Cornwall Care Limited

Blackwood

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 10 June 2015 and was unannounced. The last inspection took place on 22 January 2015 when we identified a breach of the legal requirements relating to the safety and suitability of the premises. Parts of the building required updating and people's needs had not been taken into account when the building was decorated. Following the inspection in January 2015 the provider sent the Care Quality Commission an action plan outlining how they would address the identified breach.

Blackwood is a care home which offers care and support for up to 46 predominately older people. At the time of the inspection there were 43 people living at the service. Some of these people were living with dementia.

We looked at how medicines were managed and administered. We found gaps in people's records which meant it was not always possible to establish if they had received their medicine as prescribed.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. However staff and relatives told us staff were rushed

Summary of findings

and not always able to meet people's needs, particularly social needs. We saw one person was shouting for assistance for a long period of time. Staff did not respond until the person started to bang on a door. Relatives told us clothing and items such as reading glasses and hearing aids often went missing. They said staff did not have the time to spend locating these. We have made a recommendation about the way staff are deployed in the service.

Improvements had been made to the environment and more were planned. Some areas had been recently decorated, carpets and flooring cleaned or replaced and bathrooms upgraded. The building was light and clean.

Staff were supported by a system of induction training, supervision and appraisals. More specialised training specific to the needs of people using the service was being widened out to all staff. Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy. The registered manager had plans to improve the dining areas and introduce visual aids to support people to make meaningful choices about what they ate.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

Relatives told us access to activities had improved in recent months. An activity co-ordinator was employed to co-ordinate organised visits from outside entertainers. There were also regular trips out to local events and landmarks. People were supported to use the garden which was pleasant and well-tended. There was seating available for people to spend time there if they wished.

The registered manager was supported by higher management at Cornwall Care. Managers meetings took place on a monthly basis. One of the organisations Head of Services visited regularly to carry out quality audits.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end of the full version of the report.

Summary of findings

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 entirely safe. People did not always receive their medicines as prescribed.

Staff and relatives told us there were not enough staff to meet everybody's needs in a timely fashion.

Risk assessments were informative and guided staff as to how to help people maintain their independence.

Is the service effective?

Good

The service was effective. Staff were well trained and regularly supervised.

The service was meeting the requirements laid down in the Mental Capacity Act (2005) and associated Deprivation of Liberty safeguards.

People had access to a varied and nutritious diet.

Is the service caring?

Good

The service was mostly caring. However people's personal possessions and clothing were often mislaid.

Relatives told us they found staff to be caring in their approach.

People's rooms were decorated to reflect their personal taste.

Is the service responsive?

Good

The service was responsive. Care plans were informative and up to date.

People were supported to take part in a range of activities.

Complaints were dealt with promptly.

Is the service well-led?

Good

The service was well-led. There were clear lines of responsibility and accountability within the service.

There were plans in place to develop communication with relatives.

Staff meetings were held regularly to allow staff to air their views regarding the running of the service.

Blackwood

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 10 June 2015 and was unannounced. The inspection was carried out by one inspector and a specialist pharmacy inspector.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people who used the service and nine relatives. Not everyone we met who was living at Blackwood was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager and one of Cornwall Care's Head of Services. We also spoke with seven members of staff.

We looked at care documentation for six people living at Blackwood, medicines records for 29 people, three staff files, training records and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

We checked the medicines records of 29 people. For nine of these people, we found one or more gaps in administration records where it was not possible to be sure whether doses had been given as prescribed. For two other people we found a dose of medicine left in the blister pack that had been signed on the chart as having been given to them. We found one person had a chart showing that on one day, an extra dose of an antibiotic had been given, over that prescribed. This had not been picked up by the home and reported as an error. These medication records showed that people didn't always receive their medicines in the way prescribed for them. We asked about recording of the application of creams or other external preparations, and we were told that this is currently under review at the service. We saw one chart kept in a person's room which had been completed recently. However staff told us that other people had no records of prescribed preparations that were being applied. This meant we could not be sure people were receiving their medicines as prescribed.

We found the service was in breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A system was in place for reporting incidents involving medicines, in order that they could be investigated and lessons learnt from them in order to try to reduce the risk of them happening again. In response to some recent issues reported to us in respect of medicine errors, we found that staff had recently had updated medicines training from the supplying pharmacy, and this was confirmed by staff. Following training we were told people were checked to make sure they could give medicines safely, and we checked the records for one person who had been signed off with a competency certificate. The manager explained about the corporate auditing of medicines which we were told took place monthly.

