

The Blackpool Fylde and Wyre Society for the Blind

Princess Alexandra Home For The Blind

Inspection report

Bosworth Place
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Blackpool
Lancashire
FY4 1SH

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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

The inspection visit at Princess Alexandra was undertaken on 04 May 2016 and was unannounced.

Princess Alexandra provides care and support for a maximum of 40 older people who live with sensory impairment. At the time of our inspection there were 35 people living at the home. Princess Alexandra is situated in a residential area of Blackpool close to the promenade. All bedrooms offer single room accommodation with en suite facilities. There are communal lounges, dining areas and gardens for people's use.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 29 November 2013, we asked the provider to take action to make improvements to people's care and welfare. We requested they reviewed procedures related to the management of people's medicines to ensure this was safe. At the follow-up inspection on 07 April 2014, the provider completed improvements and had met the requirements of the regulations.

During this inspection, we found staff had received safeguarding training to protect people from harm or injury. Environmental and support risk assessments were in place to minimise the risk of receiving unsafe care. People told us they felt safe whilst living at the home.

People and their relatives were supported to maintain their important relationships. They told us staff were kind and respectful. The registered manager had guided staff to assist individuals with dignity in care. One person said staff were, "Marvellous. I'd give them 11 out of 10."

The provider had sufficient staffing levels to meet people's requirements. One staff member told us, "We have time to do the little jobs, like chatting with residents and checking with them that their clothes are labelled." We found the registered manager supported staff with a range of training to underpin their skills and knowledge. The management team followed safe recruitment processes in the employment of suitable staff.

We observed staff were supported to focus on one person at a time to ensure the safe management of their medication. Medicines were stored in a secure area and there was a clear audit trail of when they were ordered, delivered, administered and disposed.

Staff documented and updated risk assessments to protect people from the risks of malnutrition. We discussed nutrition with individuals who lived at the home, who said they could choose a variety of meals and portion sizes. One person told us the food was, "Lovely, if you don't like one thing they'll give you

something else."

Staff had a good awareness of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). We observed people were not deprived of their liberty and care records contained their consent to care and support.

Care planning was personalised to people's requirements and the management team reviewed this to ensure support continued to meet their needs. Records held evidence to demonstrate individuals who lived at the home were involved in care planning processes. People said they were supported to maintain their social needs and stated there were activities available to keep them occupied. A relative said, "I'm taking [my relative] out for a cup of tea and a cake this afternoon."

People and their representatives were supported to give feedback in a variety of ways, including surveys and 'resident' meetings. They told us the home was managed well. Staff said the registered manager had a 'hands on' approach and was supportive and accessible. The management team had suitable arrangements to assess the quality and safety of people's care.

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.

Everyone we spoke with told us they felt safe. Staff had training to enable them to protect people against harm or abuse.

We saw staffing levels were sufficient, which people said helped them to meet their needs. The management team followed safe recruitment processes to ensure suitable staff were employed.

The management team undertook audits to monitor the safe management of people's medication.

Is the service effective?

Good ●

The service was effective.

A training manager delivered onsite, face-to-face training for staff. Staff told us they felt fully trained to undertake their roles and responsibilities.

We observed people were not deprived of their liberty. Staff had a good awareness of the MCA and DoLS and we saw they supported individuals to make day-to-day decisions.

Care records contained risk assessments to protect people from the risks of malnutrition. They said they enjoyed their meals and could choose what they wanted to eat.

Is the service caring?

Good ●

The service was caring.

We observed staff were kind and respectful when they interacted with people. Staff supported them in ways that promoted their independence and dignity.

The management team had processes to enable people and their relatives to have good end of life care. They were supported to maintain their important relationships.

Is the service responsive?

Good ●

The service was responsive.

People said they were supported to maintain their social needs and they felt occupied whilst they lived at the home.

We found care planning was personalised to people's requirements. The management team reviewed and adjusted care records to ensure support continued to meet their needs.

Information was made available to people or their representatives to comment about their care.

Is the service well-led?

The service was well-led.

The management team worked with other organisations to improve people's support and welfare. They undertook a variety of audits to check quality assurance.

People, staff and visitors said the registered manager had a 'hands on' approach and was supportive. The management team sought feedback from individuals who lived at the home and their relatives about quality assurance.

Good ●

Princess Alexandra Home For The Blind

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 was planned to check 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.

