

Blackmoor Croft Health Care Limited

Blackmoor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Blackmoor is a care home providing personal care and nursing for up to 30 people. The service supported people with mental health conditions, physical disabilities and people living with dementia. At the time of the inspection, the service supported 14 people.

Blackmoor is a purpose-built care service with accommodation and facilities on three floors. At the time of the inspection only two floors were in use, however the provider was recruiting staff in preparation for opening the third unit based on the middle floor.

People's experience of using this service and what we found

People and their relatives were happy with the service. Risks to people were assessed and staff were aware of the action to take to minimise risks. However, during the inspection we were made aware of an incident where the provider needed to take further action to mitigate a known risk to one person.

There were systems in place for medicine management, however improvements were required because we found issues in some recordings relating to the count of stock held. This had been identified by the provider and action was in process of being taken.

There were systems to monitor staffing levels and recruit staff safely. There were safeguarding procedures and staff and managers had a clear understanding of these procedures.

Infection control procedures had been updated in line with COVID-19 guidance to help protect people, staff and visitors from the risk of infection. Where incidents or accidents occurred, there was evidence of analysis completed to determine what measures could be put in place to improve people's safety.

People's needs were assessed prior to them using the service. Staff received the training and support they needed to carry out their role safely and effectively, including specific training to support people's healthcare needs. People were supported to eat a balanced diet and said food was of a good quality.

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

People were supported to take part in some activities and work was ongoing to collect more information from people regarding how they wished to spend their time and activities they would enjoy.

The provider had systems to monitor the quality and safety of people's care and an action plan was in place to address areas identified, for example, medication management. However, not all areas found in the inspection had been identified and it was acknowledged by the provider that further improvements were required in some areas including those identified in this inspection.

Rating at last inspection

This service was registered with us on 26 July 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the safe care and treatment. A decision was made by us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Blackmoor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team.

On day 1 of the inspection, the inspection team comprised of 2 inspectors and 1 special advisor (SPA) who in this instance was a mental health nurse. One inspector arranged to return on a second day to follow up on information.

Service and service type

Blackmoor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. A new manager had been in post for six weeks and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We met with 1 person who used the service and spoke to another person by telephone. We also spoke with 4 relatives. We spoke with 12 members of staff including home manager, a senior carer and 5 health care assistants, the clinical lead and an agency nurse. We also spoke with the catering manager, senior physiotherapist and an activities co-ordinator. We also spoke with 5 staff from the provider's management team including the commissioning manager, the regional director of operations, the deputy head of mental health and behavioural support and the Quality manager. We received feedback from three health and social care professionals.

We reviewed a range of records. This included 6 people's care records and 3 medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, surveys and meetings notes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risks were assessed, and risk assessments were on people's care records to inform staff on the support to be provided. However, during the inspection we were made aware of an incident where the provider needed to take further action to mitigate a known risk to one person.
- Staff were supported by the provider's behaviour support team, who gave staff support via weekly drop-in sessions. Individual referrals could also be made to the team who would then advise staff on the best support and approach to use with each individual person.
- Two health and social care professionals we spoke with, advised us that care staff completed comprehensive pre-admission assessments and they had had good communication with staff at Blackmoor throughout people's admission period.
- People had a personal emergency evacuation plan (PEEP) in place. This took into account the person's ability to take action in the event of a fire and also instructions for staff to follow about how to safely support the person.

Using medicines safely

- Systems were followed for ordering, receiving and storing medicines. However, we found recording errors in relation to the levels of medication stock held for 3 people. We saw that the provider's medication audits had identified concerns relating to the count of stock held. In response the provider had taken action to retrain staff involved in handling medicines. This process had not been effective in addressing the recording issues at the time of the inspection and was ongoing at the time of our inspection.
- Protocols were in place for administering medicines prescribed to be taken, 'as and when required'.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and to raise concerns and follow local safeguarding protocols if required.
- People felt safe living at the service. This was confirmed in feedback from people and their relatives.
- Staff received training to recognise abuse and protect people from the risk of abuse. Staff understood their duties to protect people and were aware of the whistleblowing policy. A staff member told us, "I would certainly raise concerns if I had them." All staff we spoke with were confident if concerns were raised, actions would be taken by the management team to report and investigate the concerns.

Staffing and recruitment

- People relatives and staff all said they felt people were safe and responded to, however they felt they had

to wait for support on some occasions. On the days of the inspection we saw that people were supported in a timely way.

