

# Sunderland City Council

# Blackwood Road

## 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 3, 5 and 8 January 2018 and was announced. The inspection was announced to ensure people who used the service would be present.

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

Blackwood Road accommodates up to seven people in one adapted building. At the time of inspection the service was providing support and care for seven people with a learning disability, as well as people with a physical disability.

The care service 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." Registering the Right Support CQC policy.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection, the service was rated good. At this inspection we found the service remained 'Good' and the responsiveness of the service had improved to outstanding.

People and relatives were without exception extremely positive about the care and support provided. The service was adaptable and responsive to people's individual needs and choices, empowering people to live as full lives as possible. Information was provided in a range of accessible formats to assist people in understanding the care available to them. Relatives we spoke with, our observations and records we viewed clearly demonstrated that people received highly personalised care. People had choice and control over how their needs were met. Staff listened to people and worked with them to achieve their goals from preparing cakes, planning a holiday to researching and locating a family member's grave.

The provider had systems in place to ensure people were protected from abuse and harm. Staff had completed safeguarding training and were aware of the provider's whistleblowing process. Safeguarding concerns were fully investigated with appropriate action taken. Risk assessments were specific to the person and identified the risk and the actions needed to be taken to keep the person safe. Medicines were managed safely. Sufficient well trained staff were available to ensure people's needs were met promptly. The provider ensured checks were in place to maintain the safety of the home. Systems were in place to ensure people would remain safe in the event of an emergency.

The home was well maintained and decorated to a high standard. People and relatives were consulted in the choice of décor. People were supported to personalise their own rooms. The service supported people to gain access to healthcare professionals. People were promoted to eat a healthy balanced diet.

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

Relatives told us staff were kind and caring. People were treated with respect and dignity. Staff had extensive knowledge about people, their preferences, interests and people important to them. People were involved in all aspects of decision making about their care and treatment. People were encouraged to be as independent as possible.

External healthcare professionals told us the service provided exceptional end of life care, stating staff went that 'extra mile.' A relative told us, "They were all amazing. The care [relative] received was outstanding."

Care plans were person centred and provided staff with clear information on how to support people in line with their preferences. Staff worked well together. Staff told us they were supported by the management team. The provider had an effective quality assurance processes to monitor the quality and safety of the service provided and to ensure that people received appropriate care and support.

The provider had a clear ethos of providing high quality care for people. The registered manager and the manager were passionate about people receiving the best care possible. Feedback from people, relatives and staff was continually sought and acted upon.

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 remained Good

### Is the service effective?

Good ●

The service remained Good

### Is the service caring?

Good ●

The service remained Good

### Is the service responsive?

Outstanding ☆

The service has improved to outstanding.

### Is the service well-led?

Good ●

The service remained good.

# Blackwood Road

## 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 3, 5 and 8 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to ensure people would be available to speak with. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On 3 January 2018 an expert by experience telephoned relatives. On 5 and 8 January 2018 an adult social care inspector attended the service.

The service had a dedicated manager who was based at the service and a registered manager who also had responsibility for another registered service.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 looked at care records for three people who used the service. We examined documents relating to recruitment, supervision and training records and various records about how the service was managed.

We spoke to two people who used the service, four relatives, the registered manager, the manager and four staff members. As part of the inspection we undertook a number of different methods to understand the experiences of people who used the service. Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service so we sought the views of four relatives.

We carried out an observation using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We undertook general observations of how staff interacted with people as they went about their work. We looked around the home, visited people's bedrooms with their permission and spent time with people in the communal areas.

# Is the service safe?

## Our findings

At our inspection in November 2015 we rated this domain as 'Good.' At this inspection we found the provider was continuing to meet the requirements of this domain and meeting the regulations related to this area.

Relatives told us their family members were safe at Blackwood Road. One relative told us, "Yes I would consider Blackwood Road to be the best and the safest [person] has been at. I think that Blackwood Road is the best thing that happened to our [person]. Another relative said, "Very safe. They can't do enough for [person]." The people who lived at Blackwood Road had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people we saw they appeared comfortable in staff's presence.

