

Laudcare Limited

Blackwell Vale Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 22 and 25 January 2016 and was unannounced.

Blackwell Vale Care Home provides nursing and personal care to 60 older people. The home has two floors, the upper floor accommodates people with dementia type illnesses and the ground floor is designated to people who require general nursing and residential care. Both floors have separate dining and communal areas and all of the bedrooms in the home are for single occupancy.

The home was last inspected in December 2014. At this inspection we rated the service as inadequate. The home was in breach of the following regulations of the Health and Social Care Act (HAS) 2008 (Regulated Activities) Regulations 2010:

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing.

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines.

Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs.

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff.

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services.

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision.

The above regulations have now been replaced with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the home was no longer in breach of any of the above regulations and met all of the 2014 Regulations.

At the last inspection in December 2014, we asked the provider to take action to make improvements in the areas outlined above. This action has now been completed.

The service had a registered manager. 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.

The service had sufficient staff on duty to meet people's needs at the time of our inspection.

The staff knew how to identify abuse and protect people from it.

The home was clean and odour free.

The service had carried out risk assessments to ensure that they protected people from harm and minimised any risks identified.

Medicines were ordered, stored, administered and disposed of correctly.

Staff had been trained to an appropriate standard.

The service co-operated with other providers of health and social care.

There were systems in place to make sure people had a good diet and were adequately hydrated.

Staff had developed caring relationships with people who used the service.

Support plans were written using a person centred approach, relatives and staff had noticed an improvement in person centred care since our last inspection.

There was a complaints process in place.

There was a robust quality assurance system in place which meant that the registered manager, her deputy and area manager were aware of areas that required improvement in the service. This included management of the team and helping staff to maintain good standards of personal care for people who used 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.

There was sufficient staff on duty to meet people's needs.

Staff were aware of how to recognise and report concerns about vulnerable people.

Staff were recruited appropriately and relevant checks on their background were carried out before they started working with people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff had received sufficient training in health and social care.

People's nutritional and hydration needs were being met.

People were able to access other health and social care providers if required.

Is the service caring?

Good ●

The service was caring.

We observed staff interacting with people in a kind and caring manner.

We observed that staff treated people with dignity. There was a 'dignity champion' in place to help maintain good working practices.

People were not discriminated against.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Care plans were based on the assessments carried out by the service.

People were able to raise issues with the service including formally using the complaints process.

The relatives of people who used the service told us that they observed good person centred care in the home.

Is the service well-led?

Good ●

The service was well led.

The registered manager had a robust quality assurance system in place.

There was a clear management structure in place at the home.

The management team regularly checked that people's personal care needs were being met.

Blackwell Vale 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 checked 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 the 22 and 25 January 2016 and was unannounced.

The home was inspected by two adult social care inspectors.

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. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with 14 staff including the registered manager, the deputy manager, the area manager, nurses, carers, kitchen staff. We also spoke with 10 people who used the service and three relatives.

We looked at 10 written records of care and other policies and records that related to the service including quality monitoring documents.

We looked around all the communal areas of the home and with people's permission some bedrooms.

Is the service safe?

Our findings

People who used the service told us they thought there were sufficient staff to meet their needs. One person said, "There's enough staff." A relative commented, "There's enough staff, I can usually find one when I need one."

We spoke with staff who told us there was always sufficient staff available to support people. "Now there's a lot more staff to meet people's needs, which is needed as people's needs are higher."

On our previous inspection we found that the service was not safe as it lacked sufficient numbers of staff to safeguard the health, safety and welfare of people who used the service. We found at this inspection that they had improved.

We spoke with the registered manager and her deputy. They told us that staffing levels had been increased in line with people's needs since our last inspection. The rotas we saw confirmed this.

At the time of our inspection we observed that there were sufficient staff to support people. We noted that people who requested assistance either verbally or via the call bell system did not have to wait unreasonable amounts of time. In fact we saw that staff made themselves available promptly.

We judged that Blackwell Vale Care Home was no longer in breach of Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing.

During our previous inspection we found that the service was not following its own policies, procedures and current best practice relating to the management of medicines.

We looked at how the service managed medicines during this inspection. Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

We judged that Blackwell Vale Care Home was no longer in breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 - Management of medicines.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. Staff were able to explain how to identify and report different kinds of abuse. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance about how to express concerns. This meant that staff could quickly and confidentially raise any issues with the practice of others if necessary.