Care plans held information about people's medicines and how they were given. There were clear instructions for a sedative medicine prescribed to be given 'when required', and the administration and reasons for giving were clearly recorded on this person's medicine chart, as well as monitoring of the effectiveness of the dose.

There were policies and procedures in place to guide staff as to how to look after medicines in the home and there was information available for staff and residents about their medicines if they had any questions about them.

Separate charts were used for the recording and daily checking of pain relieving patches. These had been recently introduced in response to some issues with the recording and application of patches. We saw these were generally well completed with daily checks taking place, and we saw the patches were changed when necessary, unless a reason had been documented, for example if a patch application had been refused on a particular day. An audit trail was kept of medicines received into the home and those returned to the pharmacy for destruction.

We watched some people being given their medicines at lunchtime, and we saw they were given in a safe way. Staff told us that there was nobody who looked after their own medicines at the time of our inspection, but that people could do this if it had been assessed as safe for them, and that lockable storage was provided.

Medicines were stored safely and securely. There were suitable arrangements for keeping any medicines needing cold storage, and for any controlled drugs in use. There were records that showed that room and refrigerator temperatures were monitored to show that medicines were being stored correctly and would be safe and effective for people. The home kept separate supplies of some non-prescription medicines, and had procedures in place which recorded how and when these were given to people if they needed them.

Staff and relatives told us there were not always sufficient staff to meet people's social needs. Comments included; "There are never enough carer's. You're running around looking for someone", "We're running around like headless chickens." and, "They're always rushing to do the practical things, like get people into the dining room, they're run off their feet." A care worker said; "You don't get time to sit one to one with people. The amount of times I say, 'I'll be there in a minute.' It's too much."

During the inspection we saw people's needs were usually met quickly. However, during the afternoon we saw eight people were in a lounge area which was not being observed by staff. We sat in the room for a total of twenty minutes during which time one person who was unable to

Requires Improvement

Is the service safe?

mobilise independently, was shouting for assistance. Eventually they leant from their chair and started to knock against the adjacent door. A member of staff responded and the person was supported to leave the room.

We discussed staffing with the registered manager. They told us they had some staff vacancies and were actively recruiting to fill these positions. Three new employees were due to start their induction training and a further three were awaiting pre-employment checks. In the meantime staff from Cornwall Care's flexi-pool and agency staff were being used to maintain the staffing levels. However, staff and relatives were concerned there was an over reliance on staff who were not familiar with people's needs. The service had calculated the minimum number of staff required throughout a 24 hour period. We looked at the rotas and saw these minimum levels were consistently met. The registered manager told us they were trialling a new shift pattern with an earlier start for day staff. They wanted to see if the extra support, as people were getting up in the mornings, would result in staff being able to give people more individual attention during the mid-morning period. This demonstrated steps were being taken to address staffing numbers and help ensure staff were used effectively.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example in one care plan we saw written; 'Client is able to get up from bed/chair unaided. Client would be able to manage steps/stairs but would need supervising due to risk of falls.'

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example one person's care records stated; 'Avoid loud noises, shouting and overcrowding.' There was also information on positive actions to take to engage with the person such as using their interest in music or a particular sport. Records had been kept of any incidents in order to try and identify triggers and thereby help the person avoid these where possible.

People told us they felt safe at Blackwood, one relative stated; "He's much safer than he was at home." Staff had received training in safeguarding and were confident of the action to take if they had any concerns or suspected abuse was taking place. They were aware of Cornwall Care's whistleblowing and safeguarding policies and procedures.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

We recommend the service takes advice on the effective deployment of staff to help ensure people's needs are met in a timely fashion.

Good

Is the service effective?

Our findings

At our inspection in January 2015 we found the design and layout of the building was not meeting people's needs. There was a lack of clear and consistent signage to support people living with dementia to orientate themselves within the building independently. Parts of the building were in need of redecoration and some facilities needed updating.

At this inspection we found the areas we had identified as requiring redecorating had been improved. Carpets and floor coverings had been either replaced or deep cleaned. Walls were newly painted and curtains, furniture and soft furnishings replaced. Bathrooms had also been refurbished, tiles replaced and toilet arm rests replaced. The environment was clean and pleasant throughout. People told us they thought the building was a much nicer environment.