The registered manager told us staffing levels were set by the needs of the people using the service. The service monitored people's activities and appointments and ensured enough staff were deployed to meet people's needs. During our inspection staff were visible and people's requests were promptly actioned. Staff we spoke with all had the same message about ensuring people lived full lives. One staff member told us, "We make sure people can get out and about so if that means coming in at short notice everyone would."

The provider ensured systems were in place to make sure people were protected from abuse and harm. Staff had completed safeguarding training and were confident that any issues raised would be dealt with by the management. When a concern had been raised we saw the manager had completed a thorough investigation, involved all relevant authorities and ensured people were safe. All safeguarding concerns were collated and monitored for trends. The provider held bi-monthly safeguarding governance meetings attended by all the provider's services where safeguarding referrals were discussed with lessons learnt. This information was then cascaded to all staff during team meetings and supervisions. Following a recent safeguarding concern the manager discussed the provider's whistleblowing processes with staff.

Risk assessments were developed individually for people based upon their needs. People had risk assessments for a range of identified person specific risks, for example falls. They clearly outlined actions for staff to take to ensure the person remained safe and were regularly reviewed. The provider also had general risk assessments for the environment and premises in place ensuring anyone visiting and working at the service were safe.

The provider continued to operate a safe and robust recruitment process. Pre-employment checks were conducted including obtaining full employment history, checks on identification, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

Medicines were safely managed and administered as prescribed. Medicines records we viewed were up to date and accurate. The service conducted regular audits, and any shortfalls were identified and actions put in place. Staff had completed training in the safe handling of medicines and their competency had been regularly reviewed.

PRN (as required medicines) protocols were in place. PRN protocols assist staff by providing clear guidance on when PRN medicines should be administered and provide clear evidence of how often people require additional medicines such as pain relief medicines.

People had clear care plans describing how they liked to receive their medicines. The registered manager told us they ensured people had regular reviews of their medicine with their GP to avoid excessive use.

A business continuity plan was in place to ensure people would continue to receive care following an emergency. Each person had a personal emergency evacuation plan (PEEP) which contained comprehensive detail about their individual needs and how staff should support the person in the need of evacuation in an emergency. The service conducted monthly health and safety checks to ensure people lived in a safe environment. Records relating to the maintenance and safety of the building were up to date and monitored.

The service had infection prevention and control systems in place to ensure people were protected. These included regularly cleaning of premises and equipment, hand hygiene, safe handling of soiled linen and waste and when required staff wore Personal Protective Equipment (PPE). Staff had completed food hygiene training and the service had procedures for the safe preparation and storage of food.

Accident and incidents were recorded and collated and analysed centrally by the provider. We saw safety incidents, concerns and near misses were all recorded. The manager advised that accidents and incidents were discussed at the managers meeting with any lessons learnt cascaded to all services. The provider had systems in place to review and investigate and to identify themes and trends with lessons learnt from a number of areas including accidents and incidents, health and safety and safeguarding.



# Is the service effective?

## Our findings

At our inspection in November 2015 we rated this domain as 'Good'. At this inspection we found the provider was continuing to meet the requirements of this domain and meeting the regulations related to this area.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had any necessary equipment in place. Relatives told us staff were knowledgeable about how best to support people. One relative told us, "Absolutely. It's a learning curve. They went for a couple of days first and then overnights once or twice before they took him in." Another relative said, "Yes they do. More so the old staff because each resident is different. Some need leaving alone and some need attention, but staff seem to be aware of who needs what."

Staff were supported by the provider. Training and development was up to date. Staff completed a range of training including subjects such as safeguarding, moving and handling, food hygiene, health and safety, fire training, and the mental capacity act. Training was monitored and competency reviews were carried out to make sure staff had up to date knowledge and remained competent in their roles. The manager also sourced additional training specific to people's needs. For example working with speech and language therapists.

Staff confirmed they regularly took part in supervisions and also had an annual appraisal. One staff member told us, "It gives me the opportunity to discuss things." Supervision records included discussions around training needs, development and actions. One staff member told us, "I feel supported." Another staff member said, "We discuss our development and what is happening with people."

