Runwood Homes Limited

Blackthorns

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 06 October 2016 and was unannounced. The previous inspection of 14 December 2015, found the service required improvement. There were breaches in regulation that related to staffing levels, the management of medicines and the delivery of person centred care. We followed up these areas at this inspection and found that improvements had been made.

Blackthorns is a residential service providing accommodation and personal care for up to 62 older people. On the day of our visit there were 56 people living at the service.

A registered manager was in post and present on the day 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.

Staffing levels had improved since the last inspection and there were sufficient staff available to meet people's needs. The service was however dependent on agency staff and continues to recruit a permanent staff team. There were systems in place to ensure that the newly recruited staff were vetted to ensure their suitability.

Medicines were well organised, appropriately stored and administered as prescribed.

Risks were identified and where necessary equipment was put in place to reduce the likelihood of injury. Health and safety audits were undertaken and checks made on equipment to check that they were working effectively.

Staff were trained and inducted into their role but did not always put their training into practice. People had good access to health care professionals when they needed support or treatment.

The registered manager and staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People's best interests had been considered when decisions that affected them were made. Applications for DoLS authorisations had been submitted where restrictions were in place.

People enjoyed the meals and they looked nutritious and nicely presented. Greater oversight of people eating in their rooms would ensure that those at risk were identified promptly.

Relationships between people living in the service and staff were positive. Staff were caring and kind. There were activities in place which people enjoyed. Regular meetings were held with people who lived in the

service and their relatives to ascertain their views and identify areas where the service could develop.

People were positive about the management of the service. The manager was assessable and encouraged a culture of openness. Audits were undertaken to identify shortfalls and action plans developed setting out how they intended to improve.

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

The management of people's medicines had improved and people were receiving them as prescribed.

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.

Staff had a good understanding of how to respond to and report allegations of abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective

Staff received induction and ongoing training but this needs to be further developed to ensure consistent practice.

People enjoyed the food but the oversight and monitoring of those who ate in their bedrooms could be improved

People had access to routine healthcare appointments.

Staff were clear about their role in supporting the principles of choice and consent and had training in the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring

People had positive and caring relationships with staff.

People were treated with care and kindness.

People were involved in decisions about how they were supported and their privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People had a care plan which reflected their preferences and provided information to staff about how they liked to be supported.

People had access to activities which promoted their wellbeing.

There were systems in place to address concerns and complaints.

Is the service well-led?

Good

The service was well led.

People were positive about the changes in the service.

The manager was visible and accessible and known to the people who lived in the service.

There were systems in place to look at quality and drive improvement.

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 06 October 2016 and was unannounced. The inspection was carried out by one inspector, a specialist advisor and an expert by experience. Our specialist adviser was a nurse with expertise in end of life care and wound care. The expert by experience had experience of supporting older people and people with a diagnosis of dementia.

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 area manager, deputy manager and eight members of staff. We spoke with ten people living in the service, five visitors and two visiting health professionals. We reviewed eight care and support plans, medication administration records, three recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service.

Good

Is the service safe?

Our findings

People spoke positively about the service and told us that they felt safe. One person told us, "I feel safe and they are kind. If I had a problem I might try and talk to the carer, you get to know them." Another person said, "They look after me very well, [staff are] very friendly, and very helpful. I am taken care of and kept clean and they chat to me. "

People were protected from harm as staff were aware of their responsibilities and were encouraged to raise matters of concern. Staff had undertaken training in safeguarding were aware of the different types of abuse and the actions that they needed to take to safeguard people. Staff told us that they would report concerns to the manager in the first instance but we also saw that information on safeguarding and reporting mechanisms were visible. There were whistleblowing procedures in place which were known by staff. One member of staff told us that they would not hesitate in making a report, "I wouldn't leave anything." The manager was aware of their responsibilities and was able to outline the actions that they had taken when they had a concern. These actions were clearly documented and notifications had been made to the Care Quality Commission (CQC) as required by the legislation.

