

Laudcare Limited

# Blackwell Vale Care Home

## 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

This inspection took place on 18 January 2018 and was unannounced. This meant that the provider and staff did not know we would be visiting. We carried out a further announced visit to the home on 19 January 2018 to complete the inspection.

Blackwell Vale Care Home is a 'care home'. 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. Blackwell Vale Care Home provides nursing and personal care to 60 older people. The home has two floors, the upper floor accommodates people who have a dementia related condition and people who have general nursing and personal care needs lived on the ground floor. There were 44 people living at the home at the time of the inspection.

At our previous inspection in September 2017, we found six breaches of the Health and Social Care Act 2008. These related to safe care and treatment, safeguarding people from abuse and improper treatment, meeting nutritional and hydration needs, receiving and acting on complaints, staffing and good governance. We took urgent enforcement action and imposed conditions upon the provider's registration to minimise the risk of people being exposed to harm. This included the suspension of new admissions to the home. We also asked the provider to assess the competency of the registered manager. We rated the service as inadequate and placed the service in 'special measures.' This meant the service was kept under continuous review.

Following the inspection, the provider formulated an action plan and sent us regular updates in response to the breaches and concerns we had identified.

We carried out this inspection to check whether the provider had complied with the imposed conditions and had met the breaches which were identified at our last inspection. We also brought our inspection forward, following the receipt of a notification of an incident which had occurred at the service. This incident is being examined outside of this inspection process; however, we wanted to ensure that people were receiving a safe and suitable diet.

At this inspection, we found that the provider was taking action to address the previous concerns we had raised. Further improvements were still required. We considered however, that sufficient action had been taken to ensure people's safety. We agreed that the conditions imposed upon the provider's registration could be removed. The service was also taken out of special measures.

There was a registered manager in post. They were not present at the time of the inspection. The deputy manager who we refer to as the acting manager throughout the report was managing the service in the registered manager's absence. A registered manager is a person who has registered with CQC 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 this inspection, we found that some improvements had been made with regards to the premises, infection control and medicines management. However, we identified several new and ongoing shortfalls and omissions. Following our visits to the home, the regional manager sent us an update to inform us that these issues had been addressed. Whilst we were satisfied that action had been taken to address the concerns we raised; we considered that an effective system was not fully in place to monitor the safety of the service.

People and relatives told us that people were safe. Staff informed us they were now more confident that any safeguarding issues they reported would be dealt with appropriately. The local authority informed us that safeguarding reporting had improved.

We found there were sufficient staff deployed. Two nurses were normally on duty through the day. Agency staff were still used at the service and the provider tried to ensure the same agency staff were requested for consistency. Staff were always present in the lounges, dining rooms or in the corridors. We saw that they carried out their duties in a calm unhurried manner.

Staff told us that there was sufficient training available. However, we identified shortfalls in diabetes and medicines management. We also identified concerns relating to people who required nutritional support via a Percutaneous Endoscopic Gastrostomy (PEG) tube. A PEG is the procedure whereby a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines. Evidence of the clinical skills and competencies of staff including agency staff were not always available.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. There was a lack of evidence to demonstrate that staff were following the MCA.

The provider used a contract caterer to provide meals at the home. We saw that some people's dining experience was more positive than others. Several people's meals did not correspond with the guidelines issued by their speech and language therapist. Following our inspection, the regional manager wrote to us and stated that action had been taken to address all the issues which we had raised. Whilst we were satisfied that action had been taken to address the concerns we raised; we considered that an effective system was not fully in place at the time of the inspection to ensure people's nutritional needs were met.

Action was being taken to ensure the design and décor of the service met the needs of people. Work was being carried out to secure the garden to ensure its safety for people who were living with dementia. We identified some shortfalls with regards to ensuring people's privacy, dignity and independence in relation to the environment. Following our inspection, the regional manager told us that these issues were being addressed.

We observed positive interactions between staff and people. Staff displayed warmth when interacting with people. They were very tactile in a well-controlled and non-threatening manner.

Care plans were in place which aimed to inform staff how people's physical, emotional, social and spiritual needs should be met. We found however, that records relating to PEG care lacked important information to ensure that this procedure was carried out safely.

