

Blackwells (Hereford) Limited

Blackwells

Inspection report

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Herefordshire
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Date of inspection visit:
18 January 2017

Date of publication:
10 February 2017

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

Blackwells is located in Hereford, Herefordshire. The service provides accommodation and care for up to seven adults with physical disabilities, learning disabilities, mental health conditions and autistic spectrum disorders. On the day of our inspection, there were seven people living at the home.

The inspection took place on 18 January 2017 and was unannounced.

There was a manager in post, who had applied to the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 involved in decisions made about keeping them safe. The manager and staff understood the importance of looking at ways of minimising restrictions on people's freedom. Where safe to do so, people were given the option of administering their own medicines.

People enjoyed a varied diet and were involved in planning and choosing their meals. Where people needed specific assistance with eating and drinking, this was provided. People received specialist input from a range of health professionals in order to maintain and improve their health and wellbeing. Staff were skilled in supporting people with a range of behaviours and worked with people to reduce these.

People enjoyed their relationships with staff. People were involved in decisions about their care and support, including being involved in reviews of their care. People were treated with respect, and their right to privacy was upheld. People's individual communication needs were known by staff, and staff knew how to communicate with people in ways which would not result in frustration or anxiety.

People's individual needs, preferences and personalities were known and embraced by staff. Ways were found to maintain people's cultural and social identities. People were encouraged to provide feedback and suggestions, and were also made aware of their right to raise a formal complaint.

There was a positive culture at the home, with a focus on people's independence and freedom. People's opinions and ideas were sought about the running of the home, and acted on. There were systems in place to monitor the quality of care provided and ensure that high standards were maintained.

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 involved in decisions about the risks associated with their care and support needs, and how to keep them safe. People's freedom was promoted.

People received their medicines safely and as prescribed. Where possible, people administered their own medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had the relevant knowledge and skills required. People enjoyed a varied diet. Where people needed additional support with eating and drinking, this was provided.

People had access to a range of health professionals, and staff ensured medical and professional guidance and recommendations were followed.

Is the service caring?

Good ●

The service was caring.

People enjoyed positive relationships with staff. People's independence was encouraged, whilst ensuring they remained safe.

People's individual communication needs and preferences were known by staff. People were involved in decisions about how they would be cared for.

People's privacy was maintained.

Is the service responsive?

Good ●

The service was responsive.

People's individual preferences and identities were known and embraced by staff. People were able to enjoy their hobbies and interests, and were encouraged to develop new ones.

There was a system in place for receiving and acting on complaints, comments and feedback.

Is the service well-led?

Good ●

The service was well-led.

People were involved in decisions about the running of their home. The manager had established links with the local community, which were used to create opportunities for people.

Staff were positive about their roles and the support they received. There was a system in place to monitor the quality of care provided and ensure this was of a high standard.

Blackwells

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.

We made an unannounced inspection on 18 January 2017. The inspection team consisted of one Inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

We contacted the local authority before our inspection and asked them if they had any information to share with us about the care provided to people.

We observed how staff supported people throughout the day. We spoke with three people who lived at the home, the manager, the care manager, and two members of staff. We also spoke with two relatives, an advocate and a consultant psychiatrist. We looked at two care records, which included risk assessments, healthcare information and communication styles and preferences. We also looked at the medication administration records and comments and feedback received, including complaints.

Is the service safe?

Our findings

We looked at how people were involved in decisions about keeping them safe. We saw that where possible, people were involved in their risk assessments and agreed actions with staff. For example, one person agreed with staff that they would keep their bank card in the office safe. This was in relation to an identified risk in relation to the person and their finances. We spoke with this person, who told us they liked being part of their risk assessment. They told us, "I like to get my point across." Another person had agreed with staff that they would look after their cigarette lighter at night, which was an agreed action from the person's risk assessment about fire risk. We saw there were risk assessments in place in relation to areas such as vulnerability when out in the community; nutrition and hydration and managing people's anxieties. Staff we spoke with were knowledgeable about the risks associated with individuals' care, and how to keep people safe.

We spoke with staff about what actions they took to ensure people were protected from abuse or harm. Staff understood when matters would need to be reported to the local authority, and what potential signs were of different types of abuse or harm. Staff were also clear about what was expected of them, in terms of their conduct and attitude. We saw where staff had approached management with concerns about individuals, these had been acted upon. To enhance staff's understanding of protecting people from abuse and harm, the manager had arranged further safeguarding training so that staff could learn more about the process which was followed after a safeguarding alert or concern had been raised.