Risks were identified and plans put into place to show how risks should be managed. A range of assessment screening tools were used to identify risks. The Malnourishment Universal Screening Tool (MUST) was used to identify individuals at risk of malnourishment and Waterlow risk assessments were undertaken to identify those at risk of pressure damage. Where risks such as skin integrity were identified, specialist mattresses and cushions were in place to reduce the likelihood of injury. The settings we checked were at the correct level for the individuals although these were not recorded in the care plan. This could present some risks if not managed as there is a risk that they could be adjusted in error. Repositioning charts were in place and evidenced that people who were at risk were being repositioned as outlined in their risk assessment.

Accidents and falls were analysed and the manager looked at a range of factors including timings and location which may be a contributing factor when considering falls patterns. We looked at the support available to one individual who had been identified as being at high risk of falls. We saw that actions were put into place to reduce the risk of injury and the assessment had been regularly updated as the individual's needs changed. Where people had repeated falls, referrals were made to the falls prevention service for further advice.

Health and safety audits were undertaken on a regular basis to identify any issues and check that the equipment was safe. There were certificates in place to evidence that checks were being undertaken on a range of equipment such as hoists and moving and handling slings. Staff told us that people had individual slings which reduced the risk of cross infection.

The manager undertook regular environmental audits and we saw action plans in place relating to issues that had been raised and resolved. A maintenance person was employed who maintained records that showed the regular monitoring and servicing of equipment and the environment including the fire alarms.

Fire drills were undertaken on a regular basis and there were personal emergency evaluation plans (PEEPs) which are individual plans to guide staff and the fire service on how to assist individuals leave the building in the event of a fire or other emergency.

Recruitment processes offered protection to people. We looked at the recruitment files for three new staff. They demonstrated a process that included checking criminal records, taking up references with the individual last employer and gaining appropriate identification. The manager told us that where staff started work with a disclosure and barring first check, they were supervised closely until the full check was returned. This meant that safeguards were in place and that only staff suitable for the role were employed.

At the last inspection we identified a breach of regulation as medicines were not always managed in a safe way. At this inspection we found that improvements had been made but creams and lotions were not consistently well managed and we found some examples were instructions were not clear. However people told us that they received their creams as prescribed. One person told us , "They cream my legs and back and they take time to do it."

Medicines were securely stored and regular audits where undertaken to check that they were being given as prescribed. Staff told us that they had received training on the administration of medicines and we saw that competency checks were undertaken where staff practice was observed to ensure that they were administering safely.

Medication records were well organised and there were clear instructions in place for staff to follow when administering. Some people did not have body maps for their creams and lotions but the majority were in place and staff were recording when administering. Protocols were in place to guide staff in the use of PRN or as required medication. Staff signed when they administered and where a medication was not administered the reasons were recorded on the back of medication administration record. Separate records were maintained for the administration of controlled drugs and we found that the amounts tallied with the records.

At the last inspection we identified a breach of regulation as there was not sufficient staff to meet people's needs. At this inspection we found that improvements had been made and the staffing numbers had increased. People told us that there was usually enough staff available to meet their needs. One person told us, "They have recruited more staff….I only use the buzzer in the day time and they soon answer the bells." Another person said "You call them and they come within reason."

Our observations were that there was sufficient staff available to meet people's needs. We found that staff were visible around the home. We saw that call bells were placed near to people's beds or chairs and that staff responded to people in a timely manner. Staff took time to speak to people and interactions were well paced.

Staff were also positive about the impact of the increased staffing and told us that they had more time to spend with people. One member of staff told us, "It has made quite a difference having another member of staff and the carers have more time with the residents and it has raised staff morale, the quality of care and this helps resident's morale." Another member of staff said it "was definitely improved but they needed more staff on the books."

