

Blackbrook House Care Limited

Blackbrook House Care Home

Inspection report

31 Blackbrook House Drive
Fareham
Hampshire
PO14 1NX

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30 December 2019

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22 January 2020

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

Blackbrook House Care Home provides care and accommodation for up to 28 people, some of whom live with dementia. Accommodation is provided over three floors which are accessed by a lift. There are communal areas such as lounges, and dining areas and the home has substantial gardens.

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

People told us they felt safe and relatives felt people were safe. Systems were in place to respond to any safeguarding concerns and staff were knowledgeable about how to report any concerns. Staff were confident any concerns would be dealt with appropriately and swiftly by the registered manager. Staff were recruited safely and there were enough staff deployed to meet people's needs.

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. People's needs were assessed and if needed referrals made to healthcare services.

Staff received training and had updates as needed. Staff felt well supported and had opportunity for supervision. Meal times were unhurried, and people had the support they needed. There was a choice of meals and plenty of drinks available throughout the day. Systems were in place to monitor people's nutritional intake and take action where needed.

People told us, and we observed staff were kind and caring. People were treated with dignity and respect. People's individual preferences were recorded in their care plan and staff knew people's needs well. Visitors were welcomed at any time and offered refreshments.

People's care was responsive to their needs. Where people required additional monitoring, this was carried out and recorded. Care planning reviews were held regularly, and people could have relatives present if they wished. The service provided end of life care and worked with local healthcare professionals to make sure people were comfortable.

Quality assurance systems were in place which identified areas for development and improvement. The registered manager had action plans in place to drive improvement.

People's views were sought, and action taken in response to feedback given. There was a positive culture at the service where staff were encouraged to voice their opinions and share ideas. Staff morale was good, and people, relatives and staff told us the service was well-led.

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

Rating at last inspection - The last rating for this service was Good (published 10 February 2017).

Why we inspected - This was a planned inspection based on the previous rating.

Follow up - We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Blackbrook House Care Home

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

This inspection was carried out by one inspector.

Service and service type

Blackbrook House Care Home 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 the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. This included notifications which the provider is required to send us by law. Notifications inform us of incidents, events and important information about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one visiting healthcare professional.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and maintenance records. We contacted two professionals who regularly visit the service for their views.

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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found medicines were not always being managed safely. This was because the service used an electronic system to record medicines administration which had not been reliable.

Following that inspection, the registered manager informed us they had made improvements. At this inspection we found those improvements were embedded and working well.

- People had their medicines as prescribed. People's individual medicines administration records was signed by staff when medicines were administered. There were no unexplained gaps in the recording.
- Staff had 'as required' protocols in place to help them know when to administer this type of medicine. Staff also used charts to record where on the body they applied patches for medicines such as pain relief. This helped them know where on the body previous patches had been applied.
- Medicines were stored safely. Staff checked the temperatures of medicines cupboards and fridges to make sure temperatures were in a safe range.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives we spoke with told us people were safe at the service. One person said, "I feel safe here as there are very good people here." Another person told us they felt safe as there were sprinklers in the building. This gave them comfort in case there was a fire. One relative told us, "[Relative] is safe here, that really does give us peace of mind."
- Staff we spoke with were knowledgeable about the different types of abuse and how to report any concerns. Staff told us they were confident the registered manager would take appropriate action.
- Staff were aware of the whistleblowing process for the service and understood how to report any concerns outside of the home. Whistleblowing is where staff report any wrongdoing at their place of work.

Assessing risk, safety monitoring and management

- People's risks had been identified so that measures were in place to keep people safe from harm. These were reviewed regularly and updated when any changes were identified.
- People's independence was encouraged, and risk assessments supported positive risk taking where appropriate. For example, people were able to manage their own medicines if safe to do so.
- Regular checks of the property, fire systems and equipment were carried out. There was a servicing programme in place for testing areas such as water temperatures.

Staffing and recruitment

- During our inspection we observed there were sufficient numbers of staff deployed to meet people's needs. Staffing rotas confirmed staff numbers were consistent. One person told us, "If I press my buzzer they

[staff] come and do what I want." One professional told us, "There always seems to be enough staff about."

- People were supported by staff who had been recruited safely. The provider carried out the required pre-employment checks which included a check with the disclosure and barring service.