People told us they enjoyed their freedom whilst living at Blackwells. One person told us, "I can go out when I want. Staff have shown me how to use the code by the front door. I would hate to be stuck indoors all the time." Another person told us the best thing about living at Blackwells was, "I can go out when I want to, into town and other places." We looked at how restrictions on people's freedom were managed, and whether the least restrictive option was taken. One person had restrictions in place, for their own and other people's protection. The registered manager told us the importance of abiding by these restrictions, but also finding ways to still ensure the person could still go out and do things they wanted to do. In order to enable this, the person was accompanied by a member of staff when going out. The person told us they planned with staff in advance what they wanted to do and when, and one-to-one time was then arranged. The person told us, "Staff really do try and get me out and about as much as possible."

We looked at how the provider and manager ensured there were sufficient staff to keep people safe, both when at home and when out. People told us there were enough staff on duty. One person told us, "There are enough staff. When staff are on leave or are unwell, we get staff from other homes coming in." Another person told us, "Staff are very busy, but they do take their time to listen to you." Staff members we spoke with told us the staffing levels were sufficient, and that there were usually three or four members of staff for seven people. One member of staff told us, "There are enough staff to get done what we need to do." Where shifts could not be covered by existing staff members, bank staff or staff from sister homes, agency staff were used. However, they were not used on a regular basis as the provider and registered manager aimed to provide people with consistency in who cared for them.

Before staff members were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care.

We looked at how people received their medicines. Consideration had been given to people being able to administer their own medicines and, where safe to do so, people were responsible for their own medicines, if they chose to be. At the time of our inspection, one person administered their own medicines. We spoke to one person who had been given the choice of administering their own medicines, but had chosen for staff to do this instead. They told us, "I feel safer if staff are in charge of my tablets." People told us they received their medicines when they should, including any 'as required' medicine. Where people needed staff to administer their medicines, one member of staff did this, with a second member of staff checking to ensure people's medicines had been administered as prescribed. All staff had received training in the safe administration of medicines and their ongoing competency was reviewed by the provider.

Is the service effective?

Our findings

People, relatives and health professionals told us that staff had the skills and knowledge needed to care for them. A relative we spoke with told us, "I have witnessed staff handle difficult situations in a very impressive manner. They have a lot to deal with at times, but they do it well." A consultant psychiatrist we spoke with told us that staff understood mental health conditions, particularly in relation to people who also have learning disabilities and autistic spectrum disorders.

We looked at how knowledgeable staff were about providing the right care and support for people living at Blackwells. We saw that people had individual behaviour support plans and positive handling plans, which set out certain triggers for a range of behaviours and emotions. For example, one person found seasons of the year particularly difficult, and there were preventative and reactive strategies in place so that staff could support the person. A relative we spoke with told us that since living at Blackwells, their relative had received support around a certain behaviour and as a result, this behaviour had greatly improved. They told us this was attributable to how staff had supported the person.

We spoke with staff about their induction, training and development. We spoke with a member of staff who had completed their induction. They told us they had been given the opportunity to read people's care plans, alongside shadowing an experienced member of staff for five shifts. This was in addition to completing training in areas such as medication, safeguarding and equality and diversity. They told us this induction had helped to prepare them for their role and that they had been supported throughout the process.

Staff we spoke with were positive about the ongoing training and development opportunities offered to them. One member of staff told us how useful they had found recent dysphagia training and the relevance to their role. We spoke with the registered manager, who told us they had identified further training for staff in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. They told us that previously, staff had not been given the opportunity taken an active role in these areas and as such, it was important to arrange some additional guidance around these areas.

We looked at how people were supported with eating and drinking and how a balanced diet was maintained. People told us they were happy with the variety of food provided. One person told us, "I love Mexican food, we have had that here. I love Italian food as well. We are always asked what we would like and there are lots of choices and options." Where there were concerns about people's weight, such as people being overweight, they were encouraged and supported to attend weight loss groups and to be more active. One relative we spoke with told us how pleased they were that their relative had been supported to lose weight because this had increased their self-esteem. Where there were concerns about people's eating and drinking needs, referrals had been made to the Speech and Language Therapy team, and the professional guidance followed about specialist diets, such as a soft-food diet.

People told us they had access to healthcare professionals and were supported to maintain good health. One person told us, "Staff sometimes sort out my (medical) appointments, or sometimes I will do that

myself and ask staff to take me." We spoke with a person's advocate, who told us, "I have to report that they (Blackwells) have gone above and beyond the call of duty in providing support for [person's name] and in calling on external support for them and for staff, such as a learning disability psychiatrist and psychologist." On the morning of our inspection, a person living at Blackwells told a member of staff they had earache. The member of staff explained to the person what the pain could be and said they would arrange a doctor's appointment if the pain continued. We spoke with the person, who told us staff were good at making sure people saw doctors when they needed to. We saw that people were supported to access a range of health professionals, including opticians, podiatrists, chiropodists and community psychiatric nurses. People had individual health action plans in place, which included information about any allergies, their medicines, and health conditions, such as diabetes.