We also looked at the staffing roster and saw that the service continues to have a number of staffing vacancies and was dependent on agency staff. The manager told us that where possible they tried to use consistent agency staff who knew the people who lived in the service. One member of staff told us, "It has

improved a lot, as we have more of our own staff, we do still use agency but they are regular and know people's needs. We spoke to the manager about staffing levels at night and how they monitored the levels and assured themselves that the levels were sufficient. The manager showed us the dependency tool which they used to review needs and staffing levels. They told us that this was supplemented by unannounced visits to the service at night to observe and speak with staff.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found that staff training and development was not well developed and did not provide staff with the guidance that they needed to provide effective care. At this inspection we found that progress had been made and staff had a greater understanding of the needs of older people. For example they were more knowledgeable in describing people's needs and how they ensured that they were met such as in the provision of nutritional supplements and consistent catheter care. However training was not always implemented consistently for example we observed two staff failing to observe good infection control procedures. They repositioned an individual and did not wash their hands. They then proceeded to serve food before we intervened and spoke to the manager about our observations.

We observed that staff supported people with a diagnosis of dementia with patience and tolerance. One person for example was calling out and staff repeatedly went to their assistance and comforted them. A visitor told us that this was "normal" occurrence and not because there were inspectors in the building. We did not however observe that staff had knowledge of alternative strategies or were working to a clear plan to support this individual with their distress. The manager told us that they had access to the provider's specialist dementia coordinator where they could receive advice.

Staff told us that they had attended a range of training which included health and safety, food hygiene, dementia and safeguarding. They told us that they received regular updates to ensure that their knowledge was up to date. The majority of the providers training was provided online but staff told us that this was supplemented by training which was more specific to the service such as on the care of people with Parkinson's and diabetes . One member of staff told us I am doing E-Learning and have already been contacted about NVQ2". Staff told us that they preferred face to face training. Two staff had taken on specific responsibilities for the oversight and implementation of moving of handling training. The manager showed us the services training matrix which set out what training staff had completed and identified where the gaps were. This demonstrated that the manager was monitoring training and was aware of where there were shortfalls and had a plan to address them.

New staff received an induction to their role which included completion of two shadow shifts alongside periods of learning. Newly appointed staff confirmed that they were in the process of completing the care certificate which is a nationally recognised induction for staff new to the care sector. One new member of staff said "I like it here, I get on well with the girls and everyone has been really good and not left me in the lurch – good team work and I definitely feel supported."

Staff told us that they had regular supervision. One member of staff told us "Every two months I have supervision with the deputy manager, she asks me if I need help in anyway, if I am up to date with my work and gives me advice."

People could choose where they ate their meals, a majority of people sat at dining tables in the main dining area but other people chose to eat in their rooms or in one of the smaller dining areas. We found that people eating in their bedrooms would benefit from closer monitoring and greater support. We observed that

people in their rooms were not always assisted or monitored effectively. There were no plate guards or bowls in use which meant that some people struggled. We observed one person eat very little and another person refuse what was provided. Their meal was collected, and we did not observe staff intervening to offer an alternative or trying to establish the reason for their reduced appetite. We saw that there had been some previous weight loss which can be a first indication that the individual needs more assistance or encouragement with their meals.

People were positive about the meals and told us that they enjoyed them. One person said, "The food is good, I like my porridge in the morning, I get enough to eat, the food is hot and you get choice."

Our observations on the day of our visit were that the food was hot and nicely presented. Picture menus were available and people had a choice of two dishes. We observed a member of staff explaining each dish and then showed people the pictures of the meals. When one person could not decide the member of staff went and brought both dishes for them to choose.

We observed staff supporting and encouraging people in the dining areas in a patient and appropriate manner. People were encouraged to be as independent as possible for example we saw a member of staff saying to an individual "I am going to give you the gravy boat." enabling them to be in control of how much they wanted to use. Once the meals had been served staff sat alongside people and ate with them. Interactions were relaxed and staff gently encouraged people to eat.

Nutritional assessments had been completed and people were weighed depending on the level of risk which had been identified. Where there was cause for concern appropriate measures were taken to manage this including referring people to the dietician and Speech and Language Therapist (SLT).

