

Cornwall Care Limited

Blackwood

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out this unannounced comprehensive inspection of Blackwood on 5 and 6 February 2018. The last inspection took place on 11 October 2017 when the service was not meeting the legal requirements. There were eight breaches of the regulations and two were repeated breaches from a previous inspection in March 2017. These breaches were in respect of risk management, medicines management, recruitment practices, staff training and support, seeking people's consent, treating people with dignity and respect, providing individualised activities, the cleanliness of the environment and the oversight of the service. Enforcement action was taken against the provider and the service was placed into Special Measures after a rating of Inadequate. A condition of registration was imposed that the provider must have a system for monitoring the quality of the service provided and send monthly reports to the Care Quality Commission stating the improvement actions taken at the service.

Following our last inspection the provider wrote to us detailing the actions they planned to take to ensure they were meeting the requirements of the regulations. In addition the provider sent us monthly reports, about the progress of the improvement actions they had taken, as was required by the condition of registration imposed. We undertook this inspection to check if they had carried out the actions detailed in the action plan and monthly reports.

Blackwood is a 'care home' that provides care for up to a maximum of 47 predominately older people. 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. At the time of the inspection there were 40 people living at the service. Some of these people were living with dementia.

The service is required to have a registered manager and at the time of the inspection there was no registered manager in post. The manager who was in charge of the day-to-day running of the service had applied to become the registered manager. At the time of this inspection their application was being processed. 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 and associated Regulations about how the service is run.

At the last inspection we found that while there were systems in place to monitor the quality of the service provided, these systems had failed to identify the concerns found at that inspection. At this inspection improvements had been made to the auditing systems and this meant the monitoring processes were more effective in identifying where action needed to be taken. We found improvements had been made in relation to risk management, medicines management, recruitment practices, staff training, seeking people's consent, treating people with dignity and respect and the cleanliness of the environment. This meant the service had met seven of the eight outstanding legal requirements from the last inspection.

At this inspection we found there were some areas where improvements to the running of the service had been identified but plans to carry out those improvements were still in progress. A programme to carry out regular one-to-one supervision with staff had started. However, only 14 out of 60 staff had met with a manager at the time of this inspection. This meant most staff had not had the opportunity to be supported in their role and discuss their training and development needs.

In order to address the concerns from the last inspection the provider had introduced many new systems and processes for care staff to follow. For example, a new system for allocating staff to work with specific people on each shift had been introduced a few days before our inspection. While there were clear benefits to this system, in terms of helping to ensure people received timely care, the way in which it had been implemented was poorly managed. Some staff's perception and understanding of the reason for these changes were negative and morale was very low. Other staff were less concerned about the changes, but all staff commented that there had been a lot of new systems to take on board. Comments from staff included, "The changes weren't explained very well. We were just expected to understand them straight away", "There have been loads of changes", "The new allocation system is more structured now but with less flexibility for staff to respond to residents." There had been regular staff meetings where information about systems updates were discussed. However, the lack of one-to-one supervisions for most staff meant the opportunity for staff to be supported through the changes individually was missing.

At the last inspection we found that while group activities were being offered not everybody was able to participate due to their physical or cognitive needs. At this inspection a programme to provide individualised activities, to meet the needs of each person living at the service, had started. Life histories had been completed, or were in the process of being completed, to help understand people's wishes and interests. As often as possible the activities co-ordinator and care staff spent one-to-one time with people who either did not want to or were unable to take part in group activities. A post for another activity co-ordinator had been advertised but was vacant at the time of the inspection. We have made a recommendation about this.

We found that some shifts did not have enough staff on duty to meet people's needs in a timely manner. There had been a period of high levels of sickness at the service and when it was not possible to find cover for late notice sickness the shift ran under staffed. This meant that on these occasions the numbers of staff on duty were lower than the number the service had assessed as needed to meet people's needs. This was particularly difficult if sickness occurred at weekends because managers were not available to help provide care for people. The number of staff on each shift was to be increased once newly recruited staff had completed the recruitment and induction process.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. Monitoring records were kept in people's rooms, or close to where they spent their time, so staff were able to access them easily at the point when care was delivered. We found there were gaps in some of these records which meant it was not possible to be sure if the appropriate checks had taken place.

