Kent County Council

Blackburn Lodge

Inspection report

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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

The inspection took place on 27 June 2018. The inspection was unannounced.

Blackburn Lodge is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Blackburn Lodge provides accommodation and support for up to 35 older people. The service provided respite care for people as well as permanent accommodation and care. Respite care is a short term solution for people whose main carers need a break to be able to take a holiday or attend to personal business. The service also provided a reablement service for people, with a three week stay. Reablement is a short and intensive service to help people regain their independence and confidence to continue living in their own homes. This service is offered to people who are frail and recovering from an illness or injury. There were 24 people living at the service at the time of our inspection. People had varying care needs. Some people had diabetes or had epilepsy or suffered a stroke, some people required support with their mobility around the home and others were able to walk independently.

At our last inspection on 21 May 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was employed at the service and had been in the position since the last 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.

Staff continued to be aware of their responsibilities in keeping people safe and reporting any suspicions of abuse. Staff knew what the reporting procedures were and were confident their concerns would be listened to.

Individual risks were identified and steps continued to be taken to reduce and control risk. Staff had the guidance they needed to support people to maintain and improve their independence while at the same time preventing harm. Accidents and incidents were appropriately recorded by staff; action was taken and followed up by the registered manager.

The procedures for the administration of people's prescribed medicines was still managed and recorded appropriately so people received their medicines as intended. Regular audits of medicines were undertaken to ensure safe procedures continued to be followed and action was taken when errors were made.

The registered manager and senior team leader carried out a comprehensive initial assessment with people before they moved in to the service, either for long term care, short term respite or reablement. People were fully involved in the assessment, together with their relatives where appropriate. Care plans were developed and regularly updated and reviewed to take into account people's changing needs. People's specific needs were taken account of and addressed in care planning to ensure equality of access to services.

People had access to a range of activities to choose from. Some people preferred their own company and pursued their own interests such as reading or watching TV and this was respected by staff. People were asked their views of the service and action was taken to make improvements where necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were complimentary about the food and snacks available and there was plenty of variety and choice at mealtimes. People told us they had access to plenty of drinks throughout the day. People's specific dietary needs were known about and catered for.

People were supported to gain access to health care professionals when they needed advice or treatment. The registered manager had developed good relationships with local health care professionals and referred people when they needed. A team was available in house to provide the reablement service in conjunction with other health care professionals.

There continued to be clear evidence of the caring approach of staff. People and their relatives were overwhelmingly happy about the staff who supported them, describing them as caring and responsive and saying they were confident in the care they received. Staff knew people well and were able to respond to their needs on an individual basis.

Suitable numbers of staff were available to provide the individualised care and support people were assessed as requiring. The provider continued to make sure safe recruitment practices were followed so only suitable staff were employed to work with people who required care and support.

Staff continued to be supported well by the registered manager and their senior team. Staff told us they were approachable and listened to their views and suggestions. Training was up to date and staff were encouraged to pursue their personal development. Staff continued to have the opportunity to take part in one to one supervision meetings to support their success in their role. Regular staff meetings were held to aid communication within the team and to provide updates and feedback.

All the appropriate maintenance of the premises and servicing of equipment was carried out at suitable intervals.

Quality auditing processes were in place to check the safety and quality of the service provided. Action was taken where improvements were needed.

People and their relatives thought the service was well run. People knew the registered manager well and were very happy with the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Blackburn Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 June 2018 and was unannounced. The inspection was carried out by one inspector and one 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.

Before the inspection, we asked the provider to complete 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 looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We spoke with 15 people who lived at the service and five relatives, to gain their views and experience of the service provided. We also spoke to the registered manager, the senior team leader and four staff including a team leader. We received feedback from one health professional.

We spent time in communal areas observing the care and support provided and the interaction between staff and people. We looked at four people's care files, medicine administration records, six staff records including recruitment, staff training and supervision records, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at residents and relatives meeting minutes and surveys.

We asked the registered manager to send us information following the inspection and we received this in a timely manner as requested.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt very safe and there were plenty of staff to respond quickly to their requests for assistance. The comments we received included, "The staff are wonderful, they look after us all day and all night, of course that can't fail to make us safe"; "I can rest at night and sleep easy knowing that I am safe and there is always someone here for me"; "I just need to press my buzzer day or night and hey presto someone appears, and they can help." Relatives were in agreement that their loved ones were safe, "I just needed a break from caring and being on call 24/7 as I am worn out and here is the next best thing to home but probably much safer" and, "We feel she is very safe here and the staff are totally and completely on top of her various medications and come as soon as she buzzes, which is more than I could ever do at home."

The registered manager continued to promote an environment where people were safe. Staff had a good understanding of their responsibilities in protecting the people in their care from abuse. Although they were very confident the registered manager would deal quickly and appropriately with any concerns raised, staff were aware they could report outside of the service if their concerns were not dealt with.

