Cavendish Healthcare (UK) Ltd

Blackbrook House

Inspection report

Gun Hill
Dedham
Colchester
Essex
CO7 6HP

Date of inspection visit:
10 February 2016

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08 April 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 10 February 2016 and was unannounced.

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 40 people living in the service.

The service had a registered manager in post. 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.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were appropriate arrangements in place for medication to be stored and administered safely, and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. The registered manager had some understanding of MCA and DoLS, but had not ensured Mental capacity assessments had been carried out where people were not able to make decisions for themselves.

Inconsistencies across the service in relation to the quality of information included in people's care records were found and improvements were required.

People did not always have input in planning for their care. Therefore people were not fully involved in making decisions about their care and support.

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

There was a strong management team who encouraged an open culture and who 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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had 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?

Requires Improvement

The service was not always effective

The manager had not carried out the necessary Mental Capacity Assessments. (MCA)

People were supported to have a balanced diet and to make choices about the food and drink on offer.

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

Is the service responsive?

Requires Improvement

The service not always responsive.

People and their relatives did not have continued input into the care they received.

Information recorded within people's care plans were inconsistent and did not always provide sufficient detailed information to enable staff to deliver care that met people's individual needs.

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 registered 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 on10 February 2016. It was unannounced and was carried out by two inspectors 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, and their expertise was in the care of older people.

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 four people who used the service, the registered manager and deputy manager and five care staff. We also spoke with three relatives that were visiting at the time of our inspection, and made telephone calls to two healthcare professionals following our visit.

We reviewed six people's care records, staff recruitment records, medication charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "I feel safe here, they wouldn't let anything happen to me. If I was worried I would speak with [manager] or the staff." Another person said, "I wouldn't be able to live on my own. I feel secure in here. The staff are lovely."

All of the relatives we spoke with told us they considered the service was a safe place for their relative to live and had no concerns. One relative told us, "We looked around a few homes before we chose this one. When we visited we could see that people were well cared for, the atmosphere in the home felt warm and welcoming, and we thought they would be safe here and well looked after."

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 that most 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 some measures in place to reduce them where possible however, some people's care records were not detailed enough and although staff knew how to work with people to eliminate the risk this was not always clearly documented. For example, staff were able to tell us about people's medical conditions such as diabetes, and how they supported them to risk manage this condition but it was not clearly documented in the persons care records. All risk assessments had been reviewed on a regular basis and any changes noted.

We saw that there were processes in place to manage risks related to the operation of the service. 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.

People told us there were enough staff available to help them when they needed assistance. One person told us, "I think that there are enough staff here, when I need them they are here to help, I never have to wait very long." A relative told us, "I think there are enough staff, they do not use agency, so it's the same staff we all know, and I think that is very important."

The manager explained how they assessed staffing levels and skill mix to make sure there were sufficient staff to provide care and support to a high standard. Staffing rotas showed the home had sufficient skilled

staff to meet people's needs, as did our general observations. For example, people received prompt support and staff were unhurried. The manager told us that they employed housekeeping staff and a cook, 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. Some people told us they managed their own medication and there was a clear risk assessment in place and their ability to take responsibility for their own medication safely had been assessed. 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 entering the home from the pharmacy were recorded when received 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.

Staff had received training to administer peoples' medication safely. However, there was no information in the medicine administration records (MAR) folder about the reason each person was taking the individual medication or the common side effects that staff should look out for. This meant it could take staff a long time to acquire this information. Staff told us that competency assessments had been carried out but these were not clearly documented. A lack of a documented assessment could potentially lead to staff with different levels of competence being approved to administer medication. We discussed our findings with the manager and she responded positively and agreed to rectify immediately.

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.

Requires Improvement

Is the service effective?

Our findings

Staff received training in a range of safe working practices. However, we found that there were some gaps in training, for example there were a number of staff who had not received any dementia care training. The majority of staff had not received training in how to support people who became very distressed or who had behaviour that was challenging to others. Nine of the care staff had received training in the 'Virtual Dementia Tour'. One member of staff who had undertaken the training told us, "It's extremely good and helped me to have more insight and empathy into what it's like to have dementia." Staff we spoke with were not clear about the symptoms of a high or low blood sugar or what actions to take if a person with diabetes became unwell. Staff we spoke with had limited knowledge of Parkinson's disease despite the fact that three people in the home were living with this condition, it is important for people to have their medication for this condition at specific times as it may affect the ability for the person to move. Therefore staff require knowledge of this condition. The home regularly provided end of life care but according to the records none of the staff had received end of life care training.