On the day of the inspection there was a calm and relaxed atmosphere at the service. We observed that staff interacted with people in a caring and compassionate manner. Staff asked people for their consent before providing care for them. People who were able to talk to us about their views of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included, "Yes, I'm very happy here and I feel safe here", "I feel happy here and I like the people who are here too; there's no one that I don't like", "I couldn't want for anything better" and "Staff are very good."

Where people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. People's behaviour and body language showed that they felt cared for by staff.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

Since the last inspection housekeeping hours had been increased and cleaning schedules developed to help ensure the service was clean and to reduce the risk of cross infection. We found the environment was clean, well maintained and there were no unpleasant odours. Risks in relation to people's care and the environment were assessed and safely managed.

People received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

The service worked closely with healthcare professionals such as district nurses, dementia liaison nurses, speech and language therapists and GPs to help ensure people's individual needs were met. Incidents and accidents were recorded, appropriate action had been taken and where necessary changes made to learn from the events.

Staff received appropriate training so they had the knowledge to meet people's needs and staff knew how to recognise and report abuse. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. New employees completed a thorough induction which incorporated the care certificate.

Care records were personalised to the individual and detailed how people wished to be supported. They provided clear information to enable staff to provide appropriate and effective care and support.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff demonstrated the principles of the MCA in the way they cared for people. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Applications for DoLS authorisations had been made to the local authority appropriately.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report. The condition of registration imposed after the last inspection remains and we have asked the provider to continue to send monthly reports to the Care Quality Commission. Rectifying the repeated breach of regulation 17 was part of the condition imposed after the last inspection. The breach of regulation 18 related to new concerns found at this inspection and we have asked the provider to include actions taken to make the necessary improvements, to both breaches, in their monthly reports.

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 entirely safe. There were not always enough staff on duty to meet people's needs in a timely manner.

Risk assessments clearly guided staff on the actions they should take to protect people from foreseeable harm.

Improvements had been made to the safety and cleanliness of the environment.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Requires Improvement ●

Is the service effective?

The service was not entirely effective. Most staff had not received one-to-one supervision to support them in their role. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People's rights were protected because staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff sought people's consent before providing care for them.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

People saw health professionals when they needed to so their health needs were met. Specialist advice was appropriately sought from external healthcare professionals.

Requires Improvement ●

Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Good ●

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

The service was not entirely responsive. Records to detail when staff monitored aspects of people's care were not consistently completed.

People were supported to take part in social activities. Work was in progress to develop a more personalised activities programme. We have made a recommendation about this.

People received personalised care and support which was responsive to their changing needs. Care plans gave clear direction and guidance for staff to follow to meet people's needs and wishes.

There was a system in place for investigating complaints.

Requires Improvement ●

Is the service well-led?

The service was not entirely well-led. Staff morale was low. Recent changes to systems had not been effectively communicated to staff and staff's perception of these changes was very negative.

Systems to monitor the quality of the service had improved and were more effective in recognising where improvements were needed. Actions to improve some areas were still in progress. However, monitoring systems had not sufficiently reviewed the day-to-day culture of the staff team.

Requires Improvement ●

Blackwood

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 unannounced inspection took place on 5 and 6 February 2017 and was carried out on the first day by two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care. The second day was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as previous inspections reports and notifications of incidents we had received. A notification is information about important events which we had not requested a Provider Information Return (PIR) recently. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
the service is required to send us by law.

During the inspection we spoke with eleven people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We looked around the premises and observed care practices on both days of the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the course of the two days we spoke with the manager, the deputy manager, the clinical matron, the clinical tutor, the assistant operations manager, nine care staff, the maintenance person, the activity co-ordinator and the administrator. We also spoke with two visiting relatives and a visiting healthcare professional. We looked at six records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

At previous inspections in March and October 2017 we had concerns in relation to the management of identified risk. Between the inspections in March 2017 and October 2017 improvements had been made to some risk assessments but concerns in the management of risk at the service still remained. At the last inspection we had concerns that staff had not reported an incident where one person had sustained an injury to their leg. We also had concerns that people, who were mobile and had cognitive impairment, had access to kettles. At this inspection we found kettles in the kitchenettes on each floor had been replaced with locked hot water dispensers. Staff had keys to unlock the water dispensers when needed. This meant people were no longer at risk of scalding from the risk of using kettles, but staff could still make hot drinks for people as they wanted them.