- We spoke with the provider who told us call bell response times were monitored and a dependency tool was used to calculate staffing numbers. They also advised staffing levels were under constant review. We looked at staff rotas for a period of 4 weeks and this did show a variation on the number of staff on duty on different days. The provider acknowledged this and advised on some days due to new staff shadowing shifts for example, they were over their assessed staffing levels.
- The provider said staff recruitment had been a challenge and they had been successful in recruiting a number of new staff. In addition, they were in the process of opening the third unit (middle floor) of the home, which they advised this would be done in a planned and systematic way. To achieve this, they had a process of on ongoing recruitment. It is important to note, that staff recruitment is currently a known difficulty across the adult social care sector.
- The provider followed safe recruitment practice. This meant checks were carried out to make sure staff were suitable to work in the home. This included, references from previous employers, and disclosure and barring services checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- The provider had ensured visiting arrangements were aligned with government guidance and we observed visitors in the service on the days of our site visit.

Learning lessons when things go wrong

- The provider had an effective electronic recording and reporting system in place to learn from safeguarding concerns and incidents. They used the system to analyse information and any areas identified as requiring further action would pull through to the homes improvement plan.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care, and support needs were assessed before they started using the service. The assessments covered aspects of their care and support needs such as medicines, eating and drinking and healthcare.
- Information gathered during the pre- admission assessment was used to develop people's care plans and risk assessments. A needs analysis was completed to identify staff training that was needed to support people.
- Three relatives we spoke with were happy with the care provided. One relative commented, " They [staff] do know [person's name] they are very good, they know what to do."

Staff support: induction, training, skills and experience

- Staff had completed training in core subjects to support them in their role. Staff we spoke with said the training provided was good and they felt confident in their ability to support people effectively and safely.
- The provider had a system to review the care and support needs of people and provide specific training. For example, at the time of our inspection staff had started specific inhouse training on supporting people living with a personality disorder.

Supporting people to eat and drink enough to maintain a balanced diet

- People, relatives and staff all gave positive feedback about the quality of meals provided but some did feel that there could be a greater choice of meals.
- A new catering manager had recently been appointed and was in the process of reviewing the menus. They had introduced a 'Tasty Friday' session for people to try new foods. The catering manager told us they would use people's feedback to decide if new foods were included in future menus.
- People had nutritional care plans which stated the person's nutritional needs and any specific requirements and how to meet these.
- Cultural meal choices were not reflected on menus or recorded on dietary records. We discussed this with the provider. They advised this had been discussed with people and they advised they would update their dietary records to record this information.

Adapting service, design, decoration to meet people's needs

- Blackmoor was purpose built. The environment was suitable for the needs of the people who used the service and corridors and doorways were spacious enough to accommodate mobility equipment and walking aids. The home was clean, clutter free and was inviting.
- People's bedrooms were personalised with objects and pictures of their choice.

- There were comfortable places for people to sit and socialise or spend time quietly.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People's healthcare needs were recorded, and care records included details about people's medical history and ongoing health needs.
- One healthcare professional said communication was good and commented, "Referrals received from Blackmoor have been appropriate with a comprehensive history to enable effective triage and decision making on clinical prioritisation."
- Relatives told us that people were supported to access healthcare support as required

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS.
- The provider had applied for appropriate authorisations in a timely manner, which meant people were not deprived of their liberty unlawfully.
- Mental capacity assessments were in place and regularly reviewed and care plans reflected the support people required to make decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness and respect. One person told us, "They are [staff] very good, very caring the way they support me."
- Relatives felt staff were caring. One relative said, "Today I walked in and [person's name] was sitting with staff and she was laughing so much. It was so lovely to see."
- We observed kind interactions between staff and people using the service. Staff's communication with people was warm and friendly, showing a caring attitude.
- Staff had received training on Equality, Diversity and Human Rights.
- The provider told us they were working with a national charity looking at sexuality and support to people. The provider told us they were in the process of training a sexuality champion in each home. They advised a leaflet giving information and signposting people to support organisations was available in each home. However, it was not in place at Blackmoor on the day of our inspection. They advised this would be addressed immediately.

Supporting people to express their views and be involved in making decisions about their care

