Laudcare Limited

Blackwell Vale Care Home

Inspection report

Durdar Road
Carlisle
Cumbria
CA2 4SE

Tel: 01228512456
Website: www.fshc.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Blackwell Vale is a nursing care home registered to provide personal and nursing care to up to 60 people. There were 45 people living at the home at the time of this inspection.

The home is set out over two floors in an older, purpose-built building. The first floor accommodated people who were living with dementia. The ground floor accommodated people who have general nursing and personal care needs.

People's experience of using this service and what we found
At the time of this inspection there was no demonstration of competency checks and clinical support of nurses. Some nurses had not had any supervision or training over the past year. There were plans for improvement in this area.

People and relatives said the staff were very kind and caring. They felt the staff knew them very well and understood their preferences. People said they were treated with dignity and respect by all staff. They said staff were careful and sensitive when supporting them. People enjoyed the company of the friendly, welcoming staff.

People and relatives said this was a safe place to live. There were enough staff to meet people's needs. Staff knew how to report any concerns and said these would be acted upon.

The home was clean and warm. Some areas needed redecoration and improved lighting. The home was not fully adapted to support people who were living with dementia. We have made a recommendation about this.

People's needs were assessed to make sure their care could be provided. Staff worked well with other care professionals to support people's health needs.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People received personalised support that matched their individual preferences. There had been a period where there had been few activities but there were plans to improve this.

People and relatives commented positively on the open culture in the home and the approachability of the manager and staff.

There had been a gap in the management of the home for a period last year. The new manager was clear

about the areas that needed attention and had plans to address them.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 20 February 2019). The service remains rated requires improvement. This service has been rated requires improvement for three consecutive inspections.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified a breach in relation to training and support for nurses at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always effective. Details are in our effective findings below.	**Requires Improvement**
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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Blackwell Vale Care Home

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 an inspector, a specialist nurse advisor 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.

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

A new manager had applied to be the registered manager. A registered manager 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 reviewed information we had received about the service since the last inspection. We sought feedback from local authority, Clinical Commissioning Group and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with 10 people who used the service and seven relatives about their experience of the care provided. We spoke with 12 members of staff including the regional manager, manager, nurses, senior care workers, care workers, administrative and maintenance staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service.

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- Systems were in place to safeguard people from the risk of abuse. Staff understood their responsibilities to report any concerns.
- People said they felt protected by staff. Their comments included, "We have all the alarms we need and staff are very careful" and "Staff make me feel safe."
- The manager had reported any concerns appropriately and communicated with the local safeguarding authority. There were no current safeguarding issues at the home.

Assessing risk, safety monitoring and management
- The provider had systems to prevent avoidable harm.
- Individual risk assessments were in place for each person. Action was taken to minimise any risks to their well-being. For example, equipment was provided to help to prevent falls.
- Checks and tests were carried out to make sure the building and equipment were safe.

Staffing and recruitment
- There were sufficient staff to meet people's needs.
- People felt staffing was satisfactory. They commented "I would say we've enough staff" and "They've always got time for me." A visitor said there were not enough staff because "the buzzers are always going off". But people said staff "came quickly" when they rang for them.
- The provider had robust recruitment procedures. However, the personnel files of some staff appointed over the past year were incomplete and did not always contain all their recruitment records. The regional manager stated this was due a gap in administrative support rather than a failure to follow recruitment protocols. The regional manager was arranging a full audit of personnel files.

Using medicines safely
- Medicines were managed safely. People received their medicines as prescribed.
- The temperature of medicines storage was safe and records about people's medicines were sufficiently detailed.

Preventing and controlling infection
- The home was clean.
- Overall, staff followed safe infection control procedures.
- Food safety practice was not always followed. For example, several cartons of breakfast cereal and fruit juice were left open and undated in dining room cupboards. The manager said they would address this

immediately and carry out daily checks.

Learning lessons when things go wrong

- Systems were in place to analyse incidents and accidents. These were used to check for trends that could minimise the risk of recurrence.
- The manager used reflective discussions with staff to support any lessons learnt if anything went wrong.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant the provider did not always give effective support to staff to assist them in people's care and treatment.

Staff support: induction, training, skills and experience

- Effective systems were not in place to monitor nursing staff skills and competency. Evidence was not available to demonstrate nurses' competency in clinical tasks, such as catheter care and tube-feeding.
- Nurses had not had clinical support or practice development for some months. There was no clinical lead in post. A nurse who had been employed for almost a year had only received a basic induction and since then had no clinical support, training or probationary appraisal.
- Staff were not always supported in their roles. A supervision file for all staff showed some staff had attended group supervisions in January 2020 but there had been a long gap since their previous supervision. The manager explained they were completing supervision training with the nurses and senior care staff who, when competent, would go on to supervise the care staff. This was an area that was still being addressed.
- The service did not always have profiles of agency staff who had worked at the home. The service could not evidence whether those staff were sufficiently skilled and competent to meet the health care needs of the people living at the home.

We found no evidence that people had been harmed, however the provider had not ensured sufficient clinical support and professional development for nurses employed at the home. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The regional manager said the service had been actively trying to recruit a clinical lead for several months. In the meantime, plans were being introduced to improve the support available to staff.

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

- Some parts of the building had been adapted and designed to meet people's physical needs. There were sufficient assisted bathing and hoisting equipment to support people's mobility.
- Some areas of the home were ready for redecoration, including some bathrooms and corridors. The maintenance staff had a redecoration plan for this. Some rooms looked dark and uninviting because the lighting was poor.
- The first floor provided accommodation for people living with dementia but was not designed or decorated to support those needs. It had little in the way of visual, sensory or tactile items to interest people.

