

Blackwells (Hereford) Limited

Blackwells

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

About the service

Blackwells is residential care home providing personal care for up to seven people who have learning disabilities, aged up to 65 and over at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to seven people. Seven people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's individual risks had been assessed and action taken to mitigate them to ensure people stayed safe.

Staff administered people's medicines safely. Staff provided people with support to have the medicines they needed to remain well, and people's medicines were regularly reviewed and checked.

People were supported to enjoy a wide range of activities which reflected their own personal interests and enhanced their lives.

People, their relatives, staff and other health and social care professionals worked together to assess people's needs and plan their care. This was done so people's support and preferences would be met, and

they would enjoy an enhanced sense of well-being.

People were supported by staff to make decisions about their care and support. Staff used their knowledge of people's preferred ways of communicating, to assist people to make their own choices.

Staff promoted people's right to independence, dignity and respect.

People, their relatives and staff were encouraged to make any suggestions for developing the care provided further.

The provider and registered manager checked the quality of care provided through quality audits.

Rating at last inspection

The last rating for this service was Good [published in 10 February 2017]

Why we inspected

This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Blackwells

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector on 14 August 2019

Service and service type

Blackwells is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, care manager, senior support workers, and support workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they liked and felt safe living at the home. One person told us, "Staff are nice, so I do feel safe here."
- The provider had safeguarding policies in place for staff to access and follow should they be required
- Staff understood systems in the home for recording and escalating any concerns they had. Staff felt certain that the management team would act upon any concerns raised. One staff member told us, "I'd go straight to [care manager's name] if ever I thought someone was ill-treated."
- The care manager understood the need to notify the local authority and the Care Quality Commission [CQC] where appropriate.

Assessing risk, safety monitoring and management

- People were encouraged and supported to take positive risks to support their well-being and independence. Where people needed, staff supported them to maintain their safety to manage those risks.
- People's identified risk had been recorded and documented for example associated risks with any physical needs both within the home and/or out in the community. For example, where people required extra support to stay safe whilst out in the local town this was provided, with guidance for staff of what to do if they required extra support.

Staffing and recruitment

- We saw people had access to staff when needed and staff told us there were enough staff to support people safely. Staffing levels were decided in accordance with people's needs.
- Staff recruitment records showed checks were completed on staff before they worked with people in the home to assure the provider of their suitability to work there. Although we noted not all staff files had a photograph of the employee present. The care manager told us they were in the process of rectifying this.
- The DBS is a national service that keeps records of criminal convictions. Systems were in place to ensure staff completed these checks before commencing work at the home.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines and were assessed as competent to support people with their medicines.
- People told us they received their medicines on time as prescribed.

Preventing and controlling infection

- The home environment was clean, and staff understood and practiced infection control techniques. Staff told us they had access to equipment such as gloves and aprons.

Learning lessons when things go wrong

- The registered manager and care manager monitored people's care and ensured where care could be improved, information was shared with staff to support this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were considered before they moved to the home. The views of people's relatives and other health and social care professionals' advice was considered when people's needs were assessed
- Staff had received training in equality and diversity so understood how to support people with a variety of diverse needs, including protected characteristics under the Equality Act [2010].

Staff support: induction, training, skills and experience

- Staff undertook a comprehensive induction programme. This included working with more experienced staff, initially. Staff were also supported to develop their skills on an on-going basis, so they could carry out their roles effectively. We saw staff used the skills they had gained, including when communicating with people, so people's preferences and wishes would be followed
- Staff told us they felt they received training to give them the skills they required to support people living at the home. For example, staff had received specialist training in positive behaviour support [PBS], which provides guidance in how to support people's behaviour that challenges. We saw this had benefitted people, one relative wrote. "[Person's name] has been at Blackwells ... I have seen a change in them for the good." Another relative commented, "They've done an excellent job with [person's name] he's very settled and calm."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff understood if people required specialist diets or different textures of food and ensured people received the support they required. Where necessary advice had been sought from the speech and language therapist [SALT].
- Some people enjoyed the independence of making their own drinks and were confident to make these as they wished. Other people were encouraged by staff to have enough to drink so they would remain well.
- People we spoke with told us they enjoyed the food served at the home. One person told us, "Staff help me with healthy eating."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff assisted them to access a variety of health professionals such as opticians, doctors and dentists, so they remained well. All visits were recorded in the person's individual health action plan [HAP]. On the day of our inspection we heard one person complain of pain, we saw staff reacted promptly to seek medical advice.

Adapting service, design, decoration to meet people's needs

- The home environment and décor were furnished to people's taste and people showed us their own personal possessions displayed around the home.
- Where required the home had been adapted to assist people to maintain their independence for example a stair lift had been fitted so people could more easily access the first and second floors of the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. For example where people required staff supervision in the community for their own safety.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with described how they liked the staff. We heard one person say to a staff member, "You are a special lady."
- We saw people had positive relationships with staff for example,, there was a lot of banter and laughter in the home. We saw one person enjoyed playing pranks on the staff leaving a plastic snake on the office floor. The care manager took this with good humour.

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in making decisions about their care and support. People had regular meetings with their key worker to discuss any changes they wanted to make to their care and support.
- Staff knew people well and knew their likes, dislikes and how they wanted to be supported. For example, we saw people's preferences of activities and outings were discussed and recorded for the following month with their key worker.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private. One staff member told us, "I always respect people. If I was delivering personal care I always knock on the door before entering. I'd ask them if they are happy for me to assist them with a shower, if they refuse I'd go away and try again later."
- Staff encouraged and supported people to do as much as they could for themselves. People were encouraged to help with household tasks and cooking meals where possible.
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them.
- Staff told us people's care plans were easily accessible to them, and they read and followed these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication had been assessed and recorded, and staff were provided with guidance on how to promote effective communication.
- We saw examples of information having been given to people in a way they more easily understood, for example customer feedback forms were in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to join in a variety of activities of their choice or interest. One person told us how they enjoyed a singing and dancing activity and another person told us they had been supported to find employment.
- People's cultural and religious beliefs were recognised and supported by staff.

Improving care quality in response to complaints or concerns

- People were given information of how to make a complaint in an easy read format. Although no complaints had been raised since our last inspection.
- We saw the provider encouraged feedback about the care and support provided by leaving a comments box in the hallway.
- We saw people had accessed advocacy services when required.

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, in some people's care plans we saw evidence that people's end of life wishes had been discussed and recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they felt they worked well as a team because they were supported by the care and registered managers. One staff member said "[Care manager's name] is very approachable and so is [Registered manager's name] so I feel very supported."
- Staff told us there were regular staff meetings and one to one supervision held so they had the opportunity to reflect and discuss their work, training and any concerns. Staff told us they felt the management team listened to them and felt involved in the development of the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team completed a range of quality audits to ensure they provided the best outcomes for the people they support.
- The provider and management team understood their responsibilities to notify us of any changes to the services provided or incidents which affected people who lived at the home.
- Staff understood their roles and responsibilities. We saw there were regular meetings and handovers for team leaders with the care manager to ensure consistent communication of expectations was given to the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics,- Continuous learning and improving care

- We saw the registered manager and provider had sought the opinions of people and their relatives using the service through customer satisfaction questionnaires. We saw all the responses received were positive. One relative had written, "They [staff] have done an excellent job with [person's name] they are so settled and calm, now they feel safe."
- We saw there was a commitment from staff to continue with their education and they were supported by a care manager who was also a positive behaviour support trainer. This assisted staff to understand and minimise people's behaviour that may challenge.

Working in partnership with others

- The management team worked with, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.