We saw that people who used the service had assessments in place that identified risks to their wellbeing and planned ways to reduce them. For example it had been identified that some people who used the service required assistance to help them manage anxiety. Care plans had been written that outlined how to support people to remain calm. During our inspection we observed staff supporting people appropriately when they required this type of assistance.

We reviewed recruitment procedures in the service. The registered manager explained that they advertised when there were job vacancies in the service. All potential candidates were interviewed with the registered manager, or their deputy, present. If they were successful, criminal records checks were carried out and references would be sought. The registered manager showed us evidence that all of the current staff in the service had up to date employment checks including whether they had a criminal record. We noted that the registered manager also checked that their nurses were correctly registered with the Nursing and Midwifery Council on a regular basis.

During our inspection we noted that the home was undergoing refurbishment including people's bedrooms. We saw some areas required more attention than others. The registered manager and the operational manager were able to demonstrate that they were aware of this and had plans in place for significant changes to the home. They showed us their garden where work had been completed. We noted that this work was of a high standard and appropriately designed for the people who used the service.

Is the service effective?

Our findings

During this inspection we asked people about the food provided by the service. People told us they enjoyed the food, one person said, "I like the puddings."

During our previous inspection we found the service had not ensured that people who lived in the home were being protected against the risks of inadequate hydration and nutritional intake.

We looked at written records of care and saw they contained instructions on how to support people to take adequate diet and hydration. We saw that people were being monitored closely if they had been assessed as being at risk of being malnourished or dehydrated. For example if they were prone to weight loss or urinary tract infections.

We spoke with kitchen staff. They demonstrated their knowledge around the support people required. They told us they were keen to develop this aspect of the service and planned to visit other care homes in order to identify and replicate good practice.

We observed meal services during our inspection. We saw that staff took time to support people who required additional assistance when eating. Equipment such as plate guards were available so people could eat independently if possible. We also noted that drinks and snacks were made available to people throughout the day.

We judged that Blackwell Vale Care Home was no longer in breach of Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs.

During our previous inspection we found that staff had not received sufficient training both in general and specialist areas of their job.

During this inspection we looked at training records for the staff and saw that their training had been brought up to date. Staff had received appropriate training in different aspects of health and social care including moving and handling, dementia and infection control. In addition staff had received specific training appropriate to the needs of the people they supported. We spoke with the registered manager and asked about the supervision and appraisal of staff. Supervision is a meeting between staff and their line manager where issues relating to work can be discussed. Appraisal generally takes place annually and is a meeting between staff and their manager where performance is discussed. The registered manager told us that all staff had received regular supervision and appraisal. Staff we spoke with confirmed this.

We judged that Blackwell Vale Care Home was no longer in breach Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 - Supporting staff.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the manager had appropriately applied for a DoLS for people who used the service. We saw that each person had been assessed to determine what capacity they had to make certain decisions.

When necessary the staff, in conjunction with relatives and health and social care professionals, used this information to ensure that decisions were made in people's best interests. We saw that the service worked closely with professionals from the local authority to ensure that people's rights were upheld.

We asked people if they were able to access external health care if required. People told us that, "They are good at keeping an eye on our health and the get the GP if we need it." Written records we saw confirmed this.

Is the service caring?

Our findings

We asked people if they felt well cared for at Blackwell Vale Care Home. A relative told us, "We are very happy with the care."

A member of staff told us, "We have improved tremendously and provide the best care we can."

We observed staff caring for people in a professional, relaxed and friendly manner. Staff took time to speak with people who used the service and had clearly established caring relationships with them.

We looked at how people were communicated with in the home. We observed staff talking with people and informing them of what they were doing and why they were doing it. Staff working with people who lived with dementia were aware of how to communicate with people if they became upset or anxious.

Both people who used the service and their relatives were able to attend 'resident and relative' meetings if they wished to express their views in a more formal manner. Relatives told us they were also able to speak with the registered manager or her deputy informally if they wished.

We looked at how the service supported people to express their views and be actively involved in making decisions about their care and support. We saw that many people who lived in the home were capable of making their own decisions about the way they chose to live. Some people were unable to make complex decisions about their care. We saw that staff had gathered information about likes, dislikes and preferences from people and their relatives. They used this information to help make decisions in people's best interests. We found evidence that formal best interest meetings had taken place in conjunction with relatives, staff and health and social care professionals.

