

Cornwall Care Limited

Blackwood

Inspection report

Roskear
Camborne
Cornwall
TR14 8BA

Tel: 01209713498
Website: www.cornwallcare.org

Date of inspection visit:
13 February 2019

Date of publication:
07 March 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Blackwood provides accommodation with personal care for predominately older people, who may have physical disabilities or are living with dementia. The service is registered to accommodate up to 47 people, and was providing personal care to 42 people at the time of the inspection. Any nursing needs were provided by community nursing services.

People's experience of using this service: People, relatives, staff and professionals all told us improvements had been made to the running of the service. There was a stable management team and staff morale was good. Improvements had been made to records relating to people's care.

People were provided with safe care because staff received regular supervision, training and support from management. Staffing levels had been increased and there were enough staff on duty to meet people's needs and keep them safe.

People were involved in their day to day lives through being empowered to make their own choices about where they spent their time, who with and how. Their independence was promoted and staff actively ensured people maintained links with their friends and family.

People were relaxed and comfortable with staff, and had no hesitation in asking for help from them. Staff were caring and spent time chatting with people as they moved around the service. People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "I wouldn't go anywhere else to live" and "I really enjoy living here and have made good friends."

A programme to provide meaningful and individualised activities for people had been developed and was on-going.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Staff were informed about people's changing needs through effective shift handovers and by accessing up-to-date electronic records of people's care via handheld devices.

People and their families were given information about how to complain and details of the complaints procedure were displayed at the service. The service sought the views of people, families, staff and other professionals and used feedback received to improve the quality of the service provided.

Rating at last inspection: Requires Improvement (report published on 9 March 2018). The service had been rated as Inadequate at the previous inspection in October 2017.

Why we inspected: This was a planned inspection based on the rating at the last inspection to check if the

required improvements had been made. We also checked if the positive conditions applied to the provider's registration were met. Positive conditions were applied at a previous inspection in October 2017 and remained in place after the inspection in February 2018. At this inspection the service had embedded changes sufficiently to improve the overall rating to Good and the conditions were met.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The full details can be found on our website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Blackwood

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people. Their area of expertise was in older people's care.

Service and service type: Blackwood is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced. We visited the service on 13 February 2019.

What we did: Before the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with nine people living at Blackwood, two relatives and a visiting healthcare professional. We looked around the premises and observed staff interacting with people. We also spoke with nine care staff, the activities co-ordinator, the deputy manager and the regional manager. We looked at four records relating to the care of individuals, medicines records, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Improvements had been made and the provider met the previous breach of the regulations in relation to staffing levels.

Staffing and recruitment

- Since the last inspection staffing levels had increased and there were enough staff on duty to meet people's needs and keep them safe. At the start of each shift staff were allocated to work with specific people and were grouped in two teams, one on each floor. A senior care worker led each team, overseeing people's care, which meant they could respond to any emergencies and re-deploy staff when necessary.
- Agency and bank staff were being used to cover for staff vacancies and sickness. These were usually workers who were familiar with the service. Eleven new care staff had been recruited, to fill the current vacancies, and they were in the process of completing their induction.
- People and their relatives told us they thought there were enough staff on duty. People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner and calls bells were quickly answered.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff meetings at all levels were used to remind staff of safeguarding processes.
- People told us they felt safe, commenting, "I am very happy here" and "Staff are lovely and very courteous."

Assessing risk, safety monitoring and management

- Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.
- There was a positive approach to risk taking to enable people to maintain their independence.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Storage temperatures were monitored to make sure that medicines would be safe and effective.
- Where people had been prescribed creams these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.
- Medicines were audited regularly with action taken to make ongoing improvements

Preventing and controlling infection

- The premises were clean and free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals, after incidents where people had fallen, such as occupational therapists or physiotherapists.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Improvements had been made and the provider met the previous breach of the regulations in relation to the supervision of staff.

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

- People's needs were assessed before they moved into the service, to help ensure their needs were understood and could be met.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Since the last inspection a system to carry out regular supervision with staff had been implemented and embedded. Staff told us they received regular supervision and an annual appraisal to discuss their further development. They also said they felt well supported to carry out their roles.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- New staff had completed a comprehensive induction and worked alongside more experienced staff to get to know people. Where staff were new to care, they completed the Care Certificate, a set of national standards social care workers are expected to adhere to. Staff commented about the induction process, "Really good induction" and "Cornwall Care does the best induction."

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

- People were provided with healthy meals they enjoyed. One person said, "The food is high quality, hot varied and tasty."
- Kitchen staff were aware of any specific dietary requirements, for example, if people needed their food to be pureed to minimise the risk of choking.
- Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently. People confirmed they had their food prepared in line with their likes and dislikes.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was available if people needed it to access the upper floors.
- Corridors were wide and free from clutter.