The inspection team consisted of an adult social care inspector; a specialist advisor, with a range of healthcare sector experience of older people; and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at Princess Alexandra had experience of caring for older people.

Prior to our unannounced inspection on 04 May 2016, we reviewed the information we held about Princess Alexandra. This included notifications about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Before the inspection, the provider 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. The registered manager stated they planned further development of the gardens to provide a 'memory garden' and a new 'reminiscence project'. Additionally, they told us they were focusing on competency testing of staff to identify any training needs. Other planned processes included analysis and implementation of findings from external quality auditors.

We spoke with a range of people about this service. They included two members of the management team, five staff, five people who lived at the home and two relatives. We also spoke with a visiting healthcare professional. We discussed the service with the commissioning department at the local authority who told us they had no ongoing concerns about Princess Alexandra. We did this to gain an overview of what people

experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to five people who lived at Princess Alexandra and four staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe whilst living at Princess Alexandra. One person said, "There's always somebody walking around." Another person added they felt safe because staff, "Shut the windows on the ground floor at night." A third person stated, "The security seems to be quite good." A fourth person explained, "Carers are at hand whenever you want them."

We found the registered manager had suitable arrangements to manage accidents and incidents to maintain a safe environment. This included documented information about accidents, corrective measures implemented and review of actions. Audits completed included falls, hospital admissions and pressure ulcers to review how incidents could be reduced. The registered manager had minimised the risk of incidents from reoccurring to protect people from potential harm. Additionally, Princess Alexandra was purpose built to provide a safe environment for individuals with sensory impairment. For example, corridors were wide with railings that had braille information and communal and bedrooms were spacious and uncluttered. Light switches and toilet seats were dark in colour to assist people to identify them.

Window restrictors were in place to protect people from potential harm or injury. We observed hot, running water was available throughout the home. The management team recorded temperatures to ensure water was delivered within health and safety guidelines. The service's electrical, gas and legionella safety certification was up-to-date. This meant the provider had suitable processes to maintain people's safety and wellbeing.

Care records we looked at contained risk assessments to protect people from potential harm or injury. These were designed around individuals who lived with sensory impairment. Assessments covered, for example, personal care, mobility, falls, mental health and fire safety. We noted risk assessments included the level of risk, as well as actions to manage people's safety. Documentation had been discussed and agreed between staff and the individual. This showed the registered manager had worked collaboratively to maintain each person's safety and welfare.

Staff files we looked at contained evidence they received training to protect people from potential abuse, harm or poor practice. Staff demonstrated a clear understanding about reporting procedures. One staff member told us, "If I had any concerns I would report it straight away to the managers. I would contact the CQC and social services if I had concerns." An up-to-date policy was in place to underpin staff awareness of related procedures.

We found sufficient staffing levels and skill mixes were provided to meet people's requirements in a timely manner. We checked rotas and saw there were five care staff in the morning and four in the afternoon and evening. Additionally, there was a range of support staff, including kitchen, domestic and laundry personnel. We observed staff responded to call bells quickly. These were remotely accessed call bells so they were available to each person wherever they were in their bedrooms. Staff, people and relatives told us staffing levels were sufficient. One person said, "There's enough staff and they always look after us properly." Another person confirmed, "There are enough staff." A staff member added, "We have enough staff on, oh

yes. It means we can give more activities and provide little beauty treatments."

The registered manager had vigorous arrangements to protect people from the recruitment of unsuitable staff. We reviewed four staff files and found they contained references and criminal record checks obtained from the Disclosure and Barring Service. These were in place prior to their employment and the management team had reviewed gaps in staff employment history. This meant they had information available to review the staff members' backgrounds, work history and suitability to work at Princess Alexandra. We saw documentation to confirm staff had completed induction training to support them in their roles. Additionally, each employee was required to undergo an end of probationary period assessment. One person told us new staff were, "Very good. I have not found anybody who doesn't meet my expectations."

Training records we looked at confirmed staff had completed medication training to ensure they were competent. The staff member who administered them wore a 'do not disturb' apron to assist them to focus on medicines protocols. They concentrated on one person at a time and explained the purpose of each medicine. The staff member checked medicines were taken before recording this to evidence the process was completed. One person told us, "I get my medicines on time." We reviewed four people's records, which included risk assessments to protect them from the unsafe management of their medicines. Medicines were stored in a clean and secure clinic room. There was a clear audit trail of medicines ordered, delivered, administered and disposed. The local pharmacy worked with staff to guide them about new medication and completed a six-monthly audit to check their procedures. The management team undertook their own audits to monitor the safe management of people's medication and we noted they addressed identified issues.