- The provider sought feedback from people through 'residents' meetings and people were able to give feedback in relation to activities, menu choices and other things that were important to them.
- People we spoke with said staff respected their choices. One person commented, "{Staff] definitely know me and my choices, for food and the things I like to do."
- Relatives told us staff respected their family members wishes. One relative told us their family member could make decisions about their care, they told us, "They [staff] listen to what he wants."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was respected, and their independence was encouraged. One person told us, "I make my own drinks and do bits and pieces here."
- Two relatives told us staff were respectful, ensuring they had time alone with their family member.
- We observed staff speaking to people and supporting them in a dignified and respectful manner. When people received support with their personal care needs, doors were closed to promote their privacy and dignity. Two relatives also told us that staff were respectful when they visited, ensuring they respected their time alone with their relative.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People and relatives told us people were not receiving their assessed physiotherapy support. We looked at 4 care records which show assessments had been completed and programmes of weekly physiotherapy support drawn up. However, records showed that over the previous month only 1 physiotherapy session had been received by 3 people. In addition, the length of each session had not been recorded therefore the provider could not confirm if people were receiving their agreed level of support.
- There was a senior physiotherapist in post work who worked across three of the provider's homes. They were recently appointed and said they were in the process of setting up physio team and physio programme.
- We spoke with the provider about this, they advised some people had recently moved into the home and programmes were still be worked. They also felt the care records were not wholly reflective of the actual support provided. They said action would be taken on this to ensure all sessions were recorded including the duration of the session.
- People had care plans that described their health care and support needs and included guidelines for staff on how best to support them.
- Staff had a good understanding of people's needs. One member of staff said, "We have a handover at beginning of shift and care plans are accessible, communication is good. "
- Two members of staff said an improvement made by the manager was that staff were now allocated to one floor rather than moving between floors. They said this enabled them to get to know people better. This change was also shared by one relative we spoke with, who also felt this was an improvement.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was some mixed feedback about the range of activities available to people. However, we saw various activities were available to people and that the provider had recently appointed two activity coordinators who were working with people to encourage a wider range of activities and more communal activities for people to enjoy together.
- We were advised that an interest checklist completed on a person's admission. This was used to create individualised activity plans. In addition, people were asked at Residents' meetings of the type of activities they would like. We were told staff would then work with people to put these activities in place.
- The home had a dedicated multi-faith room. The activities coordinator told us one person was supported to go to church each week and they were making contact with religious figures to come into the home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager was aware of their responsibility to meet the Accessible Information Standards but stated this was an area they felt could be improved and was being looked at by staff.
- We were told that one person spoke English as a second language. The manager said staff had previously made referrals for an interpreter to support the person when attending hospital appointments. Some staff spoke this person's first language and were able to support them with communication. Although the person could read English, they did sometimes revert back to their native language, so this was an area the manager felt could be looked at further.

End of life care and support

- People's care plans contained end-of-life wishes and choices.
- There was no one being supported with end of life care at the time of the inspection. However, the provider said processes were in place to support people with end of life care and to ensure people would be supported in the way they wished to be.

Improving care quality in response to complaints or concerns

- There was a system in place to record and monitor any formal complaints received and recording the response made. This information was also shared with the provider in an online return so they could maintain an overview of any complaints received.
- People and relatives told us they felt comfortable raising any concerns with staff and felt action would be taken in response.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Improvements were needed to the provider's quality monitoring systems and processes. For example, people had not received their allocated and funded physiotherapy sessions from staff.
- The providers medication audits had not been effective in addressing the medication stock recording issues at the time of the inspection.
- Relatives told us although there was some communication with staff, communication processes could be further improved to enable them to have continued involvement in their loved one's care and support.
- A key worker system was in place where people had a named staff member responsible for communication with relatives. However, relatives did not always know who their loved one's key worker was and did not receive communication in an effective way.
- Feedback we received from staff was generally positive and they told us that things were improving under the current manager, however further improvements were required in some areas, for example, to ensure consistent staffing levels.
- The provider management team acknowledged further improvements were required but said the home was heading in the right direction. One of the management team told us, "Things are definitely improving here but we acknowledge some areas still need improving further."
- Systems to support engagement with staff were in place. Staff meetings took place and we saw communication on "You said, we did" addressing issues raised by staff.
- The provider recognised the importance of regularly monitoring the quality of the service. They advised there was a range of daily, weekly and monthly audits, all of which were online so gave the provider immediate access. The providers quality team tracked audit scores to assess improvements.
- The manager and provider were open and very receptive to our feedback during the inspection. They took action on some matters immediately. For example, where we found unlidded bins in three toilets, this was added to action plan and replacement bins immediately ordered. We brought some other isolated record issues to the registered manager attention and these were addressed immediately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had a manager in post who had applied to CQC to become the registered manager. The manager was aware of their responsibilities including those under the duty of candour. Statutory

notifications had been submitted to the CQC promptly.

- The manager was focused on developing the service and demonstrated good knowledge of people's needs and the needs of the staffing team. Staff told us improvements were being made and staff morale was improving.
- There was an organisational structure in place and staff were clear about their roles and knew when and how to raise concerns. All staff we spoke with were assured action would be taken on any concerns raised.
- The provider had provided management support to the new manager with weekly support from quality manager and the commissioning manager. They both advised they felt the new manager had brought stability and improvements to the home.

Working in partnership with others

- There was evidence the provider was open to working with external agencies to provide good care. For example, the service had sought advice from healthcare professionals, and this promoted positive outcomes for people.
- Two health and social care professionals told us the staff team worked well with them when assessing people for admission into the home.