Runwood Homes Limited

Blackthorns

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good

Summary of findings

Overall summary

This inspection took place on 27 July 2017 and was unannounced. The inspection took place at night and was prompted by concerns which had been raised with us about the night care arrangements. The previous inspection of 06 October 2016, found the service was good. At this inspection we concluded that the service continues to be rated as Good as we found the service was operated in a safe way at night.

Blackthorns is a residential service providing accommodation and personal care for up to 62 older people. On the night of our visit there were 52 people living at the service.

A registered manager was in post and attended the service on the night of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to individuals were identified and there were plans in place which set out how the risks should be managed. We looked specifically at the risks associated with falls and found that where necessary, equipment was put in place to reduce the likelihood of injury.

The manager had oversight of accidents and we saw that these were analysed to identify any contributing factors.

Staff were clear about the steps that they needed to take in the event of an emergency but it was agreed that the documentation would be strengthened to further safeguard people.

Staffing levels were adequate and there were sufficient staff available to meet people's needs at night. The service was however dependent on agency staff and continues to recruit a permanent staff team. We saw that there were plans to reduce staffing in the early morning and it was agreed that this would be reviewed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Risks were identified and there was a plan in place to manage them and reduce the risks of harm.

Staffing levels met the needs of the people resident.

Blackthorns

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 27 July 2017 and was unannounced. The inspection was carried out at night and was prompted in part by concerns raised with us about the night care arrangements.

Two inspectors carried out the inspection.

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law.
The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, the deputy manager and four members of staff. We reviewed three care and support plans, staffing rotas and records relating to the quality and safety monitoring of the service.

Good

Is the service safe?

Our findings

Risks were identified and plans put into place to show how risks should be managed. We looked at the support available to individuals who had been identified as being at high risk of falls. We saw that they had a risk assessment and care plan which set out their needs and how the risks associated with falls should be managed. Information was included on strategies that could be used, although some of the information could be expanded further, for example we saw that one individual had seen the physiotherapist but the outcome was not fully documented. We noted that the assessments had been updated as individual's needs changed. Where people had repeated falls, referrals were made to the falls prevention service for further advice. Some individuals had specialist equipment in place such as sensor mats to alert staff to movement. Staff told us that additional equipment had been purchased to take account of the higher numbers individuals at risk. We observed the equipment was working effectively and when individuals started to mobilise the alarm was raised and staff were observed responding promptly.

We looked at the accident records and saw that following accidents people's needs were monitored. Information was handed over in handovers and in the communication books to alert staff to changes to people's health and wellbeing following a fall. Accidents and falls were analysed by the manager to identity any factors which could contribute to the falls patterns. We saw that they looked at a range of factors including fluid intake, timings and location. The manager told us that they were in process of introducing hip protectors for some individuals to see if they would improve outcomes for those who are at high risk of falls.

As part of the night inspection we looked at the arrangements in place to enable staff to respond promptly in an emergency. Staff told us that the manager or deputy manager were always on call. There was emergency contact information and guidance about what to in the event of an emergency but we recommended that, a quick reference guide is provided to enable staff to respond quickly. The manager subsequently told us that they intended to provide staff with an emergency grab pack containing details of those individuals who had a Do Not Attempt Resuscitation [DNAR] in place, personal evacuation plans, as well as emergency contact information. On our tour of the service we noted that a fire exit was partially blocked by furniture and we expressed concern to the manager that this could create a hazard in the event of an evacuation. The manager told us that the items had been recently placed there and following the inspection confirmed that they had been removed.

Sufficient numbers of staff were available to support people. There were three care staff and a senior member of staff on duty. One of the staff members was an agency staff member but other staff had worked at the service for some time. Most people were asleep and only one person was awake and moving around the service. Staff were visible and we observed them undertaking checks on people, repositioning and assisting with toileting. We saw that call bells were placed near to people's beds and that staff responded to movement sensor and call bells in a timely manner.

Staff told us there were sometimes not enough staff particularly when people were unwell or some of the individuals with dementia were awake and moving around the building. They told us that this meant that

they were not always able to carry out other non-care duties such as laundry and cleaning. Staff told us that their work patterns were changing and this meant that there would be a reduction of three staff between 07:00am – 07:30. We expressed concern about this to the manager given the high number of falls in the service and the fact that this was a time that people started to mobilise after a period of inactivity. The manager told us they used a dependency tool to review needs and staffing levels. This was supplemented by unannounced visits to the service at night to observe and speak with staff however they agreed to consult with the provider and review this. We noted that there was a high number of vacant staffing hours and they were recruiting to 340 hours. The manager told us that some new staff appointments had been made and they were going through the recruitment process but it was difficult because of the rural location. In the interim they were dependent on agency staff. The manager told us that they tried to use agency staff who were familiar with the residents and the service. The member of agency staff on duty on the night of our visit had worked at the service previously although this was their first night shift.