

Blackhurst Care Home Limited

# Blackhurst Care Home

## Inspection report

Blackhurst House  
The Lawley, Longnor  
Shrewsbury  
Shropshire  
SY5 7QJ

Tel: 01694771318

Date of inspection visit:  
15 March 2016

Date of publication:  
31 May 2016

## 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

This inspection took place on 15 March 2016 and was unannounced.

Blackhurst Care Home is a service that provides accommodation and support for up to six people with learning difficulties. There were six people using the service when we inspected.

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

People were protected from harm and abuse by staff who were knew how to recognise and respond appropriately to any concerns that they had. Staff knew how to support people safely. Risks associated with people's care had been appropriately assessed including discussions with the person as to how to reduce risks. Staff did not start work until checks had been made to make sure they were suitable to support people and keep them safe.

People were supported to safely take their medicine by staff, and knew what their medication was for.

The majority of the staff had worked at the home for many years and the people living at the home have also lived there for many years. We observed mutually caring and respectful relationships between the staff and the people who lived there. People and those that mattered to them were involved in planning their own care. Staff were provided with up to date information and understood how to support people. People were supported by staff who were kind, caring and compassionate and who treated people with dignity and respect. Staff encouraged people to be as independent as they could.

People told us that they were supported to make their own choices and decisions about their care and support, with the focus being on enabling and celebrating their achievements. The registered manager encouraged people to raise any issues and people were confident that appropriate action would be taken.

There was a very positive culture where people were involved in their planning and support. They were encouraged to be the main decision maker in any actions which affected their lives.

There was clear and open leadership and communication by the registered manager so that staff knew what was expected of them.

The provider had checks in place to monitor the quality of the service and sought feedback from people, relatives and staff to drive improvements in the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe by staff who understood how to protect them from harm and abuse.

People's individual risks were understood by staff who supported them to live their life as they wished.

People were supported to receive their medicines in a safe way by staff who were competent to do so.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who understood their needs and their human rights in relation to their care.

People were involved in making decisions about daily life in their home.

Staff were appropriately trained and supported to meet the needs of the people living at the home.

People were actively involved in purchasing and preparing a varied diet that reflected their choices.

People had access to healthcare professionals to keep them well.

### Is the service caring?

Good ●

The service was caring.

People were supported with kindness and compassion by staff who knew them well.

People's preferences, independence and choice were encouraged by staff.

People's privacy and dignity was respected and promoted by the staff.

### **Is the service responsive?**

The service was responsive.

People were involved in planning and reviewing their care.

The registered manager and staff knew individuals they supported well and the care and support they needed.

People took part in social and educational activities outside of their home.

People knew how to make their views known and felt that they were listened to by the staff and manager.

**Good** ●

### **Is the service well-led?**

The service was well led.

The registered manager promoted an open and transparent culture.

The registered manager was involved in supporting people in their day to day life.

The registered manager and staff worked as a team to ensure people's needs were met. Staff felt well supported in their roles.

People benefitted from a well-led service because the provider had systems in place to monitor the quality of care they received.

People were involved in the planning and development of the service because their views and ideas were sought and respected.

**Good** ●

# Blackhurst Care Home

## 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.

This inspection took place on 15 March 2014 and was unannounced.

The inspection team consisted of two inspectors.

As part of our planning we reviewed the information we held about the service and the provider. This included statutory notifications received from the provider about deaths, accidents and safeguarding alerts. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch to share any information they had about the care people received when they used the service. We used this information to help plan our inspection.

We spoke with four people, the registered manager who was also the registered provider, one support worker, and the administrator. We also spoke with two relatives, and an advocate who works with people living at the service.

We looked at the care and support plans of three people, medication records, incident and accidents records, training records and quality monitoring checks. We saw the recruitment records for one staff member and minutes of a formal residents meeting.

## Is the service safe?

### Our findings

All of the people we spoke with told us they felt safe and staff supported them. One relative said, "I have no doubts about my [relative's name] living there." Another relative told us, "[Relative's name] is safe, content and lives as part of a family and has done for over 20 years". Staff we spoke with told us how they would recognise abuse and who they would report it to.