Signage throughout the building was clear and consistent. Bathrooms and toilets were clearly marked and bedroom doors had nameplates with people's name on and either a photograph of themselves or a picture of something significant to themselves. These had been chosen with help from people and/or relatives.

We observed the lunch time period in one of the dining rooms using SOFI. The food looked appetising and well presented. One person told us it was; "Smashing." Another said; "I like the soup, they do a nice soup." People were encouraged to eat as independently as possible with staff offering assistance such as handing people food or cutting food up. Information in care plans guided staff as to how to support people at meal times. For example we saw written; '[Person's name] may become distracted and not wish to stay at the dining table for meals. We should recognise this and ensure flexibility around our approach.' People chose where they wanted to sit and chatted among themselves or with staff. Some people chose to eat alone and this was respected.

We spoke with the head chef who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting new residents in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. They told us one person had requested tripe which they had managed to find. They said; "I had to ask them how to cook it, but we got it!" There was a file in the kitchen which listed everybody's needs. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time even if the kitchen was not staffed.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. For example one person had recently moved into the service following a hospital admission. The care plan stated the person had a history of poor nutrition. Food and fluid charts were kept for the first three days after entering the service in order to identify any concerns.

The Mental Capacity Act (2005) provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. The associated Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was aware of changes to the legislation following a court ruling last year. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest discussions had been held. For example we saw arrangements had been made for a best interest meeting to be held to decide if one person should remain living at the service or receive support to stay living in the community. The meeting would involve an Independent Mental Capacity Advocate (IMCA) as well as representatives from the service and social services to help ensure the voice of the person was heard. Applications for DoLS authorisations had been made to the local authority. Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. Training in this area was up to date for all staff. However we noted the training had been completed shortly before the legislation changed. We discussed this with the registered and interim deputy managers who told us they would prioritise the refresher training for staff.

Good

Is the service effective?

Staff told us the training they received was good. One commented; “I can’t fault it, it’s brilliant.” Training records showed staff were up to date in all areas defined by the provider as necessary for the service. Some staff told us they would not be confident supporting people when they became agitated or distressed and would like training in this area. We discussed this with the registered manager who told us this training had previously only been given to more senior staff but was planned to be rolled out to all staff in the near future. Staff who had received this training told us it was; “Very helpful.” People and relatives told us they considered staff to be competent.

Newly employed staff were required to complete an induction before starting work. Plans were in place for any new staff to undertake the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

Staff received regular supervision and appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

People had access to healthcare professionals including GP’s, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

Good

Is the service caring?

Our findings

Not everyone living at Blackwood was able to verbally tell us about their experience of living there due to their health needs. Relatives told us staff were very caring. Comments included; “Staff are always cheery, happy and polite” and “The staff are first class.”

During the day of the inspection we saw one person liked to spend time in the dining area and foyer. Staff passing through stopped to chat with the person and allowed them to lead the conversation to help ensure they felt valued and included. We saw another member of staff stop to talk to a person in the corridor. They checked where the person wanted to go and then linked arms with them to walk with them. We saw staff involve people in tasks such as folding napkins and laying tables. This was done in such a way as to help make the person feel valued.

People’s dignity and privacy was respected. For example one person’s daily notes showed that they were frequently refusing assistance with personal care. On the day before the inspection a carer had noted the person had talked about their worries around being supported in this area of their life. In response to this the registered manager had identified a particular carer who had built a strong relationship with the person. They were arranging shifts to enable this member of staff to support the person more often thereby acknowledging the persons concerns around personal dignity. The hope was that the person would be more accepting of support with their personal care from this particular care worker.

People’s life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people’s backgrounds past lives. They spoke about people respectfully and fondly. People were described as; “Lovely” and Staff demonstrated an understanding of people’s needs in their conversations with us.

Bedrooms were decorated and furnished to reflect people’s personal tastes. One room had been completely redecorated by the persons family as they felt it was particularly important to them to have things around them which were reminiscent of their past.

Staff knocked before entering people’s rooms. We heard a member of staff ask one person; “I’m just going in your bedroom to put your clothes away. Is that OK?” People were able to lock their doors if they wished affording them independence.

