

Anchor Hanover Group

Blackbrook House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Blackbrook House is a residential care home providing personal care for up to 55 people aged 65 and over. At the time of the inspection, the service was supporting 45 people. Blackbrook House accommodates people in two separate wings. Munnings wing specialises in providing care to people living with dementia.

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

Risk assessments were not always effective in ensuring people were kept safe and some improvement was required in the management of medicines. People and their relatives were complimentary about the care provided at Blackbrook House and there were enough competent staff to support people safely according to their needs and preferences. The environment was clean and comfortable. People received care from staff who understood how to recognise and report issues of concern

People's needs were assessed before they moved into the service, so they could be supported effectively. Staff received training, support and supervision to carry out their roles and responsibilities. People enjoyed a varied and nutritious diet. Staff worked well with external professionals to promote people's health and wellbeing and ensure positive outcomes. 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 culture of the service was positive, kind and caring and the staff team were motivated and passionate. Staff knew people well and supported people with dignity and respect. People were encouraged to be as independent as possible.

Care plans were detailed and provided good information for staff to follow to support people effectively. People had the choice to participate in a range of activities which promoted a good quality of life. People knew how to raise a complaint and their views were listened to and investigated. End of life planning was being further developed to ensure people's wishes were recorded.

The registered manager was visible and approachable, and we received positive feedback about how the service was managed. Staff had a clear understanding of their roles and responsibilities and their views were used to ensure the service continuously improved. Audits were completed, however these required further improvement to ensure they were effective in identifying issues across the service. The management team were proactive in promptly addressing the issues found at inspection.

Rating at last inspection: Good (published 27 May 2017)

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

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 not always safe.
Details are in our safe findings below.

Requires Improvement 

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

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One inspector and an expert by experience conducted the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert at this inspection had experience of caring for someone with dementia.

Service and service type:

Blackbrook House is a care home which is registered to provide accommodation and personal care for up to 55 people. 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 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, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. 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 this information to plan our inspection.

During the inspection, we spoke with eight people using the service, six relatives, the registered manager, the regional support manager, seven staff and two professionals. We looked at records in relation to people who used the service including four care plans and four medication records. We looked at records relating to recruitment, training and systems for monitoring quality.

After the inspection, we continued to seek information from the service regarding lessons learned and quality assurance systems.

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 deteriorated to requires improvement.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People felt safe living at Blackbrook House. One person said, "I feel safe, because they [staff] keep popping in to see if I am okay and they check on me at night too." One relative commented, "It is good to know someone is watching [person] and they are safe and comfortable."
- Risk assessments covering areas such as moving and handling were in place to provide guidance to staff on how to support people safely. However, one person required their food to be prepared in a specific way. A risk assessment was in place; however, some staff were either not aware of or had not followed the guidance in the risk assessment which had placed the person at risk. The management team addressed the concern quickly to ensure the risk to the person was reduced, however this had not been identified or acted upon prior to the inspection.
- Information from healthcare visits was not always included in risk assessments. One person who had diabetes had a recommendation they should be offered snacks every two hours and be monitored regularly. This information was not recorded in the risk assessment and despite regular reviews, the information had not been updated.
- Where previous incidents had occurred, these were investigated, and action taken to prevent re-occurrence including additional training for staff members.
- Incidents such as falls were tracked and analysed for themes and trends and falls prevention plans were in place.

Using medicines safely

- Medicines were mostly managed safely, however, one staff member directly touched the medicine causing a potential risk of it becoming contaminated and absorbed through the skin of the staff member.
- Where people received medicines 'as and when required' protocols were in place to provide guidance to staff on the reason for the medicine. However, where people could take a variable dose, for example, one or two tablets, there was no information on how many tablets to take and when. This was immediately addressed by the senior and the protocols were updated.
- There were systems for ordering, administering and monitoring medicines. Medicines were secure, and records were completed correctly.
- Staff were trained and assessed as competent before they administered medicines.