The registered manager told us that all staff had received training in how to recognise signs of possible abuse, and knew how to recognise and report concerns. Staff had access to information and knew how to raise a concern within and outside of the organisation. The registered manager knew how to make appropriate notifications if concerns were raised.

Risks to people's safety and wellbeing had been assessed and were monitored regularly. Staff understood the risks associated with people's care and how to keep people safe whilst ensuring their independence was promoted. Discussions were held with the people and agreement about group activities were reached by consensus. For example, one person told us that if it was snowing heavily, then everyone would be involved in discussing whether it was possible to go out safely. One person told us how everyone always "looked out for each other." They said that if something was not safe then they would talk about it with the staff and manager and decide what to do. For example, when undertaking exercises the person and staff spoke about acceptable amounts of time and the risks of doing too much. The person felt that this was a good thing so that they did not get too tired and fall. People were involved in deciding how they could take part safely in activities they wanted to try. This ensured that the rights of each individual to take risks were recognised and encouraged. For example, one person told us that they had been supported to go rock climbing, on a zip-wire and outward bound activities at an outdoor centre which they enjoyed very much. Two other people worked on the local farm.

People were supported by a staff team, many of whom had been employed for a number of years. One person told us that they were sad that [staff member's name] was leaving because of retirement after 20 years. The people who lived at the service were involved in the recruitment process of a new member of staff which they said made them happy because they liked them. The registered manager described the appropriate checks that would be undertaken before staff would start working at the home. These included satisfactory Disclosure and Barring Service (DBS) checks and two written references to ensure staff were safe to work with people who lived at the service. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

People had their needs met by sufficient numbers of staff. There was one person on duty on the premises at any one time and the registered manager lived very close if additional help was needed. People living at the service were very independent and required minimal day to day support. If people's support needs increased, for example, due to a bout of ill health, then staffing levels were increased to provide extra support. If people required support to go out then this was provided as required.

We saw people had their medicines in a safe way, and all medicines were kept securely. People knew what

medicine they needed to take to keep well and were supported by staff to take it. People has assessments to ensure they were safe to take their own medicines and were encouraged to take personal responsibility for their own medicines. One person said, "I am trusted to take my medicines myself because I know what they are for and that they help to make me better". Two other people we spoke with said that they liked being helped to understand how their medicines worked for them. Staff members told us they were trained in the safe administration of medicines and assessed as competent before being allowed to complete this role. Medicine audits were carried out by the registered manager to ensure safe practice.

## Is the service effective?

### Our findings

People told us they received care and support from staff who were trained to meet their needs. One relative said, "All staff know [relative's name] well and are well trained".

The staff we spoke with told us they felt well supported by the registered manager. One staff member said, "The registered manager accommodates any training that we want to do". The staff member felt they had access to a good range of training and felt confident in the tasks they performed. For example, one staff member told us that first aid training increased their confidence to deal appropriately with any first aid concerns. In addition, the staff member told us that the training received had made sure that they know what to do if someone had a cardiac arrest. The provider had systems in place to ensure staff were trained to meet the needs of people living at the home, such as recognising signs of abuse and manual handling. Staff also received specific training, such as how to care for a person with epilepsy and diversion techniques to reduce anxiety. For example, we saw a person becoming anxious. The staff member sat and reassured them, talking calmly, gently stroking their hands until they relaxed, showing that they understood how to help the person.

Staff received an induction to their role initially, and receive informal one to one support sessions with the registered manager. Staff felt that the manager listened to them and involved them in decisions about all aspects of the running of the home.

Everyone who used the service was supported to make decisions about their lives. They were supported by the staff team and decisions around the daily life in the service were made by discussion and consensus. One staff member told us, "[Registered manager's name] was very proactive in supporting and ensuring the rights of the individual were upheld at all times".

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. Staff demonstrated that they had received training and understood the principles of the Mental Capacity Act in general, and the specific requirements of the DoLS. All the people living at the service had the mental capacity to make their own decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had processes in place to follow the requirements of DoLS but at this inspection no application had been required.