We recommend the provider considers recognised national guidance in dementia design for this area of accommodation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they started to use the service. The assessment decided whether their care needs could be met.
● The assessment helped to design personalised plans of care for each person, so staff had guidance about how to support them.
● Care was delivered in line with best practice guidance.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported with eating and drinking in a way which promoted their nutritional health.
● Relatives praised the way some people were supported with diverse nutritional needs. For example, a relative of a person who used specialist feeding equipment said, "This [nutritional support] is done really well."
● Meals were made on site by an external catering contractor. People had mixed comments about the quality of the food, including "dull", "edible" and "ok". The regional manager was in constant communication with the catering company about improving the quality of meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The home had good links with health and social care professionals. People were assisted with appointments and health professionals visited people in the home regularly.
● People and relatives said staff responded quickly to any health needs they had. They commented, "If I was poorly, staff would get me a doctor" and "The nurses are really on the ball. If they have any doubts about [person's] health they get the GP straight away."

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.
● Staff were aware of their responsibilities under the Mental Capacity Act 2005. People who lacked capacity were supported by relevant representatives and decisions were made in their best interest.
● Staff were observed asking people for their consent before providing assistance and before entering rooms.

Good

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 has 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

- People and relatives praised the care and kindness shown to them by staff. Their comments included, "Staff are really kind to me" and "Staff are very nice - always happy and always smiling." A relative said, "I chose this home based on the fantastic attitude of staff. It's a bit tatty, but staff are so kind and friendly."
- People said all staff went out of their way to help them. For example, one relative described how the maintenance staff had taken them to a garden centre to choose a tree for outside their family member's window because they spent a lot of time being cared for in bed.
- There were several occasions where staff came and sat with people in the lounge to have chat. One staff member sat at the feet of a person, so the person had good eye contact with them. A visitor said, "The staff are lovely – they always have a word with [person] when they're passing, even the cleaners come and have a chat with them."
- Staff were aware of people's individual preferences and the importance of respecting their human rights, equality and diversity.

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

- People were offered choices in ways they could understand. For some people this was visually or in writing.
- Some relatives said they had been fully involved in people's care planning, where appropriate.
- People would be assisted to use advocacy services if they needed support to make significant decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. They told us, "Staff always do personal care well and talk me through what they are about to do" and "They are very gentle when they have to turn me."
- People and relatives said staff were very respectful. Their comments included, "I'm treated with respect - it's the way they talk to me with kindness" and "Staff have been brilliant with my [parent], they respect my [parent] and their property."

Good

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 has 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

- People's individual needs were set out in care plans. The care plans were personalised and provided guidance to staff about how each person wanted to be assisted.
- People's care was kept under review and changes were made when needed.
- People and relatives said staff were responsive when someone's needs changed. They described how staff spotted changes in people's well-being, especially those people who were unable to communicate. They commented, "Staff observe [my family member] and can tell if there is a problem."

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.

- People's communication needs were met. Staff supported people with individual ways of communicating. For example, one person with a hearing loss had a whiteboard so staff could write down questions and let them know what was happening.
- The provider had the facility to make information available in various formats including audio, large print or different languages to meet individual communication needs. There was no information in these formats in the home at this time.
- Some information was available in pictures, for example an orientation board with the time, date and weather. Menus were handwritten in red ink on a whiteboard which was difficult to read. The manager stated people were also shown different options and she wanted to replace the whiteboard with picture menus.

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

- People were supported to take part in activities and social occasions. During the inspection a new activity staff member started to work at the home and had begun to engage people in various arts and crafts and events.
- Care records included details of people's, preferred name, likes and dislikes, background history, relationships, religion and social interests. There were good links with the local community, including schools and churches who visited the home.

End of life care and support

● Staff provided care during the last stages of people's lives, where required.
● End of life care plans were individualised and clearly identified people's preferred choices and care arrangements.

Improving care quality in response to complaints or concerns
● The provider had a complaints system in place to respond to comments about the service. People and visitors had information about how to make a complaint.
● People and relatives felt comments were taken seriously and acted upon. They said, "I have made a complaint recently. I spoke to the new manager and it was dealt with straight away" and "I made a complaint and got a professional, appropriate response with no grudges."

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant the leadership and governance of the service was inconsistent.

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

- The leadership of the home had not always been effective. There had been changes in the management arrangements over the past seven months which had affected the governance of the service. For example, there was no demonstrable evidence of nurses' clinical support and there were notable shortfalls in the administration of personnel records.
- Management staff were open about the challenges the home had faced. They were taking action to make the necessary improvements, including the appointment of a clinical lead nurse. Some of the provider's local and regional leads were starting to support the home with these issues.
- A new manager had been in post for three months. They had applied to become the registered manager.

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

- The service had a positive, welcoming culture. People and relatives said the management and staff were open and approachable.
- People and relatives spoke positively about the new manager's style. They said she had a good control of what the staff did, dealt with things in an efficient way and hoped she would make more changes as the year progressed.

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

- People, relatives and visitors said they were encouraged to give their views about the service. The manager had held monthly meetings with people and their relatives. Some people who could not attend said they it would be better if they could see copies of the minutes.
- People were also invited to complete electronic survey. The results were analysed by the provider so they could address any issues raised. This included people's views about the quality of catering.

Working in partnership with others

- The service had been involved in a 'Kids in Care' project where two young people had been doing voluntary work at the home and learning about dementia. The project recently won a national Volunteer in Care Award.
- Staff talked positively about their relationships with other health care professionals to provide good health outcomes for people.

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 and manager understood their duty of candour responsibilities.
- Notifications of specific events had been submitted to CQC in line with legal requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure nurses received sufficient clinical supervision, training and support in order to carry out their roles. Regulation 18(2)(a)