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 so that they can 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager had made appropriate applications for DoLS to the local authority and had a system in place to monitor the expiry dates. Staff understood the importance of gaining people's consent when providing support, ensuring people were encouraged to make decisions about their care when they could and providing the support necessary for people to make decisions. Throughout our inspection we observed staff seeking consent before supporting people.

The operations manager advised that the building had been designed and built in line with the needs of the people. The building had wide corridors and door frames for easy access. Rooms were light and airy. The registered manager told us the service had recently been redecorated and people and relatives had been consulted with on the selection of colour of the décor.

People were supported to access healthcare professionals. Care records showed people had regular input from a range of health care professionals, such as GPs, speech and language therapists (SALT), and occupational therapists.

The manager told us they had developed good working relationships with the SALT team. They arranged for staff to be observed by a member of the SALT team whilst supporting people with eating, to ensure their competency.

Staff supported people to meet their nutritional needs. People were involved in selecting what the menu was for the week ahead. Staff encouraged people to maintain a healthy balanced diet. We observed lunch time, the main meal was prepared by staff but people were encouraged to assist as much as they were able to make their own drinks and snacks.

Staff and people enjoyed their meals together and chatted about the afternoon ahead. Staff were attentive to people's needs, enquiring if people were happy if they needed support or more to eat or another drink. People required different levels of support. Staff assisted people at the person's pace and as outlined in their care records.

## Is the service caring?

### Our findings

At our inspection in November 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and meeting the regulations related to this area.

Relatives we spoke with told us staff were caring and extremely supportive. One relative told us, "The staff are amazing, so kind and caring. They supported [person] with compassion and helped me."

People were treated with kindness and compassion in their day-to-day care and support. Staff were attentive to people's needs and responded quickly to people's requests. We observed one staff member gently touch a person's arm to make them aware that they were there and not to alarm them. When the person saw the staff member they gave them a massive smile and they were obviously pleased to see the staff member who had just started their shift.

The provider used accessible ways to communicate with people. Easy read format and images were used throughout the provider's literature. For example, advising people about their care, within people's care records or as a tool to gather information from people such as the provider's 'Tell us what you think' scheme for compliments, comments and complaints.

During our inspection we witnessed good relationships between people and staff. People appeared comfortable in the company of staff members. Staff we spoke with had an extensive knowledge of people's life and family history, method of communication and likes and dislikes.

Staff treated people with respect and dignity. One relative told us, "Everything is done in private. The doors are closed when they are attending to a resident." Another relative said, "[Person] is never in a state of undress and is always clean. She is always treated well and they try and engage with her. So her dignity is always maintained." One staff member said, "I make sure I keep the person decent, covered with a towel and encourage them to do as much as they can for themselves." We observed staff knocked and asked before entering rooms.

Relatives told us they were made to feel welcome and were able to visit at any time. One relative told us, "The staff make you welcome. It's a happy atmosphere when you go in." Another said, "I am very pleased with my [family member] being in Blackwood Road. They are an individual in there. They look after them well."

Staff encouraged people to be as independent as possible. One staff member told us, "If we make a cup of tea they might not be able to manage the kettle but we might ask them to get the cups out or wipe the surface down. It's a small part but it's about promoting independence."

People's personal information was held securely and was only accessible by staff members who required the information to perform their role.

Advocacy information in easy read format was readily available and displayed in the entrance of the building. The registered manager advised that no one was currently using the service of an independent mental capacity advocate (IMCA). An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

# Is the service responsive?

## Our findings

At our inspection in November 2015 we rated this domain as 'Good'. At this inspection we found the service had improved to outstanding.

The service ensured that people received exceptional end of life care. Relatives and external healthcare professionals were extremely complimentary about the kind compassionate care staff displayed caring for people at the end of their lives. They described how the service did everything possible to ensure people received end of life care in the environment familiar to them surrounded by familiar faces. When this wasn't possible the service ensured consistency of care and supported one person in hospital.