Preventing and controlling infection

- People lived in a home that was clean throughout and smelt fresh. We observed domestic staff cleaning throughout the inspection. One person told us, "The cleaners come every day to clean my room, they do a good job."
- Staff used personal protective equipment appropriately and there were plenty of supplies available. We observed staff followed good hygiene procedures such as washing their hands.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the registered manager. The registered manager told us they looked for patterns and trends to identify if there were any lessons to be learned.
- The registered manager kept a monthly falls register so they could analyse people's falls and the causes. Any actions to make changes was shared with staff in handover or staff meetings.

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 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 assessed prior to coming to Blackbrook House Care Home. The registered manager carried out assessments to check if the service could meet people's needs.
- Staff used nationally recognised tools to carry out assessments and linked scores to people's care plans.
- Staff used oral health assessments to assess people's oral health needs. This identified if people needed support and what type of support this might be.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained and were supported in their roles. New staff received an induction which included training and shadowing a more experienced member of staff.
- Staff had supervision but not as regularly as the registered manager aimed for. The registered manager told us they had fallen behind their schedule for supervision but were working to increase opportunities for staff.
- Despite this shortfall, all the staff we spoke with told us they felt well supported and were able to approach the registered manager or the provider at any time. One member of staff said, "I do regular training and feel well supported."

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

- People told us they enjoyed the food. Comments included, "The food is good, it is good English cooking", "I like the food and I have a choice" and "Overall the food is pretty good, you only have to ask, and you get what you want. The cooks are smashing."
- People were supported to eat and drink enough. We observed there were cold drinks available in communal areas and staff offered people hot drinks throughout the day. Snacks were also offered to people in between meals.
- Meal times were relaxed and unhurried. People could choose where they ate their meal and there was a choice of food available.
- Staff knew people's nutritional needs and provided support that was appropriate. Staff sat down with people to help them to eat and offered verbal encouragement which was respectful.

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

- People had access to healthcare professionals when needed. One person told us, "I can see a doctor easily, the staff will get one for you." Staff worked with healthcare professionals to make sure people got the care they needed. During our inspection we saw people had visits from community nurses and social

workers.

- Staff communicated with each other to make sure they responded to people's needs and were providing effective care. Staff had handover at the start of every shift where they could share information about changes to people's needs.

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

- The service was an adapted building which was well maintained and decorated to meet people's needs. All the rooms had en-suite facilities and people were able to make small changes such as putting up shelves and pictures.
- Communal areas were bright and homely. There was an accessible garden which people could use if they wanted to. Garden furniture was available for people if they wanted to sit outside in the warmer weather.

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.

- People's ability to consent to their care was assessed and recorded. Where people lacked capacity, an assessment was carried out and best interests decisions made.
- People's representatives and/or relatives were involved where needed and appropriate. Staff followed the principles of the MCA and where needed had applied for DoLS. Staff were aware of the requirement to meet any conditions applied to authorisations.

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 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

- People and their relatives told us staff were caring. Comments included, "Staff are good, I get help when I need it", "Staff are kind and wonderful, the home is beautiful", "Carers are lovely here, they always have a smile" and "The staff are fantastic here."
- We observed people being treated with respect and kindness by staff who clearly knew people well. Staff all enjoyed their jobs and liked coming to work. Comments from staff included, "I love it here" and "I love helping people, I love making people smile." One professional told us, "We find them [staff] to be caring and have a good knowledge of their patients. This is in part a consequence of low staff turnover."
- The service had a homely feel. People, relatives and staff told us they felt they were all one big family at Blackbrook House Care Home. Comments included, "We are like one big family" and "You are treated like one of the family. I am made to feel welcome."
- People's background and life story had been recorded to help staff understand who people were and how to best communicate with them. Staff used a 'This is me' booklet which could be shared with healthcare professionals if needed.

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

- People were involved in their care. Records demonstrated that people were involved in assessments and the care planning process. Reviews were held where people could voice their preferences and wishes.
- People could have services provided by the home or choose to source their own. For example, one person told us they had their own hairdresser and chiropodist come to see them. They told us they had services from these people for many years and wanted to continue the relationship.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was maintained and respected by staff. We observed staff knocking on people's doors before going into their rooms. Where people needed privacy in a communal area we observed staff use privacy screens.
- People's confidential information was kept secure. Only authorised personnel had access to people's records.
- People could have visitors at any time. There were no restrictions on when relatives and friends could visit. Staff offered relatives refreshments. One relative told us, "I can visit at any time."