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.

Where people lacked capacity to make specific decisions, the manager had ensured they had access to an Independent Mental Capacity Advocate (IMCA). An IMCA is someone who helps people with communication difficulties to make their views known and represents people when decisions are being made about them. Additionally, where people lacked capacity to make certain decisions, meetings were held with the person, as well as relatives and health professionals where applicable, to ensure staff acted in that person's best interests. We saw that where there were capacity assessments in place, these were decision-specific. For example, capacity was considered in areas such as community access, personal care and hygiene and lifestyle choices. There was a recognition that people could have capacity to make decisions in some areas, but not others. There was also a recognition that people's capacity could fluctuate.

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).

At the time of our inspection, people living at Blackwells had been assessed in respect of their individual care and support needs, and the registered manager had ensured DoLS applications had been submitted accordingly. We reviewed a sample of these applications and saw that each application was specific to individuals' requirements. One person had moved into Blackwells with a DoLS authorisation already in place. The person wished to challenge this, and was supported by staff in doing so. The manager told us that people understood the individual restrictions in place and that people were involved in decisions about their DoLS as much as possible.

Is the service caring?

Our findings

People told us, and we saw, they enjoyed positive relationships with staff. One person told us, "They take care of me and I can also have a laugh with them." Another person told us, "Staff sort things out for me. If I am upset, they give me a cuddle and calm me down." A relative we spoke with told us they were "very pleased" with the care provided. Another relative told us, "I think the staff are great. [Person's name] is very happy and settled." We saw there was a relaxed environment in the home, where people were comfortable in approaching staff for help, or just for a general conversation.

People told us their independence was encouraged and promoted. One person told us, "I have my independence; I can go out on my own. But the good thing is that if I feel down, I can ask a staff member to go with me." Another person we spoke with told us they enjoyed cooking the Sunday lunch for people living at the home. They told us, "I've made the Sunday lunch every week this year since Christmas!" They told us they would like to be a chef in the future, and that being in charge of cooking the lunch was good preparation for that. One person living at Blackwells was being supported by staff in preparing for independent living and having their own flat. People had individual enablement plans, which set out what their goals were in terms of independence. For example, one person wanted more involvement in doing their laundry and preparing their own meals, which they were being supported with. A relative we spoke with told us, "[person's name] gets independence, but that is balanced with supervision. The level of independence provided is about right."

We looked at people's individual communication needs. Staff were knowledgeable about people's preferred communication styles. For example, one person needed staff to allow a couple of days for them to process important information they had been given. Another person required staff to speak slowly to them and ask them to repeat what staff had said. A relative we spoke with told us that staff were skilled at explaining things clearly to people and helping people to understand. People had individual communication plans in place which set out how they communicated emotions such as being angry, or states such as feeling tired or hungry.

People we spoke with told us they were involved in decisions about how they were cared for. One person told us about their care plan. They told us, "I have a care plan, it has all my bank statements in because I give them to staff to look after. I can look at my care plan whenever I want." Another person we spoke with told us they had reviews of their care, and they enjoyed being part of the meetings. They told us when their next review was scheduled for and that they were looking forward to it.

A keyworker system was used to ensure people were involved in decisions about their care and support. A keyworker is a member of staff who takes a lead role in working with a person to understand their preferences, changes in health, social and emotional needs, and in communicating with relatives and health professionals. People we spoke with told us about their relationships with their keyworkers. One person told us, "My keyworker is helping me to sort out my holiday and going to a theme park. They help me with all sorts." The keyworker system was also used so that people could be asked for their views on the care they received and the general running of the home.

People told us they felt treated with respect and dignity. One person told us, "Staff always speak nicely to me." We saw that people had helped to compile a 'service user's charter of rights', which set out how they expected to be treated by staff and that their dignity and privacy was to be respected. People told us they could have privacy by going to their bedrooms and locking the door. They told us that if they asked staff to not disturb them, this was respected. One person needed staff support to attend appointments, but it had been agreed that staff were to wait in the waiting area so the person could have their privacy. Staff explained to us the importance of maintaining people's dignity. One person enjoyed getting undressed in a communal area, so staff told us they ensured other people were not present at this time so that the person's dignity was respected.

Is the service responsive?

Our findings

We looked at how staff responded to people's individual needs and preferences. People told us that staff knew them as individuals. One person told us, "They (staff) know me well. I like planning things in advance and they understand that and help me with it."

