Anchor Trust

Blackbrook House

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

Blackbrook House provides accommodation and personal care for up to 55 older people who may also have dementia. Care is provided in two separate units which are located on the same floor level. At the time of our visit there were 45 people living in the service.

The service had a manager in post that was going through the process of becoming registered. They were being supported during this process by the area manager. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

Staffing numbers were adequate most of the time. However, during the day of inspection we observed people having to wait too long for their meals. The provider had previously provided an action plan in which it was noted that regular audits will be carried out of people's meal time experiences we were therefore confident that this would not remain an issue.

There were appropriate arrangements in place for medication to be stored and administered safely.

The provider had some systems in place to manage risks but had not covered all of the risks to people with health needs. We recommended the service update people's risk assessments that are living with diabetes to include the need for them to be monitored when consuming sugary snacks and drinks.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated codes of practice.

People had access to healthcare professionals. A choice of food and drink was available that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions about their care and support.

People were treated with kindness and respect by staff who knew them well and who listened to their views and preferences.

People were encouraged to follow their interests and hobbies. They were supported to keep in contact with

their family and friends.

Staff were committed to providing good quality dementia care and people living with dementia were supported to lead a fulfilling life as possible.

There was a new manager in post who was enthusiastic and motivated and committed to ensuring people experienced a good quality of life, they encouraged an open culture and led by example. Staff morale was high and they felt that their views were valued.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had some systems in place to manage risks.

Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

Staff received effective support and training to provide them with the information they needed to carry out their roles and responsibilities.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

People were supported to have sufficient to eat and drink.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

People had access to healthcare professionals when they required them

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff knew people well and what their routines were.

Staff were kind and considerate in the way that they provided care and support.

Is the service responsive?

Good

The service was responsive.

People and their relatives were consulted about people's needs and preferences.

People had access to a range of personalised and group activities.

Care plans were comprehensive in detail. This supported staff to provide care and support which reflected people's preferences, wishes and choices. However,some peoples care plans required additional information in regards to living with diabetes.

People who lived at the home and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

The manager supported staff at all times and led by example.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

The service had an effective quality assurance system. The quality of the service provided was regularly monitored and people were asked for their views.

Blackbrook House

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 11 April 2017. It was unannounced and was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with seventeen people who used the service, the manager, area manager, administration assistant and seven staff including the chef. We also spoke with nine relatives that were visiting at the time of our inspection.

After the inspection we received information from other healthcare professionals that visit the home.

We reviewed six people's care records, eight medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction and training schedules and a training plan. We also looked at the service's arrangements for the management of medicines, and records relating to complaints and compliments, safeguarding alerts and quality monitoring systems.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "If I was worried about anything I would speak to the manager." And "I just press the buzzer if I need staff they normally come quickly."

There were policies and procedures regarding the safeguarding of people. Staff had received training, and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm or neglect. It was evident from our discussions with them staff had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately.

People's risks were well managed. Care records showed that each person had been assessed for risks before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking and moving and handling. Where risks were identified there were measures in place to reduce them where possible. All risk assessments had been reviewed on a regular basis and any changes noted.

The service used assessment tools to identify people who may be at risk these included, waterlow scoring system to assess the risk of pressure sores, Falls Risk Assessment Tool and the Malnutrition Screen Tool (MUST). We also saw completed assessments for oral health, continent assessments along with the Abbey Pain Scale for dementia care. These were updated regularly and a traffic light system was used to highlight the individual's risk.

We saw that there were processes in place to manage risks related to the operation of the service. The home employed a maintenance worker who was responsible for carrying out Health and Safety checks. These covered all areas of the management of the property, such as gas safety checks and the servicing of lifts and equipment such as hoists used at the home. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

Generally people felt there were enough staff to meet their needs. People told us, "I think there is enough staff there is always someone around when you need them." Relatives commented that agency staff were used a lot but they have noticed they have not been used as much lately. This confirmed what we had been told by the manager who had told us they were in the process of recruiting permanent staff.