At previous inspections in March and October 2017 we had concerns relating to medicines management. At each of the two previous inspections there were gaps in medicine administration records (MAR). These omissions had not been found by the service because there was a lack of effective medicines audits. At this inspection we found medicines were managed safely. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated room and medicine storage temperatures were consistently monitored. This showed medicines were stored correctly and were safe and effective for the people they were prescribed for. A comprehensive audit system was in place to carry out daily, weekly and monthly checks of MAR charts, medicines stock and ordering. Where concerns had been identified, by these audits, prompt action has been taken to rectify these concerns.

At this inspection we found all care files had been reviewed and specific risks had been identified and appropriately managed for each person. Care files contained individual risk assessments which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as nutrition, pressure sores, falls, choking and breathing difficulties. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe.

We found incidents and accidents were recorded. Appropriate action had been taken and where necessary changes made to learn from the events or seek specialist advice from external professionals. We found no evidence that any incidents or accidents had not been appropriately reported.

We found the service was now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had concerns at previous inspections in March and October 2017 about recruitment practices. There was missing documentation in some staff personnel files to evidence that appropriate recruitment checks had taken place to ensure staff were safe to work with vulnerable people.

At this inspection we found staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

We found the service was now meeting the requirements of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The inspection in October 2017 found failures in relation to the cleanliness of the environment. Parts of the service were visibly dirty. There was a carpet along one of the corridors which was very sticky and covered with large stains, chairs and other soft furnishings were stained with food. Cleaning rotas were inconsistently completed and many of the bins in toilets and bathrooms were overflowing with used tissues and paper towels.

At this inspection we found the cleanliness of environment had greatly improved and the service was fresh and clean with no unpleasant odours. Housekeeping hours had been increased by six hours a day to provide cover from 8.00am to 7.00pm seven days a week. Cleaning schedules had been put in place with daily checks by managers and senior staff. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. Hand gel dispensers were available throughout the building and cleaning materials were stored securely when not in use. Staff received suitable training about infection control, and records showed all staff had received this.

Most of the carpets and flooring had been replaced and new chairs and furniture were evident in all areas of the service. The remaining carpets were on order and due to be replaced shortly. The premises were in the process of being re-decorated at the time of the inspection. Some people needed help from staff to move from one place to another, with the use of a hoist and a sling. Each person had been allocated their own individually assessed sling, suitable for their needs and therefore the risk of cross infection was reduced.

We found the service was now meeting the requirements of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that some shifts did not have enough staff on duty to meet people's needs in a timely manner. There had been a period of high levels of sickness at the service and when it was not possible to find cover for late notice sickness the shift run under staffed. This meant that on these occasions the numbers of staff on duty in the morning were eight instead of the nine that had been assessed as needed to meet people's needs. If cover was not found for afternoon shifts then there were seven staff on duty instead of the assessed level of eight. Until care staff vacancies were filled there was a high use of agency staff. The service tried to use regular agency staff as well as Cornwall Care's bank staff. However, if these staff were new to the service then this could have an impact on how people's needs were met. Staff told us the number of staff on each shift could vary but weekends were particularly difficult if a shift had lower numbers of staff because managers were not available to help provide care for people.

A recent review of staffing levels had determined that staffing numbers should be increased from nine care workers in the morning to ten and from eight care workers in the afternoon to nine as well as a second senior care worker. Until newly recruited staff had completed their induction it had not been possible to have this higher number of staff working. This meant that this latest assessment had identified that staffing levels were even lower than the rotas we looked at indicated.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

People and their relatives told us they felt safe living at Blackwood. Comments included, , "Yes, I'm very happy here and I feel safe here", "I feel happy here and I like the people who are here too; there's no one that I don't like" and "I couldn't want for anything better."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There was an equality and diversity policy in place and staff received training on the Equality Act legislation. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Is the service effective?

Our findings

At the inspection in October 2017 we found the service had not always acted within the legal requirements of the Mental Capacity Act 2005 (MCA). This was because MCA assessments had not been completed where they should have been, some MCA assessments which had been completed were poor, Deprivation of Liberty Safeguards (DoLS) paperwork was out of date and staff were not up to date with MCA training. The service had sought consent from relatives who did have the legal authority to agree to care and support on a person's behalf.

At this inspection we found all outstanding MCA assessments had been completed and care records had been updated to show if any lasting powers of attorneys (LPA), for care and welfare, were held. Where people lacked capacity, and no one was appointed to legally act on their behalf, the service ensured appropriate best interest processes were carried out. MCA training for staff was up to date.

