing and recruitment

- Staffing numbers were sufficiently maintained. Rotas and calculating dependency levels evidenced this. Staff confirmed they had sufficient numbers on duty and were able to support people well. Everyone received one-to-one support.
- Staff recruitment was safely managed. Recruitment records seen evidenced that staff were employed in line with policy and best practice.

Using medicines safely

- The provider safely managed medicines. People received their medication safely and as prescribed. Staff who administered medication were trained to do so and had their competency assessed.
- People's support plans contained guidance on how they required their medication administering and records showed when they had taken medicines and who had supported them.

Preventing and controlling infection

- The provider managed the prevention and control of infection well. Both units were clean and hygienic.
- Support staff carried out the cleaning and cooking and were trained in infection control and prevention, as well as food hygiene. They followed good practice guidelines.

Learning lessons when things go wrong

- The provider and staff took opportunities to learn lessons from incidents, accidents and events that were

not as successful as wished. People had complicated needs and busy lives, which at times meant things went wrong. Lessons learnt meant reoccurrence was rare.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received effective care. Assessments of needs were carried out and these were consistently documented. Support plans provided enough information to guide staff on the best ways to support people. They demonstrated good practice was followed.
- People gave positive feedback about the effective support they received. They told us, "The staff are good. I get on well with them" and "Staff help me with anything I want."
- People's rights were respected and their diverse needs were supported in a way that made sure they were not discriminated against. Staff monitored people's needs and provided flexible support, for example, to make sure they attended medical appointments or sought emergency medical attention when needed.

Staff support: induction, training, skills and experience; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff that had the experience and knowledge to effectively carry out their roles. Staff were supported by the provider to gain these skills. Staff were supported to undertake qualifications and most of them in the service had done so.
- Staff completed an induction and appropriate training. They received supervision and annual checks of their performance. A new staff wellbeing scheme offered them support with and protection from stresses of the job. Supervision was monitored, reviewed and updated. Staff confirmed all of this in conversations with us.
- People were effectively supported with food planning and preparation and making healthy choices with their nutritional needs. They told us they made choices with meal arrangements. Staff were aware of people's dietary requirements and catered for them.

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

- Staff worked well with other agencies. Staff accessed services of healthcare professionals and social workers as required for the benefit of people they supported.
- Staff supported people to maintain healthy lifestyles of their choosing with regard to activities and attending appointments, but also respected people's decisions when their choices were unexpected.

Adapting service, design, decoration to meet people's needs

- The provider had appropriately designed and adapted the premises. Internally Christie Development Centre was suitable for the people that lived there. Externally it blended with the business retail and office buildings around it. This was on the edge of the village of Blidsworth near Mansfield. Signage of 'a

development centre' implied it was a place of learning where people came and went. There were no visible features to identify it as a care home and so offered people the opportunity to live as normal a life as possible.

- Some people required specialist mobility support in the service and to go out to aid their independence. The property had appropriate ramp access and a lift to the upper floor. Hard floor surfaces were fitted in all communal areas. People also had ample access to transport.
- Private space was personalised and comfortable. Communal furniture and decoration were suitable to meet people's needs and they had sufficient space to spend time alone if they wished.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected. We found the registered manager had submitted applications under the MCA and DoLS to the supervisory body for authorisation. When authorised these were monitored, reviewed and kept up-to-date.
- Staff were trained in MCA principles, ensured people were involved in decisions about their care and knew what they needed to do when decisions were made in people's best interests.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Staff were caring. People trusted staff, as we observed them seeking staff company and responding well to staff interactions. People demonstrated good relationships with staff by the banter they had between them and their actions and behaviour.
- Staff had a caring approach and were passionate about supporting people well with their needs. They spent time to get to know people's preferences, so they could support them in a way they liked. Staff told us, "We have developed good relationships with people and their relatives" and "We know people well and help them to be as independent as possible."
- People were relaxed, interacted well with staff and continued to do what they liked or wanted to do.
- People's diverse needs around disability were understood and staff supported them to achieve their aims and goals. One person with good physical mobility who used very little language was supported with their daily routines and preferences and choices they made were fully respected. People said, "Staff are nice. I like some of them more than others", "I go out with staff and have fun shopping" and "The staff are nice to me. We are friends."