The registered manager had continued to make sure individual risks had been assessed and the necessary steps put in place to prevent harm. One person had a pressure relieving mattress on their bed as they were at risk of developing pressure sores. A comprehensive risk assessment was in place for the use of the mattress with guidance for staff in its safe use. A moving and handling assessment was in place where people required the support of staff to move around the service. The use of aids and equipment such as a hoist were clearly recorded to show the care required; the risks involved in using the equipment and how to manage and control the risk. People could continue to be assured they received safe support where risks were identified and controlled.

The administration of people's medicines were still managed well, keeping people safe from the risks associated with prescribed medicines. One person was taking an anti-coagulant and this was clear in their care plan. Anti-coagulant medicines are used to prevent blood clots. A risk assessment was in place to ensure measures were in place to prevent harm from the risks associated with the medicines, such as an increased risk of bleeding. Medicines were administered by trained staff who had their competency checked regularly. Guidance was available for staff administering medicines. For example, PRN (as and when necessary) protocols were in place which clearly showed the reasons medicines such as inhalers or Paracetamol were prescribed and when they should be administered.

Staff continued to record accidents and incidents, describing the incident, the action taken such as observation or seeking medical help, and the outcome. The registered manager completed a comprehensive analysis of accidents and incidents each month. A new initiative to record where and at what time incidents occurred on floor plans of the premises had shown a decrease in falls since the initiative started. Incidents were used by the registered manager as a learning tool for staff, highlighting what worked well and the areas that required improvement. This meant where things did not go according to plan, all staff could learn from this to prevent a reoccurrence.

The service was clean and odour free from the outset of the inspection. Domestic staff recorded their work on a log and kept a track of their daily, weekly and monthly tasks, for example, deep cleaning and bedroom cleaning. Personal protective equipment (PPE) such as disposable gloves and aprons were available for staff to use when providing personal care. This helped to prevent the spread of infection.

The provider had continued to employ a suitable number of staff to provide the care and support people living at Blackburn Lodge required. The registered manager used a dependency assessment tool to calculate the needs of people living in the service each week. This helped to ensure they had enough staff available to meet the assessed needs of people. Safe recruitment practices continued to be followed to ensure that staff were suitable to support people living in the service.

People continued to have a comprehensive individual personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical, communication and equipment requirements that each person has to ensure they could be safely evacuated from the service in the event of an emergency. Servicing of fire equipment and regular fire drills were carried out to keep people safe.

All essential works and servicing were carried out at the required intervals by the appropriate professional services. A maintenance person was in the service most days. This meant they were available to respond to requests for repairs and maintenance without delay from people, the registered manager or staff.

Good

Is the service effective?

Our findings

The people we spoke with were confident their needs were being met by staff who were well trained and knew what they were doing. People told us, "I don't need to say anything or tell them (staff) what to do, they all know"; "What is a relief is knowing that they (staff) understand my various ailments and can help me when I most need it"; "Cannot fault the staff." People's relatives were very happy with the way in which staff cared for their loved ones, "The staff are good at listening and have worked out a perfect routine for her to be comfortable with and happy, which is all that is important, that she is happy" and, "The staff all help him, no fuss and they all understand the way he works."

People's needs were assessed and their care was planned to ensure their needs were met. The registered manager and deputy manager carried out an initial assessment before people moved in to the service, either for long term care, short respite care or for reablement. People, and their family members where appropriate, were fully involved in the process. The assessment covered the person's needs in relation to their, mobility; personal care; eating and drinking; their history of falls; their medical diagnoses. The assessment identified what support was needed and this was used to develop the care plan. This enabled the registered manager to make an informed decision that the staff team had the skills and experience necessary to support people with their assessed needs. There were processes in place to ensure there was no discrimination under the Equality Act when making care and support decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been undertaken where it was understood people may not have the capacity to make particular decisions. The registered manager continued to make sure decisions were made in people's best interests if they lacked the capacity to decide themselves, by involving others who were involved in their lives. Care plans continued to clearly document if people were fully able to make their own choices and decisions and when people may require support with some more complex decisions.

People continued to be supported to maintain their health by a management and staff team who had good relationships with health care professionals such as GP's and district nurses. Comprehensive records were kept of referrals, appointments and visits. Care plans and risk assessments were updated following advice and guidance given about people's care and treatment. One person was taking oxygen regularly following a stay in hospital when they were unwell. A respiratory nurse had given advice and guidance which was clearly recorded for staff to follow to provide the appropriate care and support.

People were happy with the meals and snacks provided. The comments we received included, "I am a fussy eater, but the food is wonderful it really is very good and lots of it" and, "The food is marvellous, there is plenty of it too and we can have a drink whenever we want one, we just have to ask or sometimes we don't even have to do that, it is brought to us anyway." Nutritional risk assessments were in place identifying if people were at risk of malnutrition. People's likes and dislikes of food, drinks and how they liked to eat their

meal and where were recorded. This meant staff had the information available to support people with their preferences.