The 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). 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. Management had applied appropriately for some people to have a DoLS authorisation.

At the last inspection staff did not routinely seek the consent of the people they supported prior to assisting them with tasks. At this inspection we found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

We found the service was now meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found there were gaps in staff training in areas identified by the provider as mandatory, including safeguarding adults, the Mental Capacity Act (MCA) and fire safety. At this inspection we found training in all subjects had been updated. The only gaps in the records were where staff were currently not working at the service due to long term sickness or maternity leave.

At the last inspection we found regular supervisions and appraisals were not taking place. At this inspection we found a programme to carry out regular one-to-one supervision with staff had started. A clear structure had been developed whereby senior care staff had a group of staff to supervise as did the manager and deputy. However, because senior care staff needed to complete supervision training, and this had not yet

taken place, only the manager and deputy were meeting with staff. This had resulted in only 14 out of 60 supervisions taking place which meant most staff had not had the opportunity to be supported in their role and discuss their training and development needs.

This contributed to the breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Newly employed staff completed an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety, mental capacity, safeguarding and equality and diversity. They also spent time familiarising themselves with the service's policies and procedures and shadowing experienced staff so they could understand the needs of the people living at the service. The induction was in line with the Care Certificate, which is an industry recognised induction to give care staff, that are new to working in care, an understanding of good working practice within the care sector.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks. A relative told us, "[Person] is given plenty of drinks and they ensure that they have lots of fluids here."

We observed the support people received during the lunchtime period. There were vases with flowers and condiments on the table to help create a pleasant dining experience. The atmosphere was warm and friendly with staff talking with people as they ate their meals. People had a choice of meals and staff were knowledgeable about people's likes, dislikes and dietary needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People told us they enjoyed their meals. Comments from people included, "The food is good with quite a good choice", "I don't have a big appetite, but what I do have to eat I enjoy, they know what I like" and "The food is awesome; I had a lovely meal today; if I didn't like it I could have something else."

The service monitored people's weight in line with their nutritional assessment. Records showed that people were regularly weighed and action was taken should their weight change. If people lost weight food and fluid intake charts were put in place, with clear instructions for staff as to the target amount of fluid each person needed. Once the person's weight had returned to their ideal weight monitoring was ceased.

People's needs and choices were assessed prior to moving into the service. This helped ensure people's needs and expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

The service worked closely with healthcare professionals such as district nurses, dementia liaison nurses, speech and language therapists and GPs to help ensure people's individual needs were met. A visiting healthcare professional told us, "Staff are always helpful and very accommodating. There are sometimes difficulties with communication." The service had identified that communication with visiting healthcare professionals could be better. As a result of this a member of staff always met with the healthcare professional and took them to the person they wished to see. This had helped communication because staff were able to explain more about the person rather than the professional just relying on notes. The clinical

matron had also started to have regular meetings with the local district nurse team to discuss people's needs in more detail and built better working relationships. Developing this closer working relationship had resulted in better and more pro-active diabetes care for people, as regular diabetes checks had been arranged through the district nurses.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. Toilets and bathrooms were clearly marked to encourage independent use and help people who might have difficulties orientating around the premises. The provider told us new pictorial signs were on order to help people who may find it difficult to recognise the written signs. Since the last inspection a programme to re-decorate all areas of the premises had started. The layout of the premises meant that it naturally divided into different 'zones'. Each of these zones had been, or was in the process of being, painted in a different colour. This would help people to identify the 'zone' where their bedrooms were. There were plans for each zone to be themed and people had been involved in decisions about these themes and what pictures and images they wanted on the walls.

Is the service caring?

Our findings

At the last inspection we had concerns that people's privacy was not always respected. In the shared lounge we saw staff examine an injury for one person, without their consent, and discuss the injury without any interaction with the person concerned. We saw some people sitting for long periods of time in lounge areas with very little to stimulate them. When people became distressed there was no attempt to comfort them. One person had been given trousers that were obviously far too big for them and kept failing down. We were concerned the staff supporting the person to get dressed in the morning had either not noticed that the trousers did not fit or had not considered this to be important.

Since the last inspection management had spent time working alongside staff to support them in how to respond respectfully to people. This support also included helping staff to communicate with people who had communication difficulties. Care plans had been updated to reflect people's specific communication needs and this had also helped staff to meet people's needs.