We received mixed feedback about activities from people and relatives. We noticed that there was a lack of meaningful activities for people who spent most of their time in bed or in their bedrooms. We have made a recommendation about this.

Since 2011, the provider has breached one or more regulations at six of our 12 inspections. We have rated the service inadequate twice since 2015. At this inspection, we found that some improvements had been made at the time of our inspection and further improvements were made following our visits. However, we identified two breaches of the regulations, including a continuing breach of the regulation relating to good governance. This meant that systems were not fully in place or operated effectively to ensure compliance with the regulations and achieve good outcomes for people.

Staff told us that the atmosphere and team work had improved. They informed us they enjoyed working at the home. We observed that this positivity was reflected in the care and support which staff provided throughout the inspection. Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

We found two breaches of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. These related to good governance and staffing [training]. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

At this inspection, we found that some improvements had been made with regards to the premises, infection control and medicines management. However, we identified several new and ongoing shortfalls and omissions in relation to these areas. Following our inspection, the regional manager told us that these had been addressed.

People and relatives told us that people were safe. Staff told us they were now more confident that any safeguarding issues they reported would be dealt with appropriately.

There were sufficient staff deployed. Safe recruitment procedures were in place.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

We identified shortfalls in diabetes, medicines management and meeting people's nutritional and hydration needs. Evidence of the clinical skills and competencies of staff including agency staff were not always available.

There was a lack of evidence to demonstrate that staff were following the MCA.

The provider used a contract caterer to provide meals at the home. We saw that some people's dining experience was more positive than others. Several people's meals did not correspond with the guidelines issued by the speech and language therapist.

Action was being taken to ensure the design and décor met the needs of people.

### Is the service caring?

**Good** ●

The service was caring.

Staff told us that dynamics between staff had improved and there was now harmony within the team. We observed positive interactions between staff and people. Staff displayed warmth when interacting with people.

Care plans contained information about people's life histories which had been developed with people and their relatives. People and relatives told us they were involved in their care.

People and relatives told us that staff promoted people's privacy and dignity. We observed that staff knocked on people's doors before they entered and spoke with people respectfully

### **Is the service responsive?**

The service was not consistently responsive.

Care plans were in place which aimed to inform staff how people's physical, emotional, social and spiritual needs should be met. We found however, that records relating to specialist nutritional support lacked important information to ensure that this procedure was carried out safely.

We received mixed feedback about activities from people and relatives. We have made a recommendation about this.

There was a complaints procedure in place. No formal complaints had been received.

**Requires Improvement** 

### **Is the service well-led?**

The service was not consistently well led.

There was a registered manager in post. She was not present at the time of the inspection. The deputy manager was managing the service in the manager's absence.

Some improvements had been taken following our last inspection. However, we identified several new and ongoing issues with the environment, infection control, medicines management, meeting nutritional and hydration needs, training and evidencing the clinical competencies of staff. Some of these issues had not been identified by the provider's own monitoring system.

Staff told us that the atmosphere and team work had improved. They informed us they enjoyed working at the home. We observed that this positivity was reflected in the care and support which staff provided throughout the inspection.

**Requires Improvement** 

# Blackwell Vale Care Home

## 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 18 January 2018 and was unannounced. This meant that the provider and staff did not know we would be visiting. We carried out a further announced visit to the home on 19 January 2018 to complete the inspection.

The inspection was carried out by two adult social care inspectors, a pharmacy inspector, a specialist advisor in nutrition 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 service.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

We did not request a provider information return [PIR] due to the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We contacted the local authority safeguarding, contracts and commissioning teams, the local Clinical Commissioning Group and the Care Home Education and Support Service [CHESS]. The CHESS service is provided by the local NHS Trust and provides a combination of education and practical support to care homes. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

We spoke with 12 people who lived at the home. We also spoke with three relatives. We spoke with the

regional manager, the resident experience lead, acting manager, clinical lead, a nurse, an agency nurse, six care staff, two activities coordinators, a chef, the administrator, two housekeeping staff and the maintenance person.

We looked at nine people's care records, medicines records and information relating to staff training and staff recruitment. We also examined records relating to the management of the service such as audits and minutes of meetings.