We looked at how people were supported with their eating and drinking. People told us that they liked to make their own meals and to eat what they liked. People went to the local supermarket to do the shopping and chose the food and ingredients to make their own meals. One person told us that they enjoyed

chopping vegetables, making nutritious soups and assisting in general cooking. Another person told us that they were encouraged to be involved in all mealtimes. This included setting tables and clearing up afterwards. They both stated that they did not like to make their own hot drinks, instead they asked the staff to do this for them. People were encouraged to learn to cook and enjoyed cooking lessons with staff. The lunchtime meal had been decided upon and freshly prepared by the people living at the service. Another person had been supported with healthy and nutritious eating and following low fat recipes to assist them in managing their weight. The person told us that they were delighted at their achievements.

People had regular access to healthcare teams, including dentist, optician, the hospital community team including the consultant psychiatrist and support nursing team. One person told us; "If I was poorly I would tell [registered manager's name] and they would get the doctor". Records confirm that all people are supported to attend appointments as required.

## Is the service caring?

### Our findings

We spent time talking with people who were at home on the day of the inspection. One person told us that the staff were "brilliant." Another person told us, "This is the best care home, you would not get any better", and "it's lovely, it's beautiful, I have lived here for 26 years". We spoke with two relatives by telephone. One relative stated, "They go the extra mile for the residents. It gives me peace of mind knowing [relative's name] is well cared for." The other relative said, "The staff are very caring and kind". People who lived at the service told us that the registered manager was very kind and helped them to do things they wanted .

People who lived at the service had been there for many years, and were comfortable and had relaxed conversations with staff. This showed the close relationships each person shared. We saw people supporting each other in a kind and friendly manner. For example, one person had been unwell in the days before our inspection and although felt better, was not able to pursue their usual daily activities. Other people who lived there supported them with empathy and compassion.

Staff had a good understanding of what mattered to people. One person told us, "They [staff] helped them to buy new fish and clean the fish tank so the fish were healthy". They told us that this was very important and they were very happy that the staff helped them to do this. Another person expressed a desire within a residents meeting to go and see their relative's grave which was far away. They were supported to do this.

We saw that staff treated people with kindness and compassion and had a good understanding of people's well-being and what caused them anxiety. For example, we saw one person became a little anxious. The staff sat and reassured the person, talking calmly, gently stroking their hands until they relaxed. People were proactively supported and encouraged to express their views by staff who understood them, and supported them with dignified, kind and consistent care.

People told us that they received care and support which was personalised to their individual needs and wants. One person told us that they talk all the time about what they want to do. They were able to tell us in detail what their health issues were and how they like to be cared for. Care and support plans were developed with the person, their families and anyone else involved in their support. Opportunities were provided for feedback to be made, both verbally and in writing. We saw records of regular reviews which involved the person, their family and any required professional.

A person who works with a local charity told us that the staff who support the people to attend any of their functions were exceptional in their care and enthusiasm for the people they were supporting. They said that they have been involved with the service for many years and had seen how the staff team worked with the people to overcome any obstacles which could prevent people enjoying themselves. For example, the co-ordinator told us that the people who lived at the service had a greater confidence in their abilities because of the belief that the staff team had in them.

## Is the service responsive?

### Our findings

Each person who lived at the service had their own 'personal planning book' which included documents to ensure staff knew the wishes, choices and aspirations of the person. These included 'My Life Story', 'Health and keeping safe' and 'Things I like.' One person told us that they could write in the books if they liked something else and then they would tell the staff as well. Another person showed us the photographs they liked to put in the books which made them happy. Staff members spent time looking at the books with each person and encouraged the people to talk about the things which mattered to them. One person told us that the staff knew what they liked to do every day and helped them to do these things.

Health action plans included information for staff to follow so that they knew how to support a person if required, such as if the person became unwell. An incident form for a person following a medical emergency showed that paramedic assistance was sought promptly and that safe procedures were followed.