There was no documented induction for new staff before they started working in the home, even if they had no previous experience. They were provided with an introduction to the home environment and the systems in the home. However, it was not clearly documented that they were provided with any care related training or training in safe working practices before they started work. New staff shadowed a more experienced member of staff for two weeks. However, there were no systems in place to ensure that new staff were taught a range of basic care practices to a consistent standard before they worked on their own. We discussed this with the management team and were satisfied that this would be rectified imminently as they were in the process of introducing a new system which covered a formal record of induction for new employees.

The home was divided into two units, one which supported people living with dementia. Staff worked on both units so that they knew all the people in the home well. Staff considered that they were very good at monitoring people's health and responding promptly to changes in their psychical or mental wellbeing. This was evident from the documentation in peoples care plans that clearly stated when they had asked for a GP or District Nurse to visit and the outcomes or actions from a visit. The manager told us that they had a good network of professionals who came to the home as and when required. Referrals made to health care professionals were quickly responded to and the treatment and care provided was effective because the system for providing an individualised service was available to each person who lived at Blackbrook House. People were referred to dieticians and speech therapists if there were concerns about their weight or any swallowing problems. Private chiropody and physiotherapy was available to people in the home. Staff told us that the local mental health team had recently assessed a number of people with dementia and reviewed their medication. Staff from the memory clinic had also assessed the appropriateness of their dementia medication.

One of the staff we spoke with told us that they only had one hoist and one stand aid for both units and this could sometimes cause a problem. We discussed this with the manager and were told they were aware of

this and were in the process of sourcing some additional equipment.

The service had one unit for people living with Dementia. The other unit was for older people with physical disabilities, some of whom had a degree of short term memory loss. However, the decoration was very similar throughout the home and the white bedroom doors did not stand out. There were no objects or photos that were meaningful to the person on bedroom doors that could help them recognise their own room. This made it very difficult for people to orientate themselves in the home and did not promote their independence. Staff we spoke with did not appear to realise that people living with dementia would lose their abilities faster if staff did not promote their independence and orientate them around the building on a regular basis. The pictures were hung very high on the walls so that people in wheelchairs, people with poor eyesight and some people with arthritis would have had difficulty seeing them. Many pictures were of scenery in pastel colours that blended into the walls. They did not provide focal points of interest that could stimulate conversations or reminiscence. When we mentioned this to the manager we were told this had been picked up on by the provider's 'dementia awareness manager' when they had done an inspection of the home and would be rectified.

Mental capacity assessments had not been carried out, although during our visit we heard staff asking for people's consent. For example, one member of staff asked someone, "Can I give you your tablets." Another one asked, "Can I put an apron on to protect your clothes." Care staff had received Mental Capacity Act training but the staff we spoke to had a variable understanding of its application to their role. Some staff had an understanding of how the Mental Capacity Act was important and how people should always be assumed to have capacity unless there was proof to the contrary. Applications had been made to the appropriate professionals for assessment when people lacked capacity and needed constant supervision to keep them safe. This met the requirements of the Deprivation of Liberty Safeguards (DOLs.)

People were generally happy with the quality of the food comments included, "The food is good here, and we get enough." Another person told us, "I class the food as pretty good, it's cooked well and you get a plateful. We have quite a variety, I can't fault the food." We observed people were offered drinks and snacks throughout the day. One visitor told us their relative had been recently diagnosed with diabetes and therefore their diet had been altered. They told us, [Relative] gets small portions of cake. He doesn't get too much sugar anymore." They also told us, "The food is very nice, all very fresh and freshly cooked."

People were offered a choice of drinks during their meal including sherry. During the meal people were offered support for example, people were asked if they wanted help to cut their food up. However, where people needed complete assistance with their meal we observed that only one person was given one to one support and this person was chatted to and encouraged throughout their meal. The other people who required assistance were supported by a member of staff who had to support more than one person at a time making the process appear task led.

Staff told us they felt supported well supported by the manager and had regular supervisions, records we looked at confirmed this. Staff told us, "I have regular supervision. I can discuss anything in supervision." Another person told us, "I find supervisions helpful, the management are very supportive, we are encouraged to develop our careers and gain further qualifications."

Good

Is the service caring?

Our findings

All of the people we spoke with including relatives were complimentary about the staff and the manner in which people were cared for. People told us that the staff were gentle, caring and kind. One person said, "I think I am very lucky this is a wonderful place to live. The staff are so gentle when they help me get dressed." Comments from relatives about their positive experiences when visiting the service included, "The staff are all so lovely and caring, and they really do care." Another person told us that the manager was very caring and supportive. "[Manager] always makes you feel at home, we can visit whenever we want to."

Whilst we were unable to speak with some people due to their communication needs, we spent time observing the care they received. All of the interactions with people were considerate and the atmosphere within the home was welcoming, relaxed and calm. 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. One relative told us, "The staff listen to us we feel we are able to say anything to them."