On the day of the inspection although staff were busy they did not appear rushed and took time to talk to people. The manager was able to describe clearly how staffing was calculated and showed us how staffing numbers had been increased recently with new admissions into the service. However our observations on the day showed that one area did not have quite enough attention by staff as the rest of the service did. We shared our observations with the manager who told us they would immediately address this.

The home also employed housekeeping staff and a cook and kitchen assistant, this enabled the care staff to

focus solely on the care required to meet the needs of the people that used the service, without having to carry out any other duties.

People were satisfied with the way their medications were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medications were kept securely and at the right temperatures so that they did not spoil. Medications received from the pharmacy were recorded and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them, to confirm the right people got the right medication. Regular medication audits had been completed by the service. Staff had received training to administer peoples' medication safely and had regular competency assessments which included observations of their practice. We did note that on the medicines administration records (MAR) sheet when additional medication had been hand written, it was not signed by two staff members. This could lead to a staff error in transcribing from the medicine packet. We discussed this with the manager who told us they would speak to staff about this as it was in fact their protocol for two staff to sign and would therefore have been picked up on the monthly audit.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

The service had robust infection control systems in place, we observed throughout our visit staff maintaining high levels of cleanliness and infection control. Staff were trained and updated in food hygiene and infection control. Cleaning materials were organised and safely stored. Cleaning rotas and audits were available and updated. Communal areas were clean and inviting, the kitchen in which the food was prepared was organised and clean. Staff had access to protective clothing for example gloves and aprons and there were facilities to dispose of these safely.

Good

Is the service effective?

Our findings

People spoke positively about the ability and approach of staff in providing a quality service that met their needs. One person told us, "I couldn't be better cared for. They meet my needs completely; they have to help me dress in the morning and for bed at night. They are wonderful, really wonderful, they help in every way." One relative told us, "They know my [relative] really well they have them sussed which is a great relief."

Staff told us they felt they were supported with regular supervision and annual appraisals with their manager. This enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. All staff we spoke with confirmed they had been encouraged to undertake additional professional qualifications to improve their knowledge. For example, diplomas in health and social care.

New members of staff undertook an in-depth induction training course covering areas such as moving and handling, safeguarding people from abuse, first aid, basic food hygiene, behaviour that challenges, COSHH awareness, nutrition and hydration, pressure ulcers. Staff told us, "I had training before I started, then shadowed experienced staff for to integrate me into the home."

Staff had the necessary skills to meet people's needs. They communicated and interacted well with the people who used the service. Staff were appropriately trained and supported for the roles they were employed to perform. All staff we spoke with told us they had been supported with training relevant to their role and how this enabled them to understand and meet people's needs. For example, they were able to demonstrate to us through discussion and our observation throughout the day of inspection; how they supported people in areas they had completed training in such as moving and handling, dementia, and falls prevention. We observed two staff supporting a person to transfer from their bed to a chair this was done efficiently and competently whilst promoting the persons independence. Staff showed respect and understanding and gave verbal encouragement throughout the process.

A monthly report was sent by the provider detailing the compliance status in all areas of training. Any outstanding or training due was immediately actioned by the administrator, who would check the rota and book staff on to any training required. We saw the training matrix which clearly highlighted any training which was due to expire therefore ensuring staff training was up to date.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to received care and treatment when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals

are called the Deprivation of Liberty Safeguards (DoLS). We Checked whether the home was working within the principles of the MCA 2005.

We looked at care records and found the service routinely assessed people's capacity for day-to-day decision making such as personal care, dressing, transfers, medication, and nutrition.

We spoke with the staff to assess their working knowledge of working within the principles of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. We observed staff consistently offering choice to people and checking for their agreement before supporting them with any tasks. Staff had been trained in MCA and DoLS they were aware of the people that these restrictions applied to and the support they needed as a consequence.