Staff told us they continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case. Staff training included reablement training to make sure staff had the skills to support people admitted specifically to maintain and increase their independence. Ongoing support and coaching was continued by specific skilled team members such as qualified physiotherapist case workers.

Staff continued to have regular one to one supervision meetings and an annual appraisal of their work performance with the registered manager or senior team leader. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this. Staff were supported in their role to make sure they had the skills and experience to provide good quality care and support to people.

Good

Is the service caring?

Our findings

The people using the service, those living there long term and those on a short term respite break or for reablement, all told us they were well cared for and were treated as individuals. The comments we received included, "The staff are very patient and make sure they don't rush me but do take their time getting care right for us"; "The staff go out of their way to help, nothing seems to be too much trouble for them and they are so polite too"; "The staff are more than caring and they go above and beyond kindness and patience they really do"; "Yes the staff do a grand job of caring, they always listen to me and are so kind and gentle always."

Relatives felt relaxed, knowing their loved ones were well cared for. One relative told us, "The staff have been amazing to mum and have really helped her settle in and look after her like family" and another said, "The staff are more than caring and they go above and beyond kindness and patience, they really do."

There were frequent friendly and humorous interactions between people and staff throughout the inspection. If people were sitting down, staff communicated with them by bending down so they could see them at eye level. People were treated with respect at all times. When the use of equipment was required to move people from their chair, it was done in a calm and gentle manner with no distress caused.

A member of staff had been chatting with a person's relatives earlier in the day as they had concerns about their loved one. The member of staff clearly knew the person well and knew they had recently undergone medical tests. The member of staff contacted the person's GP by telephone, advocating for pain relief for the person, whose mobility had deteriorated. The member of staff suggested the GP speak to the relatives on the telephone so they could give their views about their loved one's pain levels. This evidenced the staff role in providing good advocacy for people while in their care.

People and their relatives continued to be fully involved in planning and reviewing their care. People were supported to maintain and increase their independence with the support of a dedicated team trained in reablement. People admitted for reablement support were provided with an intensive programme of up to three weeks to help them to meet their goals of increased mobility and independence. This enabled people to remain living in their own home. Staff training and focus meant they were able to support others living in the service to maintain and increase their independence where possible. One person told us, "They (staff) do ask me what I'd like doing and will always help."

People were asked at assessment if they had a religious faith and if they required assistance with their cultural needs. This was shown in their care plan. No one living in the service at the time of inspection had specific cultural needs they required support with. However, people told us if they wished to take a part in a religious ceremony or to speak to a spiritual leader this would be arranged for them.

Staff respected people's privacy by knocking on their bedroom door before entering. People confirmed this, "They (staff) are so polite too and always knock and say please and thank you"; "I like my door to be left open, but the staff always knock anyway before entering and are more than polite"

A service user guide was still given to each person when they arrived and it had been updated since the last inspection.

Good

Is the service responsive?

Our findings

People told us they would be happy to speak to any member of staff if they needed to raise a concern or a complaint and they were confident it would be dealt with, "If I am not happy I would probably tell my daughter or chat to one of the girls working here because they are all open and ready to chat"; "If I was unhappy I would just speak to the manager"; "I certainly would have no hesitation in complaining to the manager if I needed to." People's relatives were equally happy to raise concerns if they had them, "We would go to the manager if we had a complaint, but we haven't as he is so well looked after and cared for and more importantly, so happy"; "I often have a chat with the manager, not necessarily because we are unhappy about anything just to check on things and she always makes time for me."

The complaints procedure was clearly available on notice boards in the service for people and their relatives to access. Only one complaint had been received since the last inspection. This had been dealt with and recorded by the registered manager in accordance with the provider's complaints procedure.

The registered manager continued to have a range of care plans in place to describe people's assessed care and support needs. Person centred care plans recorded the assistance people needed with all elements of their personal care throughout the day as well as, their sexual identity; religious and cultural needs; who was important to them; their interests; and their likes and dislikes. One person said, "It is an on-going thing, they always ask what I like and what I don't like, and they have got to know it now for themselves, so they do not always need to ask." This meant care plans took a holistic approach to people's care, providing staff with information individual to each person.

One person's care plan showed how they very much missed a loved one who had sadly passed away and suffered low moods at times as a result, particularly birthdays and anniversaries. Their care plan recorded staff were to be mindful of this as they may need extra encouragement at times. Another person's emotional and wellbeing care plan said their loved one, who was still in their home while the person was staying for respite care, made them feel happy. Staff had recorded that the person worried about their loved one as they were not together, so it made them feel more relaxed to be able to talk on the telephone with them. One person had cataracts removed but still had poor eyesight. They became frustrated at not being able to read any more. Their care plan included guidance for staff to ensure they helped the person to read their letters and other material they required help with. The registered manager was aware of the Accessible Information Standards and the need to make sure people's documentation was in a format they were able to understand. They told us they checked people's needs during the assessment and took advice where necessary to ensure people could understand the documents in relation to their care.