We looked at four people's care plans and saw that they contained some comprehensive information about people's likes and their personal history this gave staff the tools to open up a discussion with people.

People told us they were treated with dignity and their privacy was respected. One person told us, "I like to spend time in my room and the staff respect that." We saw that staff knocked on people's doors and waited for a response before entering, this showed us that people were treated with respect.

People told us they were able to bring personal items including items of furniture if they wished to from their home. A member of staff told us, "Any resident that moves into the home we want their room to be and feel like home."

There were systems in place to request support from advocates for people who did not have families. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

Care plans did not have enough detailed information about how the person needed to be supported. For example, one care plan said that a person would need help with all of their personal care needs but it did not state how staff should support them in providing these needs. Another one said that staff should ensure that a person had the correct equipment in the bathroom but it did not say what this equipment was. When we spoke with staff, because they knew the people well they were able to tell us about each person's individual needs but this was not clearly documented within the care plan. People we spoke to said they had no knowledge of their care plan being reviewed or had any further input other than when they first moved into the home. Relatives we spoke to told us they felt fully involved in decisions about their relative's care however they had not been invited to a review or had input in the reviewing process of the care plan.

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. One relative told us, "[Relative] and I were invited to come for lunch we had lots of opportunities to visit prior to [relative] moving in."

There was a range of activities available in the home and the home employed an activities co-ordinator who also worked weekend shifts which enabled people to have activities offered throughout the week. People were encouraged to make choices about where they wanted to be during the day and what activities they wanted to participate in. One staff member told us, "The activities co-ordinator spends time with people finding out what they like to do." Activities offered included arts and crafts, reminiscence or singing sessions, and bingo as well as one to one activities such as hand massage or spending time in someone's room chatting to them. During our inspection we observed staff reading the daily newspaper with people and having discussions about its contents. A visitor told us, "Someone sings and plays a guitar [staff] plays games with them and sits and chats to them." People told us they sometimes go out for lunch or coffee or to the shops. There were also outside entertainers who regularly visited the home. The home had a 'pat dog' that regularly visited and people told us they enjoyed these visits.

One person told us, "Holy Communion is offered if you want, it someone comes to the home." The manager told us people were asked if they wanted to attend a church service but people had not wanted too, therefore on occasions if there were enough people who wanted to attend then a vicar would be invited into the home to carry out a service.

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 the entertainment and any preferences about what they would like to do were considered when the activity schedule was planned.

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 think I am very well looked after." Two relatives informed us they would have no hesitation in complaining if the need arose. One person informed

us that the staff were highly responsive to requests and through this proactive and attentive approach; matters did not escalate to a complaint. 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

A relative told us, "I can't praise the manager highly enough." Another relative said, "The home appears well managed. There's a friendly and cheerful atmosphere. I can't think of anything that could be better."

The manager provided visible leadership within the home and led by example. This encouraged staff to follow their lead and therefore provide the best quality care. A relative told us that they were very impressed with the manager's caring attitude when they were first shown around the service. They said the manager's priority was always the welfare of the people in the home and not just trying to attract new people. Another person told us, "The manager is so approachable, we never have a problem talking to [manager] about anything."

We observed the manager interacting with people in a positive caring way. They told us they worked on shift when the need arose to support the staff. Staff confirmed this and told us, "[Manager] is always there to support us if we need her to, and she will do anything to help."

Staff said they enjoyed working at the home, one told us, and "I enjoy working here. Morale is good at the home and the manager is approachable, always there for us." They explained that the team, which consisted of both new and more established members, worked well together and supported each other. 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.

Actions were taken to learn from accidents and incidents. 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. We saw that one person following the analysis of an incident, had a referral made to a healthcare professional. Healthcare professionals told us that they had a good relationship with the manager and that communication between both parties was very good.

The home was in the process of being taken over by a different provider and different paperwork and processes were being introduced, this had highlighted some actions that needed to be taken the manager who was working their way through these. For example, We saw that the quality assurance process had identified that MCA assessments needed to be carried out and the manager was in the process of doing this.

The manager carried out a range of audits to monitor quality within the service. These included health and safety checks, monitoring the management of medication, support plans and infection control monitoring. There was evidence that action plans had been implemented and followed up when areas for improvement were identified. The manager or senior staff also carried out observations of staff practices, this included answering questions such as 'Did the staff member greet the person appropriately' and 'Did the staff member offer choice in a way that was understood by the person.' We saw that the manager had sent out

quality assurance questionnaires to relatives in order for them to share their views. Comments included, "In my eyes you are all hero's." and "I have never had any worries about the standard of care."

Care files and other confidential information about people were kept in the main office. 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.