All of the people who lived at the service were encouraged to take part in activities they liked and which they found interesting and got enjoyment from. These activities included regular exercise which people enjoyed. One person told us about the need to keep hydrated when exercising and told us that they enjoyed all their activities. These included rock climbing, swimming, running, walking, going to the local pub and many more. In order to enable the person to exercise independently, the instructions had been written in a suitable format for the person. This had enabled the person to change the equipment settings without the need for a support worker. One person told us that they liked to go to the local garden centre to buy new fish and then had lunch there. People were supported to undertake working activities. One person told us how they went to work at the local farm shop, telling us, "I go on my own and I like serving people". A relative told us, "They give them the freedom and encouragement to do things".

The staff member we spoke with told us there were sufficient staff to meet people's day to day needs and other staff were willing to provide further support to enable leisure, vocational and educational activities to be undertaken. We saw people actively involved in and enjoying leisure activities and with household tasks with staff assistance. Two of the people were out at work.

People who lived at the service told us that they wanted to live there forever. Two people told us, "I will never move away because I love being here". The registered manager discussed how the staff would work out how to enable people to stay even if their health needs changed. For example, one person had on-going health problems which may, in the future, necessitate surgery. Staff took steps to reassure them about their health concerns. As a result they involved the person in planning how they would be supported to convalesce in their own home.

The provider supported people to go out frequently to wherever they wished to go by providing transport. People living at the service were involved in choosing where to go on holiday this year. They chose a seaside holiday park. Two people we spoke with told us that they were looking forward to the holiday and that they would enjoy swimming in the sea.

People we spoke with told us that they knew how to complain if they were concerned about something. One person said, "If I am not happy I tell the manager or the staff member and they will sort it out for me." One relative told us, "We do know how to complain but we have never needed to because it is all good." The complaints procedure was available in the home in an easy to read format and included details of how the people who lived at the home could complain. The provider had systems in place to respond to complaints and maintained close communication with people at all times to be sure that people were happy.

## Is the service well-led?

### Our findings

The provider was also the registered manager and was fully involved in the day-to-day support of the people who lived at the service. They were present in the service on a regular basis, including working as part of the staff team. This enabled the manager to monitor standards and ensure best practice is achieved. We were involved in a conversation with the people at the service and the registered manager which confirmed that the registered manager knew the people well. People were confident and trusted the manager. We saw that people using the service were listened to and their views acted upon in a consistent manner. For example, one person told us how they had discussions all together to decide what they might like to do as a group, such as which walking route to go on. They confirmed that decisions made by the people living at the service always happened.

The registered manager told us, and people confirmed, that the close relationship between the staff team and people living in the service had developed over many years. The staff we spoke with confirmed that the registered manager was a very approachable and supportive leader who led by example. One staff member said that the registered manager is able to bring the best out of staff because they provide such good support.

There is an open and transparent culture within the service which allows people and staff to feel confident in discussing situations, including any which went wrong. Staff told us that they are happy to discuss anything with the manager and that action would be taken, if required. There was a whistleblowing policy in place. Staff confirmed that they had received instruction on how to raise a concern to external agencies but had not needed to use the process.

The registered manager was able to demonstrate that they fully understand their responsibilities of their registration with CQC and the requirement to provide notifications in a timely manner.

We viewed robust audits of accidents and incidents which showed how the evidence was used to improve the service. For example, one person had a short period of anxiety towards another person living at the service which required intervention by staff. There was clear evidence of monitoring of the person's behaviour and looking at what may have caused the situation in the first place. A clear plan was put in place to provide extra support for the person and others living at the home. People were supported and encouraged to make a complaint if they wished. The quality of recording enabled the registered manager to make accurate and informed decisions about the risks involved.

Quality assurance surveys were available and showed a very high level of positivity about the service. People and their families had the opportunity to undertake an in depth review of the service at the six-monthly care reviews in addition to the formal surveys.

Talking about life at the service and what new things people wanted to do was a daily occurrence. There were also minutes of more formal residents meetings which showed how the people were very confident in expressing their views. The minutes also confirmed that any concerns were acted upon straight away, for

example.

There were strong links with the local community and the manager encouraged people to go to local events. The registered manager ensured that all people living at the service are able to go out to supported work or college as they wished. The service worked in partnership with key organisations including the GP, hospital support teams and MENCAP to ensure the best of care and support for the people who lived at the service.