Some relatives told us clothing and personal items such as spectacles and hearing aids often went missing. Clothing was marked with people’s names but this was not preventing people from getting the wrong clothes allocated to them. Relatives felt staff did not have the time to look for items when they went missing and often did this themselves. This meant people’s personal belongings were not respected. Relatives told us they had raised this concern with the registered manager. They said that, although each incident was dealt with sympathetically, the situation had not improved. One said; “It’s sad. They do try but it goes back.” We discussed this with the registered manager who acknowledged possessions being misplaced could be a problem due to people becoming confused. This meant people sometimes mistakenly took items which were not theirs or tended to lose things. They told us they were looking into introducing a ‘float shift’. This would be a member of staff on duty who was not assigned to a particular area or role but could work where needed at any one time. They told us following up relatives concerns regarding missing belongings could be an area they picked up.

Good

Is the service responsive?

Our findings

Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. One person's mobility needs had increased recently. The care plans contained information regarding the equipment to be used and how staff could ensure the person was moved with the least discomfort. Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being.

Relatives told us communication with the service was good and they were kept up to date with any changes in people's circumstances. Relatives were invited to care planning reviews and felt involved in any decision making where their family member did not have capacity. One relative, who lived out of county told us; "We're a very long way away but we're kept informed. The contact has been very good."

People had access to a range of activities both within the home and outside. An activities co-ordinator was employed on a part time basis to support an organised programme of events including regular trips out and visits from entertainers. On the day of the inspection a musician was entertaining people during the afternoon.

In addition to the organised events we saw people were supported by care staff to engage in activities when staff had the time and opportunity to do so. For example we heard one care worker supporting people with a physical activity during the morning. One person told us; "There's always a lot to do if you want to do it."

People had access to quiet areas and a well maintained garden. Some people had pots and plants in the garden which they tended, either with the support of relatives or staff. The registered manager told us some people found this particularly therapeutic.

People and relatives told us they were satisfied with the programme of events and felt this had improved in recent months. One relative was concerned their family member chose not to take part in organised activities and therefore was at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells.

A relative had recently raised a concern regarding the care of their family member. This had been dealt with on the day it was raised and plans put in place to help ensure the situation did not reoccur. The relative told us they were happy with the way the concern had been dealt with and were confident any future problems would also be handled effectively.

Good

Is the service well-led?

Our findings

Relatives and staff told us the registered manager was approachable and friendly. However relatives told us it was sometimes difficult to locate them because of demands on their time. One relative commented; “He is a good, fair man. He is busy and you can’t always see him directly but if he is there he will see you.” Another said; “The management doesn’t have the time. I often want to ask a few questions and there’s no-one there.”

There were clear lines of accountability and responsibility both within the service and at provider level. At Blackwood the service was overseen by the registered manager who had been in post for a number of years and was supported by a deputy manager. At the time of the inspection the long standing deputy manager had recently moved to another Cornwall Care service. There was an interim deputy in post and the position had been advertised. Manager meetings were held at head office every two to three months for all the organisations managers. This was an opportunity for managers to be updated on any developments within the care sector and updates on recognised good working practice.

Staff told us they felt well supported through supervision and regular staff meetings. However they did report that staff morale was low at the moment due to some long term members of staff leaving. They expressed anxiety around staffing arrangements and although they were aware new staff were due to start they were concerned about the length of time it would take before they were ready to work effectively. We discussed this with the registered manager who told us changes to the shift patterns had been recently introduced which might have contributed to unsettling some staff. This was due to be discussed at a staff meeting a few days after the inspection.

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. For example changes to shift patterns had been communicated to staff at meetings. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Senior care workers also had regular team meetings. Training and support specific to the needs of administration workers was provided. Administration teams from across Cornwall Care services were given an opportunity to meet up, share ideas and keep up to date with any developments in working practices.

An open day had been arranged for July 2015 which relatives would be invited to. The registered manager told us they would be using the occasion to initiate a families group which they hoped would be led by a family member. They believed this would lead to better and more consistent involvement from relatives in the running of the service. The last CQC inspection had resulted in work being carried out on the building. Relatives had been kept informed of developments and this had led to an increase in communication that the registered manager was hoping to sustain.

Plans were in place to improve the dining area and provide more pleasurable meal times for people. The registered manager was looking to update menu boards including visual aids to support people to make meaningful choices. There were also plans to buy tablecloths in order to enhance the dining room environment.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, both internally and by auditors from Cornwall Care’s head office. The audit system was based on the CQC methodology and covered areas such as care planning and medicines. There was an interim head housekeeper in post with responsibility for the maintenance and auditing of the premises.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment was not provided in a safe way for service users because systems for the proper and safe management of medicines were not robust. Regulation 12(1)(2)(g)