Is the service effective?

Our findings

When we discussed staff training people told us they found staff were well trained and effective in their roles. One person said they felt staff were, "Very good, they're willing to learn." Another person added, "They're very good here, I can't fault them. The staff are well chosen."

The registered manager told us the provider employed a care manager who also delivered onsite, face-to-face training for staff. They said Investors in People (IIP) had recently completed an assessment of Princess Alexandra. IIP is an external organisation that checks how services manage their staff against set standards in leadership, support and management of employees. The home had achieved IIP certification because of good practice. Training provision included movement and handling, fire safety, dignity in care, pressure ulcer management, eye care, infection control and first aid. One staff member told us, "We have loads of training. I might know it already, but it is good to be refreshed and remember everything."

We found staff files contained completed supervision and appraisal records and we noted this was provided to staff on a regular basis. Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. A staff member told us, "The line manager discusses any problems with me and I discuss any problems I might have. We've got a good team and managers. So I can go to them any time." We saw supervisions and appraisals were two-way processes to consider professional, personal and training issues. This meant the management team supported staff to carry out their roles and responsibilities.

Care records we looked at contained people's signed consent to their care and treatment. We saw they or their representatives had signed all care records, including decision-specific care planning and risk assessment. We observed staff consistently supported people to make decisions. For example, one person asked to be assisted with personal care, to which the staff member responded, "Do you want to go to your room or the bathroom." People told us they felt staff checked for their consent before assisting them with personal care. One person said, "They see if you want a bath and I can choose to have a man bath me. He's very good."

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures, where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager said nobody had a DoLS in place to deprive them of their liberty in order to safeguard them. Throughout our inspection, we did not observe anyone being deprived of their liberty. We found staff had a good understanding of the principles of the MCA and DoLS. One staff member gave us an example and stated, "If someone refused to get up, I would leave them for a while and try later. I would leave them if they refused, the resident must be in control of their lives."

The registered manager told us they used an external catering company who worked onsite to prepare and cook meals. They said they informed the caterers about newly admitted people's needs and added, "They have a list of all the special diets, such as gluten free and diabetic. The chefs come out on to the floor to check with people." We saw a five-week menu programme was in place to give people a variety of meals. They were also offered a choice of food and vegetables to suit their wishes. One person told us, "It's good food and it's different every time. It's something to look forward to." People could have their meals where they chose, such as in the dining area or to have 'room service'. A separate kitchen was used solely for the purpose of room service delivery to maintain food temperatures. We observed lunch was a social and meaningful occasion. For example, we noted people and staff interacted in a friendly and fun way. Each person was provided with linen serviettes, condiments and crockery/cutlery of a good standard.

Staff completed food hygiene training to assist them to maintain food safety standards. The Food Standards Agency had awarded Princess Alexandra a rating of five after their last inspection. This graded the service as 'very good' in meeting food safety standards about cleanliness, food preparation and associated recordkeeping. We saw care files held nutritional risk assessments to guide staff to protect individuals against the risk of malnutrition. Where people were identified as at risk, an additional nutritional care plan was implemented to monitor their support and improve their wellbeing. Staff checked their weights and updated care plans to ensure they continued to meet the individual's ongoing nutritional support. People we spoke with said they enjoyed their meals. We heard one person tell a staff member, "That meal was lovely, thank you very much."

Staff worked with other healthcare services when people required additional support to maintain their health needs. One person told us, "They're very good at making doctor's appointments, and they always send someone with you." The management team recorded visits from healthcare professionals, such as GPs, district nurses and social workers. This included documentation about the purpose of the visit and follow-up support requirements. Additionally, they recorded the date of the last GP visit to check people received regular review of medical care and medication. Staff then updated care plans to reflect any changes. One staff member told us, "If someone was unwell we would assess the individual and then contact the GP, whilst continuing to monitor them."

Is the service caring?