A relative told us, "They were all amazing. The care [relative] received was outstanding. The staff went above and beyond for us all. They made sure [person] was comfortable and with friendly faces around. They even supported me. We could see how much [person] meant to them too."

An external health care professional commented, "Staff were very conscientious and appeared to care deeply for the clients. It was evident that staff wanted to keep both clients in their home as long as possible and go that extra mile to ensure they received the best care and maintained their quality of life they best they could." A compliment received from another external health and social care professional stated, "Thank you all for your excellent care, support and compassion in making sure [person] was supported to return to their own home, albeit for a brief period. Blackwood staff team gave the best standard of care possible."

People and relatives were involved in making decisions about their end of life care. The service had been nominated for the provider's 'Team of the month' award for going the 'extra mile' when supporting a person with end of life care. Staff continued to support the person, and supported nursing staff advising them on the person's preferred method of communication, support and demonstrated the use of equipment. The manager said, "Even when they weren't due on shift staff would go and support [person], just a familiar face can make a difference." The registered manager said, "Hospital staff could not get [person] to eat, they are a very private person and independent. Staff taught nursing staff how to interact with [person]. The staff are so flexible they step up, nothing was a problem they just wanted [person] to receive the best care."

The service ensured processes were in place so that people were supported at the end of their life to have a comfortable, dignified and pain-free death. Both the registered manager and manager recognised the importance for people to have familiar surroundings and faces at the end of life. Staff members were an integral part of that person's life and their connection to their friends and family. They liaised with external health professionals and services to obtain specialist equipment and supported the person to enable them to remain in their home and if this wasn't possible the team maintained their relationship whilst in hospital.

The service recognised the connection between those receiving care and the people supporting them. The service provided care for the family, giving practical and emotional support before and after the death of the person. When a person passed away the service supported their relative, people and staff through their loss.

People were encouraged to discuss and remember the person and were supported to attend the funeral. The service continued to support the relatives. We saw the service raised money to purchase a bench in dedication for the person and the relative was invited for afternoon tea when the bench was set in place.

People received personalised care which was responsive to their needs. Care plans contained comprehensive information about people and how they wished to be cared for. The service had captured information about people's life history and also reported on people's current life with 'How things are now.' This information is important to help staff get to know people better.

All support plans were thorough and well-written and included areas such as personal care, medicines, night time support, epilepsy, dental care, communication and mobility. Each section was clearly written in a person centred way. For example in personal care, one person's care plan stated, 'I like my hair to dry naturally and wish staff to support me to comb my hair.' These were regularly reviewed. Relatives told us they were involved with the planning of their family member's care and support. One staff member told us, "Everyone is involved in adding to the care plans, people, relatives and staff."

When people's needs changed this was reflected within their care records. For example after a decline in a person's mobility the service requested a reassessment by an Occupational Therapist which was included in the care plan. When risks were identified care records were adapted to ensure staff had information to minimise the risk and support the person to remain safe.

The service used technology to support people to receive timely care and support. The service worked in partnership with the NHS on a scheme to help to reduce hospital admissions. The service was provided with equipment to obtain records of people's oxygen levels, heart rate, blood pressure, temperature and level of consciousness.

This information provided a National Early Warning Score (NEWS) which was recorded on a provided computer tablet. This allowed the service to provide accurate and current information to healthcare professionals to assist in a safe and effective handover when required. The manager told us, "It's not always clear when people are unwell and thinking about the next step can be difficult. If we can continue to provide care here it's much better then trailing people to hospital then back again."

The service was busy with people enjoying a range of activities. For example, we saw people painting and colouring, watching television and baking. The service offered both individual and group activities. We saw staff respected people's choice and if people did not wish to take part in an activity staff explored other activities with them.

The service was responsive to people's individual needs and preferences. One person had expressed a desire to go to visit their relative's grave. The manager tasked a staff member to support the person, locate the grave and organise transport to attend.

Relatives told us staff were responsive to their family member's needs. One relative told us, "Yes. I told them about their boots because they have to have their boots on at all times, because they have very weak ankles. Every time since then, they have their boots on."