# Is the service safe?

## Our findings

At our previous inspection, we identified three breaches of the regulations regarding this key question. These related to safe care and treatment, staffing and safeguarding people from the risk of abuse and improper treatment. Concerns of a safeguarding nature had not all been reported or dealt with in accordance with the provider's safeguarding policy. There was a number of environmental hazards which exposed people to the risk of harm. Medicines were not managed safely and individual risks to people were assessed, but care plans in place to mitigate these risks, were not always followed. We rated this key question as inadequate and took urgent enforcement action. We placed conditions on the provider's registration to minimise the risk of people being exposed to harm. We stated they could not admit anyone new to the service.

At this inspection, we found that some action had been taken to improve; however, further improvements were required.

During our inspection, we looked at the arrangements for the management of medicines and found that arrangements did not always keep people safe.

We looked at the process for the application of creams. The home had topical medicines application records (TMARs) in place for most creams however, for the five people we look at the records were incomplete and not always accurate. Staff had not always recorded applications of creams or stated the 'date of opening'. This meant we could not be sure creams in the home were being appropriately managed.

We looked at 'when required' protocols and found they were not always accurate. For example, one protocol for a pain medicine, the dose did not match the prescribed instructions. A second person was prescribed a medicine for agitation however there was no protocol in place. We checked care notes for this person and on three occasions when this medicine had been administered the person was recorded as 'sleeping', 'restful' 'settled day'. Therefore, we could not be sure staff had sufficient information to administer this medicine appropriately.

We looked at care records for a person with diabetes which required variable dosing of insulin. On nine occasions over 10 days we found that care staff were not following the care plan in place therefore, we could not be sure this person's condition was being appropriately managed.

Medicines which required cold storage were kept securely in fridges within the medicines store rooms. Processes for the checking of fridge temperatures were not consistent and the correct monitoring equipment was not being used. We brought this to the attention of the manager who took action to replenish required medicines.

Medicines that do not require cold storage should be kept at temperatures below 25 degrees. However, we found the temperature had exceeded the recommended levels 15 times within the last month therefore the home could not confirm medicines were safe to use.

We saw that controlled drugs were appropriately stored and signed for when they were administered and staff we spoke to knew the home's procedures in relation to managing medicines liable to misuse.

We found that staff were not following their medicines policy in relation to covert medicines (this is when medicines are given in food or drink to people unable to give their consent to refuse treatment). For example, we looked at one person who was prescribed medicine covertly. We saw that the GP had authorised covert administration, however care plans lacked necessary administration information to guide staff in safe administration.

We looked at how medicines were monitored and checked to make sure they were being handled properly and that systems were safe. We found that whilst an audit was carried out weekly, it had not picked up the issues we found during the inspection.

Following our inspection, the regional manager wrote to us and stated what action had been taken to ensure all shortfall and omissions had been addressed. Whilst we were satisfied that action had been taken to address the concerns we raised; we considered that an effective monitoring system was not fully in place at the time of the inspection to ensure the safe management of medicines.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Good governance.

We spent time checking equipment and the premises. At the last inspection, we found that the design and condition of the bathrooms meant they could not be kept hygienically clean. This was because toilets were built onto concrete plinths that were damaged and permeable to urine. At this inspection, the provider had arranged for works to be carried out to fit impervious plastic casing onto the toilet plinths so they could be easily cleaned. We saw communications with the contractor confirming that work would be carried out imminently.

Hot water temperature checks were carried out to ensure these were within recommended limits. Records showed that one shower was consistently well above safe limits. There was no record of what action was being taken to manage this.

Some of the paintwork around the home was damaged. This damage meant that these areas were more difficult to keep clean.

We checked fire safety at the home. The provider's fire safety policy stated that all staff must take part in at least two fire drills each year. Fire drill records showed that two drills had been carried in May and August, 2017, but these had not involved all day staff or any of the night staff. New staff had also started working at the home since August had not taken part in a drill. This meant several staff had not had practice in how to respond in the event of an emergency.

