

## Blackhurst Care Home Limited

# Blackhurst Care Home

### Inspection report

Blackhurst House  
The Lawley, Longnor  
Shrewsbury  
Shropshire  
SY5 7QJ

Tel: 01694771318

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09 October 2018  
11 October 2018

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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

Blackhurst Care Home is registered to provide accommodation and personal care for up to six people who have learning disabilities. At the time of our inspection six people were living there.

A registered manager was in post and present throughout this inspection. 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.

Blackhurst Care Home has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, published in June 2016, the service was rated good. At this inspection we found the service remained good.

People continued to remain safe as staff knew how to recognise and respond to concerns of ill-treatment and abuse. The provider followed infection prevention and control guidance. The equipment that people used was maintained and kept in safe working order. Any incidents, accidents or dangerous occurrences were recorded and if necessary investigated, to minimise the risk of reoccurrence. There were enough staff to support people to meet their needs. The provider followed safe recruitment procedures when employing new staff members.

People continued to receive care that was effective and personalised to their individual needs and preferences. They were assisted by a staff team who were well supported and had the skills and training to effectively assist them. People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. Staff were aware of current guidance which informed their practice and people's rights were protected by the staff who supported them.

People received support that continued to be caring and respectful. People were supported by a compassionate staff team. People's privacy and dignity was respected by those providing assistance.

People continued to be involved in developing their own care and support plans. When changes occurred in people's personal and medical circumstances, these plans were reviewed to reflect these changes. People's individual preferences were known by staff members who supported them as they wished. People and their relatives were encouraged to raise any concerns or complaints. The provider had systems in place to address any issues raised with them.

Blackhurst Care Home continued to be well-led by a registered manager and provider that people and staff

found approachable and supportive and who they saw on a regular basis. People were involved in decisions about where they lived. Staff members believed their opinions and ideas were listened to by the provider. The provider had systems in place to monitor the quality of service they provided and where necessary made changes to drive improvements.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains 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 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 was a comprehensive inspection that was completed by two inspectors and was unannounced.

This inspection site visit took place on 9 October 2018. Telephone calls to relatives were completed on 11 October 2018.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider.

We analysed information on statutory notifications we had received from the provider. 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 for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

Before our inspection visit, 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 spoke with six people, two relatives, the registered manager, the director and two care staff members.

We looked at the care and support plans for two people including assessments of risk and guidance for the use of medicines. We looked at records of quality checks completed by the registered manager. In addition,

we confirmed the recruitment details of two staff members.

# Is the service safe?

## Our findings

People told us they continued to be protected from the risks of abuse and ill-treatment whilst living at Blackhurst Care Home. One person said, "I feel very safe living here." Staff members had received training and knew how to recognise and respond to any concerns. Information was available to people, relatives and staff members on how to report any concerns that they had to the registered manager or the local authority. Although the registered manager had not needed to make any such referrals they knew the process to follow to keep people safe.

People told us they were safely supported to live at Blackhurst Care Home. This was because risks from equipment and the environment were assessed and actions were taken to minimise the potential for harm. One person told us they didn't like to use the cooker as it got hot but they liked to help prepare meals. We saw the provider completed regular health and safety checks to ensure the equipment people used was safe and maintained. The provider followed infection prevention and control guidance and undertook regular checks. These included checks to confirm cleaning schedules had been completed.

Any incidents or accidents were reported by staff members and monitored by the registered manager. This was to identify any trends or patterns which required further action. When an incident or accident occurred, the provider undertook an investigation to identify the facts and what, if anything, could have been done differently. For example, if someone required additional assistance when walking on uneven ground.

People had personalised emergency evacuation plans in place which detailed their communication preferences and the assistance they would need in an emergency. This information was available to any attending emergency services if required.

People told us, and we saw, that there were enough staff to support people safely and to assist them to do what they wanted. The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

People received their medicines when they needed them and were supported by staff who had been trained and assessed as competent to do so. Should an error occur, the provider had systems in place to seek advice from medical professionals and to investigate the error. The provider had appropriate guidelines and policies in place to safely support people with their medicines.

## Is the service effective?

### Our findings

People continued to have their needs assessed as part of a process which looked at their physical, psychological and social needs and wishes. One person told us they wrote their own care and support plan with the assistance of the registered manager. They went on to say that they felt this captured what help they needed but also what they could do for themselves. The care and support plans we looked at reflected people's needs and wishes and best practice. For example, assessments of people's behaviour and emotional responses reflected current guidance.

People told us they continued to be supported by staff who had the knowledge and skills to effectively meet their needs. One relative said, "The staff are great, they all know their job very well." Staff members we spoke with felt they were provided with the opportunities to expand on their skills with training relevant to their role. One staff member said, "I've done autism, epilepsy and safeguarding training recently. We have access to the training we need to support people."

New staff members completed a structured introduction to their role at Blackhurst Care Home. This included completion of induction training, for example, food hygiene and fire awareness. One staff member told us they worked alongside experienced staff members whilst they got to know people and they got to know them.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems at Blackhurst Care Home supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do to protect the individual's rights.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had not needed to make any such applications but knew the process to follow.

People were supported to have enough to eat and drink to maintain their well-being. We saw people were supported to make healthy-eating decisions. People we spoke with told us about their meals, how they were involved in the preparation and the menu choices they had. One person told us they all met as a group and talked about what they would like on the menu. Following this, they then ordered the shopping to reflect their choices. We saw people involved in meal preparation and when they didn't like what was on offer an alternative was provided. Any concerns regarding people's weights were passed to the relevant health professional promptly for advice and guidance. For example, the GP or dietician. Staff members we spoke with knew people's individual food preferences.