Our findings

People we spoke with said they felt staff were kind and respectful. One person told us, "I think they're really warm, they help you a lot. They talk to you. I can't find any fault with them." Another person added, "I can't fault them in any way, they're marvellous." A relative stated, "[My relative's] been happy here since the day she came in." Another relative told us staff were, "Very patient, very respectful and they always listen."

We observed people were supported in ways that promoted their independence. For example, care planning was personalised to each person and the facilities were specifically designed around people who lived with sensory impairment. Boards with large lettering were placed in a prominent position to highlight the day, date, season and daily menu. A staff member explained, "We promote people's independence. So, for example, I'll give them a flannel and encourage them to do this for themselves." People we spoke with told us staff helped them to be self-reliant. One person said, "I think they're smashing, they're always there with a helping hand."

We saw staff engaged with people in a kind and respectful manner. They interacted in a caring way with an appropriate use of touch, eye contact and soft tones. People had an assigned member of staff as a keyworker, which enabled them to build a supportive relationship over time. A staff member explained, "I really enjoy my job. I like helping the residents have a laugh and a good chat." We observed staff maintained people's dignity, such as knocking on doors before entering rooms. Staff files we looked at contained evidence staff had received training related to dignity in care to underpin their awareness. One person confirmed, "The staff always knock before entering my bedroom and the bathroom door is always closed when I am in there."

Staff documented people's spiritual preferences and requirements associated with maintaining their needs. The registered manager said they were supported to access a religious centre of their choice. They added a local church also attended the home to provide communion to people who requested this. This showed staff supported individuals to meet their personal, spiritual needs.

People's records held evidence to demonstrate they and their representatives were involved in care planning processes. One person confirmed with us, "I saw [my care plan] yesterday." Staff worked collaboratively with people and discussed their care needs and preferences, as well as agreeing how support should be provided. A staff member stated, "I keywork two residents and I do their care plan with them every month. I sit down and discuss this with them."

We saw staff received end of life training care and the management team demonstrated good practices in relation to this. For example, they displayed related information and leaflets for visitors. Relatives were encouraged to stay over at the home and a small kitchen was stocked up with food for their nutritional needs. Staff documented people's funeral wishes and their advanced care decisions. The registered manager was awarded a 'pass' by the National Gold Standards Framework (GSF) in the provision of end of life care. This is an external organisation supporting providers to develop evidence-based approaches to optimise care and treatment for people. Information about the GSF and associated practices was made

available to people and their relatives on display boards.

We observed staff encouraged relatives to visit people and supported individuals to develop relationships with others who lived at the home. One person said, "I've made 2 special friends here". People and their representatives told us there were no restrictions on visiting times.

Is the service responsive?

Our findings

When we discussed activities with people and opportunities to maintain their social needs, they said they felt occupied. One person told us they did, "Handicraft work, weaving, making rugs and a stool. Sometimes I go to the entertainment." Another person stated, "I mostly sit and talk. I'm very fond of the music." Another person added they were supported to, "Potter about quite a bit, tidying up and making phone calls."

A programme of daily activities was in place. This included quizzes, review of 'what the papers say', art and drawing, reminiscence activities, foot spas and a monthly 'niggles' meeting. The purpose of the meeting was to provide people an informal space to discuss any issues or ideas to improve the home. One person added, "I've got my talking books." Princess Alexandra worked in partnership with an external organisation who had received lottery funding for a gardening project. We found people were supported to participate in developing the gardens and grow flowers and plants. The registered manager told us, "We have a market garden where we grow vegetables, which we use in our kitchen." The home had a hairdressing salon with ample equipment, which made this activity a social occasion. A separate, small kitchen was used to assist people to develop their cooking and baking skills and for cake decoration. We observed activities were provided to improve each person's mental health, social skills and wellbeing.

The management team checked and recorded a range of assessments to measure people's support levels. These included mobility, falls, personal care, medication and nutrition. Assessments were detailed and gave clear guidance to staff about how they should support people. We found there was a clear pathway of care from assessment, to risk assessment to care planning. Support plan outcomes and goals were agreed with the individual and their representative. One person said, "I've had it all explained to me." Staff signed and dated all records we looked at to show when support was agreed.

We found staff updated care plans on a monthly basis or more frequently when people's needs had changed. The management team adjusted their care records and checked support continued to meet their ongoing needs. Individuals who lived at the home and their representatives were supported to attend formal annual reviews of their care. They told us they could also discuss their requirements with staff at any time they needed to.