Following our inspection, the regional manager wrote to us and stated, "The work commenced [on the toilet plinths] on the 29 January 2018 and is now complete" and "Once this had been identified [fire drills] the senior fire warden arranged full fire drills at different times over several days and this included early visits for night staff." He also told us that action had been taken with regards to the shower temperature.

Whilst we were satisfied that action had been taken to address the concerns we raised; we considered that an effective monitoring system was not fully in place to ensure the safety of the premises.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Good governance.

Action had been taken at the time of our inspection with regards to other aspects of the premises and equipment to ensure people's safety. A fire safety mechanism had been fitted to the fire exit door to prevent it being used for general access. Redundant bathrooms that had been used to store hoisting equipment were now kept locked and all unsafe objects had been removed so people living with dementia did not have unsupervised access to them.

Beds and mattresses were now clean and safe. The provider had replaced unhygienic mattresses and put a cleaning schedule in place for them to be checked and cleaned daily for high risk people and monthly for others. One relative told us however, "The bed linen is still not in a good state though; it's not what you would want for yourself." We informed the acting manager and regional manager of this feedback. Following our inspection, the regional manager stated, "The home has purchased complete bedding from sheets to pillow cases and duvet covers. All old bedding has been destroyed. Pillows and duvets have also been purchased together with new bath and hand towels."

A shower room had been redecorated with modern tiled walls and new flooring. The regional manager told us that all other bathrooms and shower rooms were to be refurbished to this standard.

Routine safety checks of the premises and equipment were carried out on areas such as nurse call alarms, window restrictors and wheelchair safety. Certificates about the safety of the passenger lift, gas and electrics were in place. People and relatives told us that the environment and cleanliness had improved. One relative told us, "We have seen a lot of improvement over the last months; it's much brighter and cleaner now."

Risks to people's safety and health were assessed, managed and reviewed. Their assessments included risk of falls, risk of choking and skin integrity. The risk assessments were kept under monthly review unless people's needs changed. We saw a risk assessment was put into place immediately when a person's specialist chair was broken and awaiting repair.

The provider carried out an analysis of accidents and incidents, such as falls, to check for any trends so that these could be reduced. Some people who were at higher risk of falls were provided with sensor mats so that staff could be alerted to their movement.

People and relatives told us that people were safe. A relative said, "We have never had any issues and I have never seen anything to worry me." A health and social care professional told us, "My observations were that residents' safety is being addressed."

Staff told us they were now more confident that any safeguarding issues they reported would be dealt with appropriately. One staff member commented, "I would feel able to talk about any concerns now – either to [acting manager] or at my supervisions. There has been a change of staff and it's much better." The local authority informed us that safeguarding reporting had improved.

At the last inspection, we found the staffing levels dropped at the weekends due to unforeseen sickness. The senior managers now carried out sickness monitoring and this had led to improved staff attendance. There were two vacancies for nurses, which were being covered by bank staff and the same agency staff for continuity. The provider had contingency arrangements in place for emergencies and could use staff from other care homes in the organisation to ensure safe staffing levels.

Most people and relatives told us there were sufficient staff deployed. Comments included, "There's always staff about when you come in," "Well it's fine as far as I am concerned. I have never had any worries; there are plenty of girls about when I come in" and "The girls are very good. They come as quick as they can - they are very busy." One health and social care professional told us, "Generally we have not felt that the home is understaffed." However, one person told us that there were delays at night. We passed this information to the acting manager and regional manager for their information. Following the inspection, the regional manager stated, "Staffing levels are in line with the [staffing] tool both night and day...Staff however, have been reminded about the importance of answering the buzzer as quickly as is practical."

Staff were always present in the lounges, dining rooms or in the corridors. We saw that they carried out their duties in a calm unhurried manner. Nurse call buzzers were generally answered promptly.

The provider used a dependency tool to calculate how much support each person required and this was used to calculate the staffing levels. Two nurses were generally on duty through the day. There were occasions when nurse staffing levels were not maintained due to unforeseen circumstances.

Recruitment processes were in place to ensure new staff were suitable to work in the care home. These included application, interviews and reference checks. The provider also checked with the Disclosure and Barring Service [DBS] whether applicants had a criminal record or were barred from working with vulnerable people.