People had access to healthcare services when they needed it. These included the GP, district nurses and dentists. The provider referred people for healthcare assessment promptly if required.



The support at Blackhurst Care Home was provided over two floors of a residential property which was accessible to those living there.

## Is the service caring?

### Our findings

People continued to be supported by staff who they, and relatives, described as, "Absolutely out of this world", "without fault" and "Superb." One relative told us, "I used to think the staff could not get any better but in the last 12 months I have seen them increase in confidence and motivation. It is a pleasure to witness." One person told us, "I like them (staff). They help me when I need and I can call them at any time I want." Staff members spoke about those they supported with genuine regard, warmth and affection.

People were supported to pursue their religious beliefs and practices, where this was indicated. One person told us that they didn't follow a specific religion but enjoyed attending certain religious festivals. People's spiritual and religious preferences were assessed and recorded. Should they indicate that they would desire assistance in meeting their individual preferences then this was provided.

We saw people receiving support from staff members when they become upset and anxious. Staff members took the time to sit and reassure people and allowed them the opportunity to express themselves. We saw that when someone had become upset the staff would spend time with them and talk with them about the differing emotions that they felt. The registered manager told us that emotional recognition was essential for people to understand and to express themselves appropriately. People we spoke with told us they found this helpful as it helps them understand the confusing feelings that they experienced from time to time.

People were supported to make decisions. These included decisions about what they wanted to do with their time, what they wanted to eat and what activities they wanted to do around their home. One person described the house hold tasks they enjoyed doing and how "good" they felt by contributing to the running of their home.

People told us their privacy and dignity was respected by those supporting them. Confidential information was kept securely and only accessed by those with authority to do so.

People were encouraged to maintain their independence. For example, we saw people were engaged in work placements where they made their own arrangements for travel. People told us they only sought staff assistance when they needed it which helped them to remain independent.

## Is the service responsive?

### Our findings

Everyone we spoke with told us that they were involved in their care planning and that they felt their plans reflected what they wanted. We saw these plans gave the staff information on how people wanted to be assisted. Staff members we spoke with knew those they supported well and could tell us about people's individual histories, likes and dislikes and aspirations for the future. People were supported by a team that knew them well.

We saw people's care and support plans were reviewed regularly or when there was a change in circumstance. For example, changes in health. These reviews included any guidance given by other healthcare professionals for example, medical advice from the GP.

People were engaged in a range of activities which reflected their personal likes and preferences. One person told us about their employment and how they have worked at a specific establishment for many years which they "Absolutely love." Another person told us about craft training and education placements where they go which helps them to build a social circle where personal friendships have developed. In addition to employment and education people told us they were engaged in many local activities and events they enjoyed. These included, but were not limited to, shopping, social events going to the local public house.

People had individual assessments regarding their communication and information needs. These assessments followed the Accessible Information Standard. The Accessible Information Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. One person showed us all the information regarding where they lived which had been transcribed into braille. Others we spoke with told us they had the information they needed in a way they could understand. This also included easy to read documents with pictorial representations to aid their understanding.

People we spoke with knew how to raise a complaint or a concern if they needed to. Relatives we spoke with told us they also had the information they needed to express a concern. However, all those we spoke with told us they had not needed to do. The provider had systems in place to record and investigate any complaints.

At the time of this inspection Blackhurst Care Home was not supporting anyone at the end of their life. As such this provision was not assessed.

## Is the service well-led?

### Our findings

People we spoke with told us they had a really good relationship with the registered manager and provider and that they saw them on a daily basis. Everyone we spoke with told us, and we saw that they enjoyed these interactions and could approach the registered manager at any time and that they would receive a positive response. One relative said, "I have never had so much positive communication with anyone involved with [person's name] before. [Registered manager] is excellent and keeps us fully involved. I am very impressed with them."

People were involved in the service they received and contributed to decisions regarding their own home environment. People told us about recent alterations to their home and the positive impact that this had had on them. One person told us about the redecoration to the bathroom. They said, "I love it, it is really nice and we all talked about it before it was done."

People told us that they were involved in regular discussions about where they lived. This included activities, holidays, redecoration, menus and the appointment of staff members. People felt fully involved in the decisions which effect where they lived.

People, and those close to them, were encouraged to provide feedback on the care they, or their relative, received at Blackhurst Care Home. The registered manager and provider were in the process of developing a new satisfaction survey where they could establish the experiences, views and wishes of those living at Blackhurst Care Home. The registered manager told us they were looking at engaging volunteers to help people with this survey as it would be more impartial and hopefully give them a true picture to how people felt. They would use the result to add to their continuous improvement plan.

We asked staff about the values they followed when assisting those living at Blackhurst Care Home. One staff member told us "it's their home. We are here to support people as they wish and to be guided by them all the way." People we spoke with believed the staff members supporting them reflected these values when assisting them.

Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

The registered manager and the provider undertook regular checks to drive quality. These included regular checks on the environment in which people lived and the support they received. Following a recent check, the provider replaced doors and carpets in the communal living areas.

Blackhurst Care Home had established effective links with the local community. These included, neighbours, social groups, GP's and other health professionals. People told us that they felt they part of the community within which they lived.

A registered manager was in post and was present throughout this inspection. They understood the

requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The registered manager kept themselves up to date with developments in adult social care by attending training events and by being members of a provider support organisation.

We saw the last rated inspection was displayed for people in a communal area and on the provider's website in accordance with the law.