People told us they were happy with the food provided comments included, "The food is usually ok I am not a big eater and you get a lot." And "The food is excellent can't fault it at all." Staff told us, "The food is all prepared fresh each day and there is always an alternative if people do not like what is on the menu." People were asked each morning for their choice of two dishes the chef told us they always prepared enough to allow for people to change their mind once the food was served.

Meals were prepared by the chef and his assistant and served by staff who all demonstrated an awareness of people's likes and dislikes, allergies and preferences. People were supported to have enough to eat and drink and we saw drink and snacks being offered throughout the day. There was 'food stations' around the service with drinks and snacks enabling people to help themselves with items such as crisps, chocolate, sweets as well as fruit.

Where people had problems with weight loss staff were aware and monitoring took place regularly. Food was fortified as standard and additional supplements were added to people's diets to help maintain weight. The chef showed us a detailed chart about peoples' dietary requirements this was up to date and accurate.

We visited the kitchen and found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food safety. The chef had knowledge of the food standards agency regulations on food safety and food labelling. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies. The provider had achieved a food safety rating of five. The chef completed audits in areas of temperature monitoring, cleaning, food quality and audits related to daily cleaning and deep cleaning.

The manager told us they were visited on a weekly basis by a nurse practitioner who they had a good relationship with. A communication book was used to record the nurse involvement, as they were able to prescribe the GP needed only to be involved for emergency or more complex issues. People spoken with spoke highly of the nurse comments included, "The nurse visits on a weekly basis they sort anything out the staff let them know if you need to see them."

Relatives confirmed that people's healthcare needs were effectively managed and they were supported in gaining access to healthcare professionals should they need it. Relatives told us that staff at the service were very good at monitoring people's well-being and kept them updated with the outcome of any appointments. People's care records confirmed that they were supported to have contact with GPs, chiropodists, dieticians and dentists in order to maintain their health. One relative told us, "I'm very much informed [relative] had an accident I was phoned straight away and the paramedics were called out things have been put in place and nothing has happened since." Another told us, "They have referred [relative] to a physiotherapist and taken them to hospital appointments they are doing their best with their pressure sore

and it is not getting any worse."

Good

Is the service caring?

Our findings

All of the people we spoke to without exception told us the staff were gentle, caring and kind. Comments included, "Staff are very kind, very thoughtful about things." And "Everybody is very nice they are always polite, if you ask them to do anything they will."

During our observations, we noted that the interactions between people and staff were friendly and respectful. We saw staff talking and interacting with people and noted the positive atmosphere in the service. Staff demonstrated affection, warmth and compassion towards the people they were supporting. For example, people made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed they were given time to respond to a question. There was chatter and laughter heard throughout the day amongst people and staff.

We noted people's dignity and privacy and independence were maintained throughout our inspection. Staff walked with people at their own pace. They spent time actively listening and responding to people's questions.

Staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. For example, they described how they used a towel to assist with covering the person while providing personal care and made sure the door was shut they also told us they let the person know what they were doing at all times. We observed staff knocking on people's doors and waiting for a response before entering.

Relatives told us they always felt welcome and that this had a beneficial impact on their family member's experience of the service. One relative told us, "The staff always show a warm welcome, they offer a drink nothing is too much trouble."

People were supported to maintain their independence and skills. One person's care plan, for example, instructed staff on how the persons food needed to be presented and that they were able to eat and drink independently given time and encouragement. Staff and records confirmed that the person had successfully achieved this and noted that they had eaten well. Other people's records confirmed that guidance was in place to help them maintain skill, for example helping themselves to drinks and snacks.

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt the service met their needs and they were satisfied with the care and support they received. They said they had been given the appropriate information and the opportunity to see if the service was right for them prior to moving in.

The manager carried out a detailed assessment before people moved into the service. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to each person. This assessment identified choices of life-style so this could be integrated into the care plan. This included detail such as the time people liked to get up and any interests and hobbies they had or would like to pursue.