We saw that people were able to access advocacy services if they required support to make their feelings known. The registered manager was aware of the need for these services and ensured people were informed of their rights relating to this.

People's privacy and dignity was upheld. We observed that staff took care to ensure people's doors were closed when they were receiving personal care. Staff we spoke with knew that maintaining people's privacy and dignity was important. We spoke with the home's 'dignity champion'. She told us her role was to train other staff in how to treat people with dignity and kindness. In addition she observed other members of staff while they worked to ensure they were working to the expected standard.

There were policies in place relating to privacy and dignity as well as training for the staff in this area. There were also policies in place that ensured staff addressed the needs of a diverse range of people in an equitable way. Staff received training on equality. This meant that the service ensured that people were not discriminated against.

We saw that staff were trained how to provide appropriate end of life care for people who chose to remain in

the home towards the end of their lives. The training included information on how best to support people with nutrition, hydration and medication to ensure they were as comfortable as possible.

Is the service responsive?

Our findings

During our previous inspection we found the service was not responsive to the needs of the people who it cared for because they had failed to plan care around people's individual needs.

We spoke with people and their relatives, a relative told us, "It's much improved, much more person centred....staff have time to spend with residents."

We looked at the written records of care for people who used the service. The service had gathered information about people in order to ensure that care plans were person centred. For example information about people's likes and dislikes were used to formulate care plans relating to people's daily routine and their nutrition.

We saw evidence that indicated the service had carried out assessments to establish people's needs. For example some assessments indicated that people needed support to access communal areas of the home. Care plans had been produced which ensured that people who required this level of support were provided with it.

Reviews of care plans were carried out regularly and where possible involved the person receiving support. Relatives and other health and social care professionals were also involved in these reviews.

We judged that Blackwell Vale Care Home was no longer in breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 - Care and welfare of people who use services

We spoke with people who used the service and their relatives and asked them if they felt able to raise issues and concerns with the service. One family told us, "We complained once....it got sorted quickly."

We looked at how people raised concerns within the home. We saw that people were able to express when they were feeling unhappy to staff. Relatives were able to approach the registered manager or her deputy if they had concerns.

In addition to this the service had a formal complaints policy and procedure which was provided to people who used the service. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. There was also a procedure to follow if the complainant was not satisfied with the outcome. The complaint procedure was in an easily accessible format and the use of advocacy services was encouraged.

We looked at how people spent their day within the home. We found evidence that people were able to access meaningful activities in the home including musical events, board games and access to outside spaces.

Is the service well-led?

Our findings

We spoke with people who used the service and asked if they thought the service was well-led. The people who used the service told us that things had improved since our last inspection.

We spoke with relatives one of whom said, "We are very pleased."

We spoke with staff who told us they were well supported by the registered manager and her deputy. They told us, "Standards of personal care have been prioritised, the manager and her deputy will check things like have people been shaved properly? Are they coordinated in what they are wearing?"

We spoke with the registered manager, her deputy and the area manager. They were able to demonstrate that they had worked hard to make the necessary improvements to comply with the regulations.

The registered manager told us, "It's been hard but we have worked together as a team."

The area manager had a clear vision of how he wanted the home to develop in the future which included the refurbishment and redesign of some areas. During our inspection the area manager was quick to respond to our feedback and made immediate improvements. For example we had noted a worn area of worktop in the home. The area manager had this area repaired within an hour of us drawing it to his attention.

There was a clear management structure in place. The registered manager reported directly to the area manager, who visited the home regularly and was in contact frequently. The registered manager had a deputy in place who was able to take over the day to day running of the home when required.

The service carried out regular customer satisfaction surveys which included questions about the standard of care. We noted that the registered manager, in conjunction with the provider, devised action plans based on the feedback from the surveys. In addition to this there was an electronic tablet computer on which people were able to give immediate feedback about their experience of the home. This included professional visitors.

We looked at how the provider and the registered manager monitored the quality of the service provided at Blackwell Vale Care Home. We saw that the registered manager carried out regular audits and checks. These were clearly displayed in her office, which helped both her and the deputy ensure nothing was missed. These included training audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. This helped ensure that people were provided with a high quality service and enabled the management team to identify areas that required improvement.