A system was in place to ensure permanent nursing staff were registered with the Nursing and Midwifery Council. The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK. We looked at the profiles of agency nurses who worked at the home. The profiles included their NMC registration details. We spoke with the acting manager and regional manager about carrying out their own checks to ensure the NMC registration details provided by the staffing agencies were correct. Following our inspection, the regional manager told us that this had been addressed.

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. The characteristics of ratings for 'Good' describe a level of consistency. We will check the improvements which were made following our inspection at our next planned comprehensive inspection.

## Is the service effective?

### Our findings

At our previous inspection, we identified a breach of the regulations regarding this key question. This related to meeting nutritional and hydration needs. There were concerns with the quality and safety of the food. Pureed meals contained lumps which exposed people to the risk of choking. Staff did not always have the necessary skills to carry out their roles competently and there were gaps in the provision of training. Records did not always demonstrate the service was operating within the principles of the Mental Capacity Act [MCA]. We also made a recommendation that the design and décor met the needs of people who had a dementia related condition. We rated this key question as requires improvement. Following the previous inspection, we received a notification from the provider about an incident which had occurred at the service. This incident is being examined outside of this inspection process; however, we wanted to ensure that people were receiving a safe and suitable diet.

People told us they were satisfied with the meals at the service. Comments included, "The food is alright, they ask you what you want" and, "The food is good, I've no complaints."

The provider used a contract caterer to provide meals at the home. The contract catering company provided kitchen staff who they recruited and trained.

The chef had received training on textured food preparation from the contract catering company following the previous inspection. They were able to describe how they fortified milk with milk powder and we were told that cream was used to fortify some foods such as mashed potatoes. We found however, that there was no cream in the fridge.

We observed the lunch time period and saw that two people's meals did not correspond with the guidelines issued by the speech and language therapist [SaLT]. The SaLT had advised that these people should have a fork mashable diet. Staff were giving those people a pureed diet. Pureed meals can have a lower calorific value. We read that one of these people had become upset because they had wanted a 'normal diet.' A separate menu was not available for people who required a soft or pureed diet to ensure they received a varied choice.

Several health and social care professionals told us and our own observations confirmed that some of the dining tables were too high which reduced people's independence. In addition, there were no picture menus to help people to make informed choices about meals. Menus were handwritten on whiteboards so were difficult to understand for people with a dementia related condition.

We examined fluid records. We noted that one person who required nutritional support and fluids via a PEG did not achieve their target fluid intake which had been recommended by the dietitian, on three out of the seven days we checked.

Following our inspection, the regional manager wrote to us and stated that action had been taken to address all the issues which we had raised. Whilst we were satisfied that action had been taken to address

the concerns we raised; we considered that an effective system was not fully in place at the time of the inspection to ensure people's nutritional needs were met.

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

Staff told us that there was sufficient training available. However, we identified shortfalls in staff practices regarding diabetes and medicines management. We also identified concerns relating to meeting people's nutritional and hydration needs including those who required nutritional support via a Percutaneous Endoscopic Gastrostomy (PEG) tube. A PEG is the procedure whereby a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines. An agency nurse did not follow the correct procedure when administering the specialist feed and medicines.

We looked at the training records for nursing staff who worked at the home. We noted that information about clinical skills was not always available. In addition, there was no evidence of competency checks for clinical skills such as PEG care. Medicines competencies had last been carried out in 2015.

We also checked the profiles of agency staff and noted that the clinical skills and competencies of agency staff were not always recorded.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Following our inspection the regional manager told us that the provider's clinical trainer had delivered catheterisation training. PEG care and wound care training was planned and new medication competencies had been completed for all nursing staff and care home assistant practitioners [CHAPS]. They also stated that agency staff had been requested to bring in copies of their training certificates.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 authorisation 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.

The acting manager had submitted DoLS applications to the local authority in line with legal requirements. However, records of mental capacity assessments for decisions about restrictive equipment such as bedrails and lap straps on specialist mobility chairs were not always available. We considered that although people's safety and best interests were intended; the lack of assessment compromised their rights.

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

There were some design features in the home to support people who were living with dementia. Most bathrooms and toilets had large picture signs to help people recognise these rooms. One communal toilet

however, had a sign which said, "Fire door keep shut." We had highlighted this at our last inspection but it had remained the same.