Supporting people to live healthier lives, access healthcare services and support

- People's health conditions were well managed and the management team engaged with other organisations to help provide consistent care.
- Staff supported people to see external healthcare professionals regularly such as tissue viability nurses, physiotherapists, GPs and speech and language therapists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.
- Mental capacity assessments had been completed for people and where required appropriate applications had been made to deprive people of the liberty within the law.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible friends and relatives who knew the person well were involved in the decision-making process. The service recorded when people had appropriate power of attorney arrangements in place.
- People were asked for their consent before any care was delivered. People, able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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

People were supported and treated with dignity and respect; and involved as partners in their care. Improvements had been made and the staff team were focused on meeting people's individual needs.

Ensuring people are well treated and supported; equality and diversity

- Staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.
- Staff knew what was important to people and how to offer people comfort and reassurance. Where people were unable to express their needs and choices, staff understood their way of communicating.
- Staff were kind and affectionate to people. We observed staff taking time to sit with people spend time chatting. People and relatives told us staff were kind and considerate, comments included; "Staff are lovely, considerate and caring" and "The staff are brilliant."
- People's personal relationships with friends and families were valued and respected.

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

- People were involved in day to day decisions and had control over their daily routines. People told us they went to bed and got up in the mornings at the time they chose.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care a person could manage for themselves and what they needed help with.
- People's rooms were decorated and furnished to meet their personal tastes and preferences.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner.
- People's privacy was respected. When providing personal care to people in their rooms staff ensured doors and curtains were closed.
- People's right to privacy and confidentiality was respected.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives told us they were always made welcome and were able to visit at any time.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Improvements had been made and the provider had met the previous breach of the regulations in relation to records of people's care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Since the last inspection a new electronic system for recording people's care plans, and details about the care provided, had been introduced. The use of this system had enabled the service to address the concerns found at the last inspection about gaps in care monitoring records. All elements of the care provided for people, including when specific aspects of their care needed to be monitored such as re-positioning or skin checks, were being documented.
- Care plans were developed which reflected people's individual needs across a range of areas. These were reviewed monthly or in response to changing needs to help ensure they remained up to date and accurate.
- Some people needed support to help them to move around. Their care plans detailed the equipment required and how staff should support them. Equipment to enable them to do this had been provided.
- Daily notes were completed on the electronic system and this enabled staff coming on duty to have a quick overview of any changes in people's needs and their general well-being. There were sufficient work stations and handheld devices for staff to use to ensure they could add and retrieve information whenever they needed to.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard. This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, it was recorded if people needed hearing aids or any support with general communication.
- An activity co-ordinator was employed to help organise a range of activities and events. These included group activities such as games and cooking, external entertainers, going out for lunch and visiting local attractions. Since the last inspection a more individualised approach to activities had been developed to support people to engage in meaningful activities and pursue their interests and hobbies. The activities co-ordinator spent time each morning engaging with people on a one-to-one basis to develop a personalised activity programme for each person.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- Any complaints were logged and the actions taken recorded. The management proactively encouraged people and relatives to attend meetings to discuss any concerns they might have.
- People told us they would be confident to speak to a manager or other staff if they were unhappy.

End of life care and support

- When people were receiving end of life treatment specific care plans were developed.
- People's views on the support they wanted at the end of their lives was sought out and recorded.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Improvements had been made and the provider had met the previous breach of the Regulations in relation to good governance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A condition of registration was imposed after the inspection in October 2017 and remained in place at the last inspection in February 2018. The provider had been sending monthly reports to the Care Quality Commission (CQC) since January 2018. The purpose of these reports was for the provider to demonstrate they had a system for monitoring the quality of the service provided and stating the improvement actions being taken, in accordance with the condition of registration imposed.
- These reports showed improvements were being made and the inspection findings evidenced these changes had been embedded. Following the last inspection, a permanent manager was appointed and they had been in post since April 2018. This had provided stability for the service and helped drive the improvements found at this inspection.
- The management team completed regular in-house audits of all aspects of the service and senior management visited the service regularly to complete quality monitoring checks and audits. The registered manager met monthly with their line manager to discuss findings from audits and make further improvements.
- Accidents and incidents were recorded and regularly reviewed so any patterns or trends would be quickly identified.
- The management team worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The provider had a defined organisational management structure and there was regular oversight and input from senior management.
- Important information about changes in people's care needs was communicated at staff handover meetings each day. Information about people's care needs and any risks was available for new staff and agency staff who hadn't yet got to know people well.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service and on the provider's website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management and staff spoke with us about individuals living at Blackwood and demonstrated a good

understanding of people's needs, likes and preferences.

- People, relatives and staff expressed confidence in the leadership of the service. Staff and professionals said the management was approachable and listened. Staff told us they had confidence in the management of the service and felt supported, commenting, "Management are good", "Management make time to listen to you" and "I feel well supported."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were organised for all staff to give them an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.
- People and their relatives were asked for their views of the service generally through questionnaires and meetings.
- Where appropriate, relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.

Continuous learning and improving care

- The registered provider and manager were keen to ensure a culture of continuous learning and improvement.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals. They also met regularly with other registered managers within the provider group to share experiences and good practice ideas.
- Staff kept up to date with developments in practice through training and working alongside local health and social care professionals.