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

- People were well supported to express themselves and staff took the time to listen. People made daily decisions about their care needs, but also had plans in place that looked at routine to lessen anxiety. Staff understood people well and directed them to sources of advice or advocacy when needed.
- Staff worked with people and their families to find out how they liked and preferred to be supported in all aspects of their care. This was recorded and regularly reviewed in people's care files.
- People were supported to develop and maintain relationships, social networks and links within the local community. They accessed local services and transport, met with peers and engaged in occupations of their choosing.

Respecting and promoting people's privacy, dignity and independence

- People were well respected as individuals with diverse needs, around disability, gender, age, sexual orientation and beliefs. Their privacy and dignity were protected when staff supported them with personal care needs, as staff sought their consent before doing so. Staff handled people's private and confidential information discreetly.
- Independence was encouraged to visit doctors and dentists, for example. People were encouraged to access the local community, so they could live lives of their choosing and making.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- The provider met people's needs in a person-centred way. People received care and support with their personal, social and psychological needs because staff followed support plans. Support plans were recorded, monitored and reviewed with changes in needs.
- Care and support plans were reflective of people's needs, detailed and specific. They told us about preferences, routines and how best to support people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider responded well to people's communication needs. These were appropriately assessed and met. Strategies were used to enable people to receive information in a format they understood. Staff explained information in ways people could process and also provided details in written and picture format.
- Communication passports informed staff and healthcare professionals about people's needs should they attend health appointments.

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

- The provider responded well to people's social needs. People were supported to be included in the community, establish relationships and avoid isolation.
- Staff went to very great lengths and assisted people to visit or keep in touch with family and friends. They achieved all they could, even when efforts were rejected. They encouraged people to regularly receive family members in the service. People were always made welcome.
- Staff encouraged people to find and take part in activities, pastimes and occupation of their choice and preference.
- Activities were tailored to people's individual interest. These included social events, completing housework and laundry tasks, going shopping or enjoying community-based entertainments and pastimes.

Improving care quality in response to complaints or concerns

- The provider listened and responded well to complaints and addressed them appropriately so that improvements could be made to people's quality of life.
- People had a written and pictorial complaint procedure to follow and a form to complete to make formal

complaints if they needed, with which they were assisted by staff. Family members and others involved in people's support needs had written instructions on how to complain.

- The complaint policy and procedure were understood by staff, who resolved issues where possible, or passed them on to the registered manager or head of care, to be addressed at a higher level, if and when necessary.

End of life care and support

- Although support to people with end of life care was rare and removed from everyone's thoughts, it was responsive and compassionate.

- Some people had experienced the death of family members and were fully supported by staff in understanding and living with their loss. People made choices about the care they wanted for themselves, before and after death, if they were happy to do so. Their decisions were recorded in support plans.

- People were also assured their end of life care would be as comfortable and peaceful as possible, when it was needed. Appropriate professional support would also be sourced when necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff promoted a friendly, homely, caring and positive culture. People experienced good outcomes, were guided to maintain lifestyles of their choosing and were supported in a person-centred way.
- People were assisted with their needs according to their age, disability, gender, sexual orientation and beliefs. Staff demonstrated a positive outlook in the roles they performed and the support they gave to people. They were practical in their approach and recognised people's changing needs, for example, due to age, illness or desire, knowing when to reduce the pace or change the approach.
- Staff told us they enjoyed working at Christie Development Centre and looked for ways to improve people's quality of life, while supporting and encouraging them as individuals. Each person had their own routines and preferences, which were always taken into consideration.
- The registered manager and staff also told us they had been positively supported by the provider, in both work and personal life.

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

- The provider fully understood their responsibility to be honest about the service provided to people. The registered manager and staff understood about accountability, being open to scrutiny and making apologies when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-led. A well-defined staffing structure was in place and staff were clear about their roles, providing a quality service, managing risk, learning from shortfalls and improving the service.
- The registered manager had regular quality checks and audits to complete as per the requirements of the organisation. Action plans were put in place to address any shortfalls identified and records showed when action was taken. Staff and management meetings were used as a forum to share practice and knowledge. All information gathered on the quality of the service was analysed and used to plan future improvements.
- The registered manager met the regulatory requirements of their registration for informing us of significant events that happened in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- The provider fostered good engagement techniques and partnership working. Links with the local community were established for the benefit of people that used the service. People used local services, had acquaintances and felt part of the community.
- Satisfaction surveys were issued to people, relatives and staff, and information was analysed to determine shortfalls and areas for improvement. Action plans were devised to address these. Information in surveys returned this year was all positive.
- Effective staff working relationships with other organisations and professionals ensured people received the right support.