There was a well maintained garden. Staff told us that work was being carried out to ensure its safety for people who were living with dementia. One person told us, "It's a shame really, not many people use it [garden]." This was confirmed by staff. One staff member said, "The gardens don't get used to their full potential."

The windows in the communal toilets were fitted with opaque glass; however, it was still possible to see into the ground floor rooms from the outside. In addition, some of the locks to communal toilets in the corridors did not work properly or were difficult to operate. This could compromise people's privacy when using those rooms. In addition, some toilet doors were fitted with two locks which was confusing and could mean people might use both and become locked in.

Staff had tried to make some bathrooms more homely for people. Pictures had been added to help orientate people as to the purpose of the room. We noted however, there were staff instruction notices in bathrooms which were unnecessary and institutional in appearance.

Following our inspection, the regional manager contacted us and stated, "The fire door sign has now been removed and replaced with toilet sign" and "In order to keep the residents safe the garden area is being redesigned to include a secure gate and fence. Work on this has commenced and it is envisaged that once the area is secure residents will have access to use the garden. The activity team are looking at raised flower beds to encourage social activity in the garden area when the weather improves" and "The windows have been measured and roller blinds are being installed to preserve dignity of the residents." He also stated that toilet door locks had been checked by the maintenance man and were all working appropriately and notices in bathrooms had been re-sited to a more discreet place in the bathrooms.

We saw evidence that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GP's, district nurses, diabetes specialist nurses, speech and language therapist, dietitians, the chiropodist and dentist. One person told us, "They do ask you about things and I can see my doctor if I want." The continuing healthcare commissioning manager told us, "My observations were that residents care needs are being met." This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. Further improvements were still required with regards to the environment and evidencing of clinical competencies and mental capacity. Training was ongoing to ensure that staff had the necessary skills to meet people's needs. We will check these issues at our next planned comprehensive inspection.



# Is the service caring?

## Our findings

At our previous inspection, we found the provider had not always ensured that people received a high quality, compassionate service. We found there had been a prolonged period of unrest and relationship difficulties between a small number of staff. We were concerned about the impact poor relationships between staff could have upon people. Labelling of clothing and socks was not always discreet and could compromise people's dignity. We made a recommendation about this. We rated this key question as requires improvement.

At this inspection, we found that improvements had been made and the provider had ensured good outcomes for people in this key question.

People and relatives told us that staff were caring. Comments included, "The girls are very nice to me," "It's very nice here I do like it," "Well it's very nice ,the girls are very kind, I have no problems at all," "[Name of person] is always well looked after and seems happy, all the girls seem nice and friendly," "The girls look after me," "I am very happy with [name of person's] care" and "They're very very nice girls." Health and social care professionals were also positive about the caring nature of staff. Comments included, "Staff always appear very caring towards residents" and "My observations were both management and staff interacted and showed genuine care towards residents."

Staff spoke enthusiastically about ensuring people's needs were at the forefront of everything they did. Comments included, "It's a lovely home – we are like one big happy family," "I love the residents – I think the world of the home," "I love when they smile [people] it makes me smile and it makes my day," "I look after these residents as I did my Nana – 100%," "I love it here – look around, how could you not like it" and "Good for caring – 100%."

Staff told us that dynamics between staff had improved and there was now harmony within the team. We observed positive interactions between staff and people. Staff displayed warmth when interacting with people. One member of staff was sitting with a person looking through their memory box. The staff member said, "Look - this is an anniversary card from your husband. Look how handsome he is." Another person used to be a midwife. A member of staff was pregnant and the person enjoyed 'checking' this staff member and talking about their baby plans. We visited a third person in their room. A staff member had written them a note to explain they were going to be off work for a period of time. The staff member explained that other staff would be available to support them.

Care plans contained information about people's life histories which had been developed with people and their relatives. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

A 'resident of the day' system was in place. This scheme helped ensure that all aspects of their care and support were met and their care documentation was up to date. One staff member told us, "It's just to make



them feel special."