People's care records showed that their day to day health needs were being met and that people, where appropriate, had access to healthcare professionals including the optician, dentist, chiropodist and GP. There was evidence that district nurses visited the service where people had developed nursing needs, such as wound care and diabetes.

The relationship with the District Nursing team appeared effective and communication had improved. A visiting health professional told us that they had set up a communication folder which the staff used to record details of any individual about whom they had concerns. One professional told us, "They are making good progress and are open to suggestions and learning. "

Some people who lived at the service were not able to make important decisions about their care and how they lived their daily lives. The manager understood their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. 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. We observed that staff asked people for consent before commencing support and offered peoples choices as they interacted with them throughout the day. We saw records of best interest's decisions for example for the delivery of personal care and for items such as bed rails. Decisions such as Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were available, assessable and clearly recorded.

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 are called the

Deprivation of Liberty Safeguards (DoLS) and the manager told us that they had assessed people's needs and made applications as required to the local authority.

Good

Is the service caring?

Our findings

The people that we spoke with were happy with their care. They told us that staff were kind, friendly and helpful. We saw that when staff spoke with people they were polite and courteous. One person told us, "Staff are very nice and I get on well with all of them – they are friendly." Another person said, "Oh, yes dear, I like it here, I can do my knitting and they bring me what I need. "

People had good relationships with staff and communication was friendly and warm. Staff took time to speak with people and listen to what they were saying. We observed a member of staff speaking with a person, they knelt down to make good eye contact and held the individuals hand and chatted quietly. We heard them say, "A smile makes the day better." We saw that an individual had lost their slipper on the way to the dining room, the member of staff went back and found it and then put it on the correct foot. This was all undertaken with lots of laughter and good humour.

Staff knew people well and we heard a member of staff asking an individual if they wanted to come to the dining room for lunch. We then heard them say, "Ok I will come and get you as late as I can so that you are not sitting in your wheelchair too long." We saw that an individual had returned from a hospital visit, staff showed kindness and concern for them. We observed a member of staff kissing the individual to welcome them back and asking them how they had got on.

Staff respected people's privacy and dignity. Throughout our inspection we saw staff knocked on the doors to people's rooms and communal bathrooms and always waited for permission from people before they entered.

People looked well cared for and their clothing was clean and well fitting. Support with eating and drinking was provided in a way that respected the individual's dignity. Staff were supportive, and encouraged people to be independent such as when walking.

Staff were respectful in their approach to people and observed staff assisting one individual to move, they said "Let's get your skirt straight for you" and then she carefully placed the ladies feet on the footplates before assisting them.

People had opportunities to express their views about the service and the quality of the care. The manager told us that that she had an open door policy but to encourage greater dialogue she had recently introduced a surgery where she was available for people who wanted to speak with her. People told us that resident meetings were held on a monthly basis and relative meetings on a three monthly basis. One person said "They keep us all happy and informed."

Good

Is the service responsive?

Our findings

At the last inspection we identified a breach of regulation as care plans varied in detail, staff handovers were not effective and people did not always receive care and support they needed. At this inspection we found that improvements had been made.

People's needs were assessed before they moved into the service and we saw that others including family and professionals had been consulted and contributed to the assessment.
Where needs had been identified through the assessment process, a care plan had been developed to address them. Care plans were in place for areas such as night care, diabetes, and social activities

Care plans were detailed and informative and written in a positive way providing information about what individuals were good at and what they enjoyed. Details were provided about the individual's life history and who was important to them. Plans detailed what activities that people could still do independently for example one individual was able to wash their hands and face but needed help with other areas. Care plans were informative and contained information about people such as allergies and health needs and the actions that staff should take to meet them. For example the size and type of product needed to support their continence needs. We checked this and found it corresponded with what was available in people rooms for their use. People's preferences, were also included such as the number of pillows people liked when sleeping.

People told us that their preferences were met .One person said, "It's very nice, more or less do what I want, can lock my room." Another person told us, "I said that I did not want a man to wash me and that's OK and they gave me a lady."