Staff had worked with people and their relatives to develop their 'life histories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

At this inspection we spent time in the communal areas of the service to observe how care was delivered and received. We observed people were comfortable in their surroundings. Staff were kind, respectful and spoke with people considerately. We saw many examples of interactions between people and staff that enhanced people's well-being. For example, during the lunchtime period there were lively exchanges of conversation between people and staff. People who were part of the group but did not say anything were seen to laugh and smile, showing they also felt included in the conversation. Throughout the inspection staff were observed to stop and engage with people when moving through lounge and dining areas. There was a calm and relaxed atmosphere at the service.

Comments from people about staff included, "They look after me well; they can't do enough for me, and all of us here", "Yes, there's not one I don't like and some of them have a good sense of humour; they are very respectful. I am used to them all now and they are doing very well" and "Staff always help me when I need it."

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. One relative said, "Absolutely no restrictions and I can see her

wherever I want to; all the staff are very friendly."

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

People and their families had the opportunity to be involved in decisions about their care and the running of the service on an informal basis. The manager told us meetings for people and their families to share their views more formally had been arranged.

We found the service was now meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

Our findings

At the inspection in October 2017 while people had care records in place these were not always accurate. One person had come to the service from another care home. Much of their care plan still related to their care at the previous service. This had been identified as an issue by a recent audit undertaken at the service, but had not been addressed. Another person's care records indicated that they lacked capacity to make certain decisions, however a recent DoLS application had been declined as the person was found to have capacity. This had not been amended in the person's records.

At this inspection we found the necessary improvements had been made and a robust system was in place to ensure care plans were updated and accurately reflected people's needs. Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people.

Care planning was reviewed regularly and whenever people's needs changed. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and managers would regularly talk to them about their care.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Relevant equipment was provided and records showed staff monitored this equipment to ensure it was set according to people's individual needs.

Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and specific staff were available to respond to their needs. 'Stand up' meetings were held each day with the manager and representatives from the various staff groups to get an overview of what was planned for the day and any specific issues or concerns.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately in their care plans.

At the last inspection we found that while group activities were being offered not everybody was able to participate due to their physical or cognitive needs. Care plans contained limited personalised information about people's background, history, likes and dislikes. This meant staff could not be sure what type of activities people might want to take part in.

At this inspection a programme to provide individualised activities, to meet the needs of each person living

at the service, had started. The service employed an activities co-ordinator who worked 26 hours a week over four days. They provided a range of group activities such as baking, bingo, exercise, quizzes, singing, pamper sessions and craft work. On the day of the inspection five people made some cakes and they clearly enjoyed this activity. However, although some people enjoyed the group activities on offer it was clear that only a small number of people took part in them. The activity co-ordinator had completed life histories with each person and this had helped to understand people's past interests. Work was in progress to find out what individual people wanted to do with their time and well as researching the type of activities that might be suitable for people living with dementia.

As often as possible the activities co-ordinator and care staff spent one-to-one time with people who either did not want to or were unable to take part in group activities. As often as possible the activities co-ordinator and care staff spent one-to-one time with people who either did not want to or were unable to take part in group activities. A post for another activity co-ordinator had been advertised but was vacant at the time of the inspection.

The co-ordinator also took some people out for trips and meals. We were told about a group of men living at the service who had wanted to go out together for a fish and chip lunch. One of the men who went had repeatedly said they did not want to go out. Staff had worked with them for days to encourage them to go and they had thoroughly enjoyed it. This showed that the service continually encouraged people to take part in activities and trips.

We found the service was now meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend that the provider researches personalised and dementia friendly activities and consider how these might be provided to people living at Blackwood

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. Monitoring records were kept in people's rooms, or close to where they spent their time, so staff were able to access them easily at the point when care was delivered.

We found there were gaps in some of these records which meant it was not possible to be sure if the appropriate checks had taken place. For example, instructions in one person's care plan about how often to re-position them stated "To be completed twice daily or every two to three hours when in bed." On the first day of the inspection the person had spent all day in bed and, according to records, had also been in bed for the previous two days. Records showed on one day the person had only been re-positioned once and on the other days only three times between 7.00am and 4.00pm. Which meant there had been longer gaps than the three hours that had been assessed as needed to meet their needs. We also saw several food and fluid charts that had not been totalled each day so it was not clear if this information had been checked by senior staff as indicated in the service's auditing processes.

This contributed to the breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. When concerns had been raised these had been dealt with in a timely manner and plans had been put in place to make any necessary improvements.