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 has 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 received care that was personalised and met their individual needs. People had a care plan which outlined the care and support they needed. This was reviewed and updated when needed.
- Care plans detailed support needed for a range of needs such as moving and handling, personal care and night time care. In addition, there was also detail on people's social needs to help maintain their well-being.
- Staff kept daily monitoring records such as food and fluid records and daily notes. Staff recording was legible and written appropriately and respectfully.

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 communication needs were highlighted in their care plan with details provided to staff on how to support people. Where people needed aids to communicate such as hearing aids this was recorded.
- Information could be provided in various formats. The registered manager told us they would make sure people understood information. For example, there was an easy read pictorial complaints procedure.

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 supported to take part in a range of activities. The service employed activity workers who planned and helped to co-ordinate an activity programme.
- Some activities were regularly held on specific days which people told us they enjoyed. For example, a keep fit class and a knitting club were held every week.
- Some people preferred to stay in their rooms which was respected. One person told us they had a talking newspaper which they enjoyed listening to in their room.
- Some people spoke positively about going out on trips with the provider. One person told us they had been to a local garden centre for a coffee with the provider in their car. They had enjoyed this very much.

Improving care quality in response to complaints or concerns

- The provider had a policy to outline how complaints were managed. The service had not received any complaints since our last inspection. The registered manager told us they had an 'open door' policy which enabled people to see them at any time with any concern.
- People and relatives told us they knew how to complain and would not hesitate to do so if needed. One

person said, "If I am being honest, there is nothing to complain about here." Another person said, "I see the boss lady now and then, I would know who to complain to."

End of life care and support

- People could receive end of life care when needed. During our inspection one person was receiving palliative care. Staff worked closely with healthcare professionals to make sure they were comfortable.
- People could record their wishes for end of life care. Some people had recorded information about who they wanted to be involved, whether they wanted to be buried or cremated and what they wanted staff to do for them.

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 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; Continuous learning and improving care

- People lived in a service that they, relatives and staff thought was well-led. There was an established and experienced registered manager who led by example. Comments about the registered manager included, "The manager is approachable", "The service is well managed, if I complain to [registered manager] she immediately puts it right" and "This service is well managed, if I have any questions I can ask [registered manager], she is very knowledgeable."
- We observed during our inspection the registered manager was visible and clearly knew people and their needs. People came to their office to seek them out to talk with them about a range of topics.
- People, relatives, professionals and staff told us people had good care at Blackbrook House. Comments included, "We are very happy with the care, [relative] is well looked after", "I am happy with the care here, never seen any poor practice" and "Our patients seem to be very well looked after and live in rather plush surroundings with excellent food."
- Staff told us there was good teamwork at the service and good morale amongst the team. One member of staff told us, "We work well as a team, we help each other out." Another told us, "There is brilliant team work here and good staff morale."
- The provider and the registered manager spoke very positively about the staff and how much they valued their work. There was an open, positive culture of valuing staff and valuing people. One member of staff said, "I have the most understanding bosses, [provider] and [registered manager] are very understanding."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- Staff were clear about their roles and responsibilities at the service. The registered manager had submitted notifications to us as required by law and understood their responsibilities as a registered manager.
- The registered manager told us they were open and transparent and would always act honestly. They told us they would not hesitate to share with people and relatives if anything had gone wrong.
- There was a programme of quality assurance in place. The registered manager had a range of audits they had planned to be completed throughout the year. This included audits for areas such as medicines, care plans and personnel files for staff. Any actions identified were recorded and helped to drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- People and relatives were able to attend meetings to discuss a range of topics. Any ideas for improvement were discussed and action taken to make the required improvements.
- Staff were able to attend meetings to share information and discuss improvements needed. Minutes were kept so staff who were not able to attend could read the discussions.
- People, relatives and professionals were able to complete surveys to share their views of the service. The registered manager was in the process of collating the surveys gathered for 2019.
- The service worked in partnerships with health and social care professionals to improve outcomes for people.
- A local pharmacist had recently been involved with the service and carried out audits to identify improvements. Staff had worked with them to make the required improvement. For example, it was identified the medicines room was too warm to safely store medicines. The pharmacist had identified an alternative room which staff had moved medicines into. Temperature records demonstrated this had improved medicines storage.