The service located a Parkinson's Society support group and supported a person to attend weekly. The group offered practical information, support and contact with other's with the condition. A relative told us, "They go to the Parkinson's Society once a week and they have coffee mornings."

One relative told us how important it was to live in the local area. They said "I am pleased they have found a place for them that is local. I am pleased with the way things are working out and they look well". Staff supported people to be part of the community. The provider organised events involving all its services thereby developing its own community. People were also supported to be part of the local community through accessing local shops, pubs and restaurants.

The service made efforts to ensure everyone living at Blackwood Road was included in group activities. One staff member told us, "We contacted the restaurant to see if they could provide a person's meal in line with their SALT assessment." The restaurant provided a suitable meal for the person which meant they were able to join in with everyone and were not restricted.

The service supported people to maintain relationships with people important to them. One relative told us, "Once a fortnight I meet my [family member] in the town and we go for our dinner, if there's enough staff." "They go for pub meals on the bus with a member of staff. He likes nothing better than going on the bus and buying things." "He loves going to Blackpool and the staff who go with him know how to handle him". He will tell staff straight away where he wants to go."

Relatives told us about activities people had taken part in. One relative told us, "They take them out here and there in the community bus, to pubs to have a pub meal. They have taken him to Herrington Burn Country Park in the wheel chair and they take him to Roker for chips". Another relative said, "My [family member] is involved in lots of activities. They have taken them to Blackpool and to York in her wheel chair".

Whilst no one at the service had any religious or cultural needs, the service had an equality and diversity policy and clear systems were in place.

The provider had a complaints and concerns process in place. The registered manager told us they encouraged people, relatives and external professional to raise concerns as an additional method to drive improvement. Information advising people how to complain was readily available in easy read format. Relatives told us they had no complaints about the home.

## Is the service well-led?

### Our findings

At our inspection in June 2015 we rated this domain as 'Good.' At this inspection we found the provider was continuing to meet the requirements of this domain and meeting the regulations related to this area.

The service had a clear management structure led by a strong knowledgeable registered manager who worked hand in hand with an effective manager. Both the registered manager and manager were passionate about making sure people received the best possible care and empowering people to make the most out of life. The manager told us, "[The registered manager] is very supportive and positive. I've learnt a lot from them, they keep me on my toes." The registered manager said, "[The manager] is brilliant so proactive. People come first. They bring the best out in people."

The registered manager regularly reflected on the service provided, listened to people, relatives and staff in order to provide a high-quality service. Their outstanding performance was recognised by the provider.

Staff were enthusiastic and knowledgeable. Staff recognised the importance of their role and impact on people's lives. Staff we spoke with were happy working at Blackwood Road. Staff told us they felt totally supported by the management team. One staff member told us, "I can go to [the manager] about anything." We observed staff worked well together ensuring people's needs were met. The manager was complimentary about staff and told us, "Good team, all different."

The manager regularly sought guidance and resources to empower staff to gain further knowledge and provided information to support staff in their role. For example the manager arranged for person specific training to be delivered by Speech and Language Therapists and epilepsy training by an NHS provider. The provider kept up-to-date with all relevant changes, and had effective systems to cascade the information to all staff.

The provider had a range of review processes to monitor the quality of people's care. This included such areas as checks of medicines, people's money and property, health and safety, safeguarding and care records. The provider held monthly management meetings; topics discussed included staffing issues, training and safeguarding. The provider used the information from all its services to drive improvement.

The service regularly consulted with staff. The manager told us they operated an open door policy. Staff told us they felt listened to. We saw following consultation with staff shift patterns were changed.

The provider actively sought people's and relative's views about the quality of the care provided at the home. People were supported to give feedback via their preferred method of communication. Easy read format and the use of images were available for people to express their opinions. Feedback we viewed was positive.

Relatives told us they were regularly asked to provide feedback on the quality of the service provided. Records confirmed people and relatives were involved in reviews of the care and support given. The provider



held a carer's management board quarterly, the purpose of which was to seek the 'Voice of family and carers to scrutinise the delivery of services and to help development of services and the company.'

The service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.