People's care records contained their documented preferences whilst they lived at the home. This included choice around bath or shower, bath water temperature, medication, night checks, bedroom door closure, nutritional support and activities. This showed people were provided with a person-centred approach in response to their preferred daily routines. We observed staff consistently offered individuals options throughout our inspection. People were encouraged to bring in their own items of furniture and other belongings to personalise their bedrooms. We found individuals who lived at the home were offered choice of décor and colour to suit their preferences. Additionally, they were involved in choosing and positioning furniture in communal areas.

We found the registered manager had suitable arrangements to support people to make a complaint if they chose to. Staff demonstrated a good understanding about the management of complaints. One staff

member said, "I would sit down and discuss this with them. I would record it and inform the manager." Information about making a complaint was available on display boards, which outlined the various stages and timescales. Communication systems assisted people to feedback in a variety of ways, such as 'resident' meetings, keywork sessions and formal review meetings. One person said, "I'd let them know if I'm not happy about something. When I've done that it's been sorted out." Another person said, "I'd go to the office."

Is the service well-led?

Our findings

Staff, people who lived at the home and visitors stated they felt Princess Alexandra was well led. One person said, "Yes, [the management team are] in the dining room every day. They all help." Another person added, "[The registered manager] is very approachable." A staff member stated, "I get on with the managers, they're easy to approach and I can go to them any time."

The management team worked with an external organisation as part of their quality assurance monitoring. They had met the requirements of the International Organization for Standardization's 9001 standard. The quality monitoring certification meant Princess Alexandra had achieved a wide range of standards. These covered, for example, staff training, meeting regulations, management, recordkeeping, policies and checking people's experiences. The management team worked with other organisations to improve people's support and welfare. They said they were an active member of the Lancashire Care Association (LCA). The LCA represents the independent sector by working with other organisations to help providers meet the demands of quality care provision.

The management team had suitable arrangements to assess the home's quality assurance. These included checks of equipment, water temperatures, fire safety, medication, infection control and environmental safety. Additionally, the registered manager had an auditing matrix to retain oversight of associated processes. The form outlined due dates, identified issues, corrective actions, follow-up and confirmation of when issues were addressed. We saw where the registered manager found concerns an action plan was set up to resolve them. There was a variety of up-to-date policies to underpin care provision, staff support and management systems. This meant the management team monitored and maintained the service to protect people's safety and wellbeing.

We observed the registered manager had a 'hands on' approach and fostered a friendly and welcoming atmosphere. They were caring and kind towards people who lived at Princess Alexandra and understood their support needs and backgrounds. One person said, "The home is well run." The management team kept people and their relatives up-to-date with what was happening at the home. This included information on display boards about medication protocols, fundraising, forthcoming events, minutes from 'resident' meetings and mealtimes. Staff we talked with confirmed the management team were courteous and compassionate. One staff member told us, "[The management team] is really good with the residents."

We saw the management team supported staff in their roles and assisted with care provision. They promoted a strong team ethos by working closely together on a daily basis. A staff member told us, "[The management team] are supportive to us. They work with us and help us." Another staff member said, "The management are very approachable." We found there were good lines of communication and staff were clear about their responsibilities. They said they attended team meetings and appreciated the value and opportunities to discuss anything. The sessions provided staff a space to raise concerns or suggest ideas to improve quality of care. One staff member said, "We have team meetings every month. It's good because we can raise any issues and they listen to us." Minutes from the last meeting covered, for example, health and safety, infection control, personal care and recordkeeping. Furthermore, separate meetings were held with

night staff, managers and domestic staff in order to focus fully on their individual roles.

People and their representatives were supported to give feedback to the registered manager in a variety of ways. For example, regular meetings were held to assist them to raise concerns or suggestions about home improvements. We saw minutes from these meetings and noted areas discussed included activities, forthcoming events and meals. One person had asked if stamps and postcards could be provided by the home to purchase. The management team responded to this request and advised people these products were now available.

The registered manager provided satisfaction surveys to check people's experiences of living at the home. These covered environmental safety, food quality, staff attitude, activities and checked if people had a sense of community at Princess Alexandra. We saw 75% of respondents rated the home positively. Comments seen included, "It's a wonderful home" and "The family are very pleased with the care and attention given to [my relative's] welfare." The registered manager followed up on identified concerns at team meetings to discuss with staff ways of improving.