There was evidence that people's wishes and preferences were included in their care plans wherever possible. Relatives said that they were fully involved in decisions about their relative's care. Relatives told us, "Things have improved for the better since the new manager has come on board we have been invited to a review meeting to discuss [relative] care plan and feel fully involved now." People we spoke with were aware they had a care plan and some told us they had been involved in a meeting with the manager to discuss their care needs. Each person who lived at the home had been involved with recording their life history; in addition, support had also been sought from relatives where it was appropriate. This information enabled staff to chat with the people about their family and reminisce about their life and personal experiences. We observed this during our visit; staff sat interacting with people and chatting about their life.

Care plans were comprehensive in detail. This supported staff to provide care and support which reflected people's preferences, wishes and choices. However, some people's care plans required additional information in regards to living with diabetes.

We recommended the service update people's risk assessments that are living with diabetes to include the need for them to be monitored when consuming sugary snacks and drinks.

The Environment of the home was light and airy and well decorated with bright colours. There were small seating areas as well as a large lounge area. We observed people sitting with family members playing dominoes in one of the areas. In another area four people sat and told us, "They were having a good gossip." The pictures on the walls were appropriate for the age group of the people that lived in the home for example pictures of film idols which enabled people to reminisce and stimulated conversation. Pictures were placed with people in wheelchairs or sight impairment in mind as they were low level. The dementia area had reminiscence objects of reference and we observed people using these throughout our inspection. For example, fiddle blankets, empathy dolls and one person was busy dusting they were supported to walk where ever they wanted to whilst dusting which gave them a purpose. Staff told us, "[Name] loves to dust a lot of the time they like to be busy and dustings keeps them from being anxious." The environment was dementia friendly, for example no corridors or locked doors people could walk freely without coming across barriers.

People had different colour blocks painted on the walls along the corridor to promote their awareness of where their room was situated. The service was in the process of sourcing appropriate pictures to put on their doors of things that were meaningful to them, for example one person loved cats and therefore had a picture of a cat on their door.

The manager spoke enthusiastically about how they had searched the internet and local charity shops to source objects of reminiscence which were appropriate for people and that they took into account people's life history when sourcing items. For example, an ironing area was in the process of being put in place and an old fashioned iron had been sourced identical to the one people would of used as someone had been responsible for carrying out laundry and ironing in their past working life and it was felt this would be beneficial to them and to others.

The manager told us how the dementia area was a work in progress and that they had been in discussion with staff and relatives for ideas about how they could promote people's wellbeing by giving them meaningful activities to do. On the day of inspection whilst we were in the dementia unit everyone was busy and involved in some meaningful activity for them. Some people were nursing empathy dolls and were really happy and content in doing so. Another person was shaking some maracas; People had fiddle blankets in their hands and were enabled to walk freely from one area to another. In one area at the end of a corridor was a seating area which had been turned in to a 'memory area' with an airplane suspended from the ceiling and army hats along with a red phone box lamp and war pictures displayed on the walls. Some of the staff from the service had been responsible in purchasing the items.

The entrance hall was brightly decorated and welcoming there was a display of cards for different occasions where people could purchase one for their family or friend for a special occasion. There was information about the service and the provider with contact details for people if they had any concerns. Displayed in a prominent position was a 'you said, we did' board which had outcomes of comments or suggestions made.

Within the service there was a separate kitchen with a dining area which enables people to eat with their family in private if the so wished. We observed one person sitting in a private seating area using the phone to speak with their family.

The service employed an activity coordinator who was on annual leave on the day of inspection therefore care staff were responsible for supporting people to take part in activities. People told us, "We have a coordinator, they do things like scrabble, and flower arranging, quizzes and sometimes we go out for coffee or to the community centre." And "I don't take part in many activities because of my sight but they do include things for me, the quizzes I like and reminiscing sessions you get to know people." The service had a number of 'quiet lounges' for those people not wanting to take part in activities.