The registered manager had recently developed different care plans for people living in the service permanently and those who were admitted for respite care or reablement. The care plan for people receiving permanent care contained more in-depth information, required to meet their needs on a long term basis. One person's care plan had a detailed step by step account of the care they needed. One staff member was required to help them to get up in the morning and for all their personal care needs, including transferring from bed to a chair. A detailed but shorter care plan had been clearly completed with one

person who was staying for a period of respite care. Although shorter, the care plan was detailed and gave all the information required by staff to ensure the person's stay was comfortable and successful.

Care plans continued to be reviewed each month confirming the continued effectiveness of the plan or if changes were required. Changes in circumstances and need in between reviews were recorded by staff and updated by the registered manager.

People were encouraged and supported to discuss their wishes for the end of their life. Many people had a family member who they wished to take care of the arrangements. One person said they did not wish to discuss their end of life wishes and this was clearly recorded. The district nurse had visited to talk to another person about end of life plans. The person's records showed they were pleased the issue had been raised and said they preferred people to be honest.

A range of activities, including entertainment from external providers, continued to be planned by an activities coordinator to suit the needs and interests of people living and staying in the service. People enjoyed telling us about the activities they took part in and there was a very lively and jolly afternoon bingo session with most people joining in. People told us they had sufficient activities to suit them. The comments we received included, "I can't really move by myself, but I do like to join in if something is going on like the singing yesterday and I get all the help I need to do so"; "There are many activities nearly every day, yesterday we had rock n' roll and singing and it was ever such fun. Today it is bingo."

Good

Is the service well-led?

Our findings

We received many positive comments about the registered manager and all the staff team from people and their relatives, who felt they were listened to and the service was well managed. The comments we received included, "We are informed of the hierarchy here and who should be doing what when and I would honestly say it runs like clockwork"; "I often have a chat about my being here with the manager and she listens intently"; "We are listened to, it does not matter which member of staff we speak to they will all listen and try to help"; "We both think things are well run here and everyone cracks on with their jobs to make it a happy home."

The staff structure within the service continued to work well to support the quality of care people received. The registered manager had worked at the service for many years and was supported by a senior team leader who had also been employed by the provider for some years, so providing continuity. Team leaders held responsibility for each shift and were the first point of contact for staff.

The provider and registered manager continued to have a comprehensive range of audits in place to monitor the quality and safety of the service provided. The areas checked included, care plans; medicines administration; accidents and incidents; infection control; falls; complaints and health and safety. All audits were completed with actions planned to ensure improvements and a record made of when these were completed. Added to these, the senior team leader carried out a weekly monitoring checklist looking at all areas within the home, speaking to staff where issues needed to be raised and producing an action plan to ensure improvements. As part of their auditing process the provider checked the service compliance with the standards expected by the organisation regarding lesbian, gay, bisexual and transgender (LGBT) awareness and the action needed to be taken by the registered manager where improvement was required.

The registered manager continued to maintain many local partnerships with other providers and local businesses, keeping up to date with local and national guidance. The registered manager told us they received good support from their managers which meant they were able to fulfil their role.

The staff told us they enjoyed working at the service and this showed in the length of service for many staff. Staff told us there was real team working and we experienced this during the inspection. Staff worked well together to create a happy community for people living and staying in the service. The staff we spoke with told us they thought the service was well run and a rewarding place to work. The comments we received from staff included, "I love it here"; "It is well managed"; "The manager is great, there is a real open door policy".

Regular staff meetings had continued where open discussions were held and the registered manager updated staff about the service and other relevant information. Staff told us they were encouraged to raise issues or ideas and were listened to. The registered manager continued to meet with team leaders every month to ensure good communication was maintained.

The registered manager held resident's meetings, although the regularity was dependent on the people

living long term in the service at any time. The last meeting was held in May 2018 and included discussions such as meal times and activities, for example, plans for watching the recent royal wedding.

People were asked their views of the service they received by way of questionnaires. People staying for a short period of respite were asked their views when leaving. People staying long term were asked regularly to give their views on different aspects of the service. Feedback was always either good or very good. The registered manager posted comments from feedback received on the notice boards for people to see.

The provider and registered manager had provided posters advertising the rights of the LGBT community, around the service. The posters showed clearly that all people were welcome at the service and would be supported equally.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and their ratings were displayed on their website.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths without delay. Notifications had been received by CQC about important events that had occurred since the last inspection.