Is the service well-led?

Our findings

At the inspection in October 2017 there were eight breaches of the regulations and two were repeated breaches from a previous inspection in March 2017. Enforcement action was taken against the provider and the service was placed into Special Measures after a rating of Inadequate. A condition of registration was imposed that the provider must have a system for monitoring the quality of the service provided and send monthly reports to the Care Quality Commission stating the improvement actions taken at the service.

Following the October 2017 inspection the provider wrote to us detailing the actions they planned to take to ensure they were meeting the requirements of the regulations. In addition the provider sent us monthly reports, about the progress of the improvement actions they had taken, as was required by the condition of registration imposed.

At the previous inspection we found that while systems were in place to monitor the quality of the service at Blackwood, these systems had failed to identify, or to address in a timely way, many of the areas of concern identified at that inspection. Where audits had highlighted areas of concern, these had not been addressed in a timely way. For example, we saw a comprehensive audit of the service which had highlighted numerous areas to be addressed and a target date for these to be completed by. We saw that the date had passed for most of these, without them having been addressed.

At this inspection improvements had been made to the auditing systems and this meant the monitoring processes were more effective in identifying where action needed to be taken. When areas of concern were identified we found more timely action had been taken. This had resulted in improvements to many of the concerns identified at the last inspection. As detailed in other sections of the report improvements had been made in relation to risk management, medicines management, recruitment practices, staff training, seeking people's consent, treating people with dignity and respect and the cleanliness of the environment. This meant the service had met seven of the eight outstanding legal requirements from the last inspection.

At this inspection we found there were some areas where improvements to the running of the service had been identified but plans to carry out those improvements were still in progress. A programme to carry out regular one-to-one supervision with staff, which was raised as a concern at the last inspection, had only just started. Plans to increase the level of meaningful activities for people and employ another activities co-ordinator had not yet been fully implemented. In addition at this inspection there were gaps in care monitoring records. This had been identified by care audits and work to improve this was also in progress. We also found there were occasions when there were not enough staff on duty to meet people's needs in a timely manner.

In order to address the concerns from the last inspection the provider had introduced many new systems and processes for care staff to follow. For example, a new system for allocating staff to work with specific people on each shift had been introduced a few days before our inspection. While there were clear benefits to this system, in terms of helping to ensure people received timely care, the way in which it had been implemented was poorly managed. Since the last inspection several members of the senior management

team had been working in the service to support the manager, review the quality of the service provided and introduce new systems. While we recognised this input had helped to achieve the necessary improvements, we also found that there had been a lack of communication between the senior management team and the service. This had resulted in some staff's perception and understanding of the reason for these changes being negative and morale was very low. Other staff were less concerned about the changes, but all staff commented that there had been a lot of new systems to take on board. Comments from staff included, "The changes weren't explained very well. We were just expected to understand them straight away", "There have been loads of changes", "The new allocation system is more structured now but with less flexibility for staff to respond to residents."

There had been regular staff meetings where information about systems updates were discussed. However, the lack of one-to-one supervisions for most staff meant the opportunity for staff to be supported through the changes individually was missing. We concluded that systems to assess, monitor and improve the quality of the service provided had not sufficiently reviewed the day-to-day culture of the staff team.

The condition of registration imposed after the last inspection remains and we have asked the provider to include actions taken to meet the breaches found at this inspection in their monthly reports.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Blackwood is owned by Cornwall Care Limited. Cornwall Care Limited runs a number of services within the county of Cornwall. There is a clearly defined management structure and regular oversight and input from senior management. At the time of the last inspection there had been several changes to the management of the service over the previous two years. A new manager started to work at the service in October 2017 and their application to become the registered manager was being processed at the time of this inspection. Although, as detailed above there was some negativity within the staff team staff told us they did feel supported by the manager and were pleased that they had remained in post for the last four months. Staff comments included, "There have been a lot of changes, but the manager has been good at telling us what is happening" and "You can talk to {manager's name}."

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The manager had ensured that notifications of such events had been submitted to CQC appropriately. The ratings of the last inspection were displayed in the service and on the provider's website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality of the service provided had not sufficiently reviewed the day-to-day culture of the staff team. The provider had not maintained accurate records of the care and treatment provided to people. Regulation 17(1) & (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured that there were always sufficient numbers of staff on duty to meet the needs of people living at the service. Regulation 18(1).