People and relatives told us that staff promoted people's privacy and dignity. We observed that staff knocked on people's doors before they entered and spoke with people respectfully. We not did observe any issues with regards to the labelling of people's clothing. This was carried out discretely.

People and relatives told us they were involved in people's care. Comments included, they do ask me questions about the care as well" and "They let us know if there is anything. [Name of person] can't communicate now, so we rely on the staff to let us know about things and we can read the care book in the room." Care plans documented that they had been written with the person and their representative.

## Is the service responsive?

### Our findings

At our previous inspection, we identified two breaches in the regulations regarding this key question. These related to receiving and acting on complaints and good governance. Complaints had not always been dealt with in line with the provider's own complaints procedure and there were gaps and conflicting information within care plans. We also made two recommendations. These related to social activities and the provision of baths and showers. We rated this key question as requires improvement.

At this inspection we found that improvements had been made, however, further improvements were still required.

Care plans were in place which aimed to inform staff how people's physical, emotional, social and spiritual needs should be met. We found however, that records relating to PEG care lacked important information to ensure that this procedure was carried out safely.

Following our inspection, the regional manager wrote to us and stated that people's PEG care plans had been updated. A new monitoring form had also been introduced to ensure all aspects of PEG care were recorded. Whilst we were satisfied that action was being taken to address the concerns we raised; we considered that an effective system was not fully in place at the time of the inspection to ensure care records were maintained.

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

People and relatives told us that staff were responsive to people's needs. One relative said, "They ended up in hospital recently and I wanted them back here as they couldn't handle them but they can here. [Name of person] had their legs covered in ulcers when they came back [from hospital] and all sorts but there is nothing now. I could never complain about their care." People told us they could shower and bathe when they wished. One shower room had been refurbished and the regional manager informed us that all shower and bathrooms were going to be redecorated.

Health and social care professionals were also positive about the responsiveness of staff. Comments included, "We do clinics here, every month. They do send in referrals if there are any issues," "They follow advice it is like a partnership" and "We have formulation sessions with staff and family and we develop a person centred care plan."

We received mixed feedback about activities from people and relatives. Some told us there were enough activities to occupy their attention. One person said, "I'm restricted in what I can do because of my sight but I go along to the sitting room and listen to things, so I am included." However, others commented, "There is nothing to do in here apart from sit," "There isn't much to do, but I can't do much these days" and "There is not a lot to do. I like to walk up and down and see what's going on, nousey parker me."

There were two activities coordinators employed. One activities coordinator told us, "There are two of us and we do a lot on the dementia unit, sensory things and small items, we have a lot of 'fiddle' items and boxes of objects. We do knitting with them and they love balloon exercises, some come down and join in down here as well...We have a booked programme of people coming in but we do ask what people want to do daily and it is their choice. In the summer there is the garden, everyone likes that and a lot of gentleman like to garden. We are planning to use the mini bus to go and visit Pennine Lodge [a nearby nursing home owned by the provider] and vice versa - just for the 'going out,' it's somewhere else." She also told us that church services were held regularly and local schools visited.

A chocolate afternoon was held on the second day of our inspection. People enjoyed singing and reminiscing. We observed one person singing the hymn 'How Great Thou Art,' with enthusiasm.

We noticed that there was a lack of meaningful activities for people who spent most of their time in bed or in their bedrooms. We spoke with the activities coordinator about activities for people who remained in their room. She told us, "We do have a rota for people in rooms so they don't become isolated, we visit and chat and encourage things where appropriate. We have plenty of craft supplies; there is a room upstairs that all the staff can access." The resident experience leader told us that this was being addressed and they were looking into this.

We recommend that the provider continues to monitor activities provision for people who remain in their rooms to ensure people's social and emotional wellbeing.

Following the inspection, the regional manager contacted us and stated, "The home is promoting social interaction both inside and outside the home. Blackwell Vale is joining together with another local home for joint activities...The cognitive stimulation activity has commenced with the activities coordinator recording the sessions for evidence."

There was a complaints procedure in place. People and relatives told us that they knew how to make a complaint. One relative said, "I have only ever had minor issues and they were sorted straight away." No complaints had been received since our previous inspection.