Care plans were supplemented by daily records and by charts on areas such as repositioning and flood and fluids charts. We looked at a sample of fluid checks and saw that they were being completed regularly. There was a target amount and amounts taken were totalled on a daily basis to check peoples overall fluid levels. People told us that they received baths and showers. One person said, "I go with my key worker – she is very good and very caring – they cream my legs and back and they take time to do it." Staff told us that handovers were undertaken at the start of each shift and used to handover key information.

People were supported to follow interests which promoted their wellbeing. People told us that there were a range of activities on offer which they liked to participate in. On the morning of our visit, we observed people playing a game together and in the afternoon an individual played the piano and a number of people sang along. One person told us, "I am knitting scarves for the Salvation Army and they sell them." Another said, "I go out with family, I join in the singing and the bingo and if I don't want to go I don't go."

There were several communal lounge areas throughout the service. A number of the lounge areas had a television in it but this was not a strong focus in the service. There was also quiet areas where people could met visitors or sit quietly. We observed that people moved about the service freely and choose where they wished to spend their time.

Consideration had been given to best practice for people living with dementia and there were a number of areas of interest around the service which people could touch and look at. For example, a small room decorated as a café, an area that looked like a bar and an old fashioned sweet shop that contained jars of sweets for people in the service. There were also piles of jewellery, hats and handbags that could be used to aid reminiscence.

The complaints procedure was on display in the entrance hall of the service. People told us they knew how to make a complaint if they needed to and they would speak with the carers or go to the office if necessary. We looked at the records of complaints and saw that where complaints had been received they had been taken seriously. Staff had been spoken with and there was evidence of an investigation. Where appropriate advice had been obtained from the local authority. The outcome was communicated to the complainant in writing. The manager told us that one recent complaint had not yet been logged but confirmed that where necessary they met with complainants to discuss and address their concerns.

Good

Is the service well-led?

Our findings

The majority of people and their relatives that we spoke with were happy with care and spoke positively about staff. Staff told us that morale was much improved and there was a good team in place. One member of staff told us, "It is a good care home, residents have got their dignity, they are not rushed around and they can have fun and a joke with staff – it is like family – a nice home and they have got activities and things to do if they want to join in." Another said, "If my Mum was in here, it is the type of care I would want for her."

Most people had confidence in the registered manager. Throughout our visit the manager was very visible around the service and accessible to people and staff. We saw people, relatives and staff regularly coming and going from the manager's office and observed the manager interacting with people living in the service on a regular basis. It was evident that the manager knew the people living in the service well and had a good rapport with them. Staff told us that, "The manager is approachable, and her door is open." Another member of staff told us that the manager was approachable but also "challenged" poor practice.

The manager was supported by a deputy manager and had a number of senior staff who led the shifts on a day to day basis. Head of department meetings were held and staff met on a monthly basis. Senior staff told us that they were well supported and were encouraged to develop their knowledge and skills. One told us that they had a meeting recently which had been helpful, "On leadership, how to manage teams, how to delegate and deal with problems."

The service was involved in the Prosper scheme and staff spoke positively about the guidance and support they had received. Prosper is a scheme organised by the local authority and partner agencies and looks to support care services to improve safety and reduce hospital admissions by working with them on reducing falls and urinary tract infections.

The manager told us the area manager visited the service on a regular basis and provided support when required. They were aware of the requirements to make notification to the Care Quality Commission, (CQC) and we saw evidence that they had appropriately raised matters of concern to the local authority safeguarding team.

A survey seeking people and their relative's views had been undertaken and the results were positive. A specific survey had also been undertaken on the catering arrangements as well as a survey to ascertain staff views and experiences.

Records showed that the manager and area manager carried out a range of audits and where shortfalls were identified an action plan was developed. The audits included environmental, medication, infection control and care planning. We saw for example that the manager checked response times to call bells. The provider also organised for an external company to undertake a compliance visit report and we saw that this had recently been undertaken. The manager outlined the actions that they had taken to address the issue identified in this and in her own auditing process, which include speaking with staff and ordering items such as towels and flannels.