Staff we spoke with showed an understanding of people's individual preferences, needs and personalities. The manager affectionately described one person to us as a, "real free spirit." We spoke with this person, who told us their favourite thing about living at Blackwells was that they were allowed to, "be who I want to be. I like wearing summer clothes in the winter. Staff have asked me if I feel cold, but I don't and so they just let me get on with it. If I don't want to do something, I won't!"

One person living at Blackwells had a particular cultural background, which was an important part of their identity. Staff understood the importance of this for the person, and found ways to ensure the person's identity could be maintained. This included sourcing an item associated with the person's background and keeping it in the garden for the person to enjoy. The person chose the item themselves and enjoyed maintaining it. A consultant psychiatrist who supported this person told us, "They went over and above to meet [person's] needs. Not many homes would go to that extent."

People told us they led active and varied lives. One person told us, "I am never bored!" Another person told us, "I've got my greenhouse where I like to grow things. I like going to the library, I like shopping, I go to concerts and to exhibitions." They told us staff had helped them to join a local sports club, which they really enjoyed and it had increased their fitness and confidence. On the day of our inspection, one person was out doing their voluntary work. A relative we spoke with told us that their relative was, "always busy" and was given the opportunity to enjoy their hobbies and interests. We spoke with the registered manager about how the home promoted people's social and leisure opportunities, as well as helping them to set goals for themselves. The manager told us, "They are young and they have their lives ahead of them. We want to give them the chance to succeed and to have opportunities."

We looked at how the provider and manager dealt with complaints, feedback and suggestions about the service, and whether people knew how to complain. People we spoke with knew how to complain, and told us they would feel comfortable in doing so. One person told us, "If I had a complaint, I would put it in the (complaints) folder and give it to staff. I have had to do that before and staff always do something about it." People had a copy of the complaints procedure in their bedrooms which set out how to raise any concerns. We found there was a system in place for capturing, investigating and responding to complaints and feedback.

We asked people about their regular 'service user meetings'. One person told us, "We talk about food, what we like doing- that sort of thing. We are asked if we'd like to change anything. I asked for a bigger bed, and that is being sorted for me." Another person told us, "We are told to speak our minds, and I sure do!"

Is the service well-led?

Our findings

At the time of our inspection, there had been a recent change of management with a new manager in place, and the deputy manager taking on the role of care manager. We spoke with people and relatives about how the transition had been handled and whether they had been kept informed. People told us they knew who the new manager was and that they felt comfortable with them. One person we spoke with told us they were happy with the new manager and enjoyed chatting with them. They told us, "[manager] is so nice. They are crazy, but in a good way! We have a right laugh!" Relatives we spoke with told us they had been notified of the changes in management and that they were pleased there was some continuity for people as the care manager had worked at the home for many years.

Staff we spoke with were positive about the new manager and the running of the home. One member of staff told us, "We're on an upward spiral." Another member of staff told us a positive change had been that, "We have structured shift plans. We have a focus and a direction, but there is flexibility as well." Staff told us the new manager had spent time getting to know people and staff at the home before starting their role, which had helped make the transition run smoothly. Staff told us they received support from the manager in the form of monthly one to one meetings, as well as staff meetings.

Aside from structured support, staff told us they could approach the manager at any time, including outside of the manager's working hours, if they had any concerns. Additionally, staff felt confident and comfortable in raising issues of concern and were aware of the whistle-blowing procedure. Staff told us the morale amongst the staff team was high and they felt motivated. A senior staff member we spoke with told us, "I feel motivated in my role, which means I am able to motivate the team." Equally, the manager told us they were supported in their role by the provider.

We looked at the links the manager had established with the local community. The manager had approached a local college about a 'Digital Stories' project they were running there. The aim of the project was to film people discussing their life stories and what they wanted to achieve. This was targeted at people who found it difficult to express themselves in meetings and so forth. The manager told us, "We could use it for things like people's assessments, reviews and when they are trying to get placements. It will help people to express themselves and give them a positive focus." There were also established links in place with local community social groups, which people told us they enjoyed attending.

We looked at how people were involved in the running of their home. We saw that people were asked for their opinions and ideas in their monthly meetings, as well as through their keyworkers and during general conversations. Recently, people had provided input into ideas about how to redecorate the home. Consideration had been given by the manager about how to incorporate everybody's ideas into the decoration plan. People had requested pictures of different foods be used to help them with their menu planning, which had been introduced.

We looked at how the manager and provider monitored the quality of care provided to people. Monthly audits were in place for areas such as medicines, infection control and health and safety. Where shortfalls

were identified, appropriate action was taken to address this, as well as prevent a reoccurrence. In addition to audits, the manager and care manager used their time at the home to carry out observations of the care people received and undertake any necessary competency checks on the staff team.

The provider had, when appropriate, submitted notifications to the CQC. The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.