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns. The characteristics of ratings for 'Good' describe a level of consistency. We will check the improvements which were made following our inspection at our next planned comprehensive inspection.

## Is the service well-led?

### Our findings

At our previous inspection, we identified a breach in this key question regarding good governance. Systems to monitor the quality and safety of the service had not identified the concerns regarding environmental safety, infection control, medicines management, safeguarding and staffing. Morale was low amongst some staff due to continued unrest and disputes between a small number of them. We rated this key question as inadequate and took urgent enforcement action. We imposed conditions upon the provider's registration. This included imposing a suspension of new admissions to the home. We also asked the provider to assess the competency of the registered manager.

At this inspection, we found that action was being taken to address some of the shortfalls and omissions, however further action was required.

'Real time' checks and audits were carried out on a computerised management system. This enabled management staff and the provider to identify any areas for action and monitor whether these had been completed. We found however, that there were ongoing issues with the environment, infection control, medicines management, meeting nutritional and hydration needs, training and evidencing the clinical competencies of staff. Some of these issues had not been identified by the provider's own monitoring system.

This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Since 2011, the provider has breached one or more regulations at six of our 12 inspections. We have rated the service inadequate twice since 2015. At this inspection, we found that some improvements had been made at the time of our inspection and further improvements were made following our visits. However, we identified two breaches of the regulations, including a continuing breach of the regulation relating to good governance. This meant that systems were not fully in place or operated effectively to ensure compliance with the regulations and achieve good outcomes for people.

The registered manager was not at the service at the time of our inspection. The deputy manager was managing the service in the registered manager's absence. Staff spoke positively about her. Comments included, "[Name of acting manager] is nice and approachable," "I think it's much better. [Name of acting manager] does daily walkabouts and it's good that she's strict about how it should be for the residents" and "[Name of acting manager] is very firm but fair. She's made vast improvements." Comments from staff from the local authority and local CCG included, "It feels as though the deputy manager has a clear understanding of what is happening in the home at resident level and at the wider home and staff level. The deputy is approachable by staff, residents and visitors and receptive to advice and guidance from visiting professionals" and "[Name of acting manager] seems to be a good overall manager and is interactive with the staff in a supportive role alongside making the recommended changes."

A clinical lead was in post to support the acting manager. They were supported by the regional manager and

'resident experience lead.' All management staff were very open and transparent throughout the inspection and spoke enthusiastically about the changes which had been made. The regional manager told us, "[Name of interim manager] is responsive and proactive – problems are being addressed...It's all about maintaining and sustaining what has been done."

Staff said they felt encouraged to raise any areas for improvement. Nurses and senior care staff were now involved in carrying out some daily 'walkabout' checks of the service. Several staff had recently been designated as 'champions' in a number of areas such as dignity, dementia care, infection control and fire safety. They had responsibility to promote good practice in these areas. It was too soon to see the impact of these appointments on the quality of care people received.

There was an electronic feedback point for relatives, visitors and health and social care professionals to record their experiences of the service. Hand held tablets [computers] were available for people to provide immediate feedback on all aspects of the service. This feedback was communicated directly to management staff and the provider which enabled them to address any issues or concerns immediately.

Staff told us that morale and team work had improved. Comments included, "After some staff left it's a much better atmosphere. Everyone gets on and it's a much friendlier place," "I think it's better – I enjoy coming to work again," "There was tension up and down, but now everyone gets on" and "I love my little home – we are passionate about what we do."

We observed that this positivity was reflected in the care and support which staff provided throughout the inspection. Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

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   |
| Diagnostic and screening procedures                            | An effective system was not fully in place to monitor the quality and safety of the service. Records relating to people, staff and the management of the service were not always accurately maintained.<br>Regulation 17(1)(2)(a)(b)(c)(d)(f). |
| Treatment of disease, disorder or injury                       |  |

  

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing   |
| Diagnostic and screening procedures                            | We identified shortfalls in staff practices regarding diabetes and medicines management. We also identified concerns relating to people who required specialist nutritional support. Information about the clinical skills of staff was not always available. In addition, there was no evidence of competency checks for certain clinical skills.<br>Regulation 18 (2)(a). |
| Treatment of disease, disorder or injury                       |   |