On the day of inspection we observed the maintenance staff supporting one person to help them with their tasks they could be heard chatting with them and asking for their opinion on certain jobs. The manager told us this person enjoyed being active and feeling like they had a purpose and a job to carry out and by assisting the maintenance staff their depression had lifted. We were also told the service was in the process of drawing up plans for a coffee shop/bistro and this person was being supported to take part with the plans.

During the lunchtime period we observed two dining rooms staff supported people to sit where they wanted to and people were offered a drink some people chose sherry or wine. People were shown 'show plates' in case they were unable to remember what they had chosen earlier on in the day. Our observation showed that people had to wait far too long for their meal and some people were falling asleep at the table. We

discussed our findings with the staff and management who told us this was not normally the case. The manager had previously shared an action plan with us this highlighted that staff would be receiving training around peoples dining experience and that this would be audited on a regular basis. They also told us that this would be 'protected time' which meant that all staff would be expected to support people with the meal times.

We saw that the manager routinely listened to people through care reviews and organised meetings. The staff said that 'residents meetings' were held once a month. From looking at the minutes of the meetings, we saw that feedback was sought about sourcing some garden furniture for the dementia garden and this had been purchased.

The service had a complaints policy and procedure which was available and within easy access to all people that used the service. One person told us, "I have no complaints; I would speak to the manager." Relatives informed us they would have no hesitation in complaining if the need arose. At the time of inspection there were no outstanding complaints however, records of complaints received previously showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve concerns.

Good

Is the service well-led?

Our findings

People and their relatives told us they were happy with the management and staff. A relative told us, "The manager is so approachable there are always around to speak to and to ask if everything is okay." Staff told us, "[name of manager] door is always open nothing is too much trouble you really feel valued and supported." And "Things have definitely changed for the better since the new manager has been here."

The manager was supported by a deputy manager and an administration assistant. Whilst the manager was going through their registration process they were being supported by the area manager. The area manager was new in post and had been pro-active when taking over the role by sending an action plan which they had devised after carrying out a quality audit of the service. This had achieved by dates on which had been discussed with the manager to ensure they were achievable. We saw this was a 'live document' and that many of the things had been actioned already within the agreed timescales. The manager told us how they had put a freeze on admissions to the home during a period of time. This was because they were trying to recruit staff as some staff had decided to leave when the new management team had changed their working conditions. They felt it would have put too much strain on the staff team and that they wanted to ensure they had time to recruit the right staff.

Staff said they enjoyed working at the home they told us the manager and deputy manager were supportive and approachable. Staff felt able to raise concerns or make suggestions for improvement. They told us that communication was always inclusive and they were kept fully informed about any proposed changes. We saw evidence of this in the staff meeting minutes and also daily handover logs.

The provider was sent details each month in relation to pressure ulcers, falls, accidents and weight loss. These were monitored and analysed to check if there were any emerging trends or patterns which could be addressed to reduce the likelihood of reoccurrence. Attention was given to see how things could be done differently and improved, including what the impact would be to people.

The providers' representative visited the home on a monthly basis to check on the safety and quality of the service and to review any actions from previous visit. Quality assurance processes were in place. We looked at records relating to systems in place and found that a range of checks and audits within the service had been carried out.

As part of the provider's quality assurance systems they sent questionnaires to relatives, friends and health or social care professionals to seek feedback to improve the quality of the service. We were shown the outcome of the recent survey which showed the service had scored 946 out of 1000 for the care rating resident's survey and 883 out of 1000 for the relatives survey. Feedback was mainly positive and comments included, "You made the transition from home as gentle and pain free as possible." And "The care, kindness and patience your staff showed has been incredible."

We spoke to healthcare professionals about their experience of the service and they told us, "I have never had any issue with communication with the manager or senior staff and they have been very responsive, I've

found them to be quite pro-active over any concern or issue and have taken time to address."

Confidential information about people was kept in the main office and any computers were password protected. This ensured that people such as visitors and other people who used the service could not gain access to people' private information without staff being present.