Staffing and recruitment

- People and their relatives felt there were enough staff and our observations confirmed this. Staff were visible throughout the day and responded quickly to people's requests. One person said, "I ring, they [staff] come quite quickly, sometimes they say they had an emergency but on the whole they [staff] fit you in quite promptly." However, one relative commented, "During the week they [staff] are on top of everything but at weekends there does not seem to be the quantity of staff in the day time which makes me think there are not as many of them [staff]."
- The staff team felt any staffing issues were being addressed. One staff member said, "Staffing can be hard with sickness and staff leaving but the care is still there because we work as a team." Another staff member commented, "We have been through a difficult patch and some staff have left. We do always get shifts covered especially recently. Management have looked at the numbers and are providing the right number of staff now."
- The registered manager acknowledged ensuring adequate staffing had been a challenge. They were trying to use regular agency staff to ensure continuity and had recently recruited some more permanent staff members.
- Recruitment systems continued to be effective and ensured suitable people were employed to work at the service.

Preventing and controlling infection

- The service was clean and fresh. Cleaning staff were employed, and cleaning schedules were in place.
- There was personal protective equipment available for staff to use to prevent the spread of infections. ● Staff received training in infection prevention.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good awareness of safeguarding and knew how to report any concerns. Staff received training in safeguarding awareness.
- The registered manager understood their responsibility to report any safeguarding concerns to the local authority.

Is the service effective?

Our findings

Our findings - Is the service effective? = Good

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.

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

- People's needs were assessed when they moved into the service and a care plan was developed to ensure the person was effectively supported.
- Care plans contained information about people's individual needs and included their preferences in relation to culture, religion and diet.
- The registered manager was up to date with current best practice including new guidance on the promotion of good oral health and referrals were being made for people to a community dentist. People had oral health assessments although some of these were incomplete. One person said, "Every morning they [staff] offer me the toothbrush and paste and some of the staff clean my teeth for me."
- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Staff knew people well and were responsive to any change in people's physical needs. One relative said, "Staff are on the ball, they say they think [person] has an infection. They [staff] are really good with that."
- Staff worked effectively with other organisations such as the district nursing team and a nurse practitioner visited the service weekly. One professional said, "This is one of the best homes. People are well looked after, any health care conditions, the staff act straight away and they [staff] always inform us of any changes in people's health."

Staff support: induction, training, skills and experience

- Upon joining the service, staff received an induction and shadowed more experienced staff which provided them with the knowledge and skills needed to support people effectively. One staff member said, "I spent a week training and a week shadowing."
- Staff received training to meet people's specific health needs in areas such as dementia and diabetes. One staff member commented, "I have done the virtual dementia training which was amazing. I see people differently since that training and it has helped me to empathise and approach people in a different way."
- Staff felt supported and were given opportunities to review their individual work and development needs through supervision meetings.
- Staff development was encouraged, and champions were being identified within areas such as end of life

care and dementia to take a lead on developing best practice.

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

- People were supported to maintain a healthy, balanced diet, offered regular snacks and encouraged to drink often. One relative said, "I am so pleased. [Person] has put on 2kg in two weeks. They [staff] have got [person] eating and drinking. They have done it from day one here."
- There was a choice of meals and drinks available including wine and sherry. One relative said, [person] loves the menu and I love the fact [person] is having a glass of wine on a Monday!" One person said, "Food is lovely, if you don't want it they give you something else. The chef comes in and asks me if I like the dinner, sometimes I have paella which is lovely." Another person commented, "I am honoured, the chef brings me my breakfast himself. The chef is very nice and knows I don't like lamb so when it is on the menu, they cook me salmon instead."
- The chef was knowledgeable about how people needed their food to be prepared. The lunchtime experience was relaxed although people on Munnings wing were waiting up to 55 minutes at the table before receiving their meal due to a delay in the food being brought up from the kitchen. The registered manager was monitoring mealtime experiences and assured us this would be addressed. Once people had their meals, staff supported people at their own pace and responded promptly where people required assistance.
- People's care plans contained information about their nutritional needs, likes and dislikes, although there were some gaps in people's food and fluid records which was acknowledged by the management team and a plan put in place to rectify this concern.
- People were weighed regularly, and appropriate action taken where people had lost weight. Actions included referral for dietician input and the use of high calorie drinks.

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

- The environment was well maintained and spacious with wide corridors and small seating areas throughout including three sitting rooms enabling people to have a choice of where they wished to spend their time.
- People's bedrooms were personalised with their own belongings.
- Corridors were decorated in a garden theme with picket fencing to promote people's wellbeing. Dementia friendly items were available to provoke memories and promote conversation such as cots, dolls and an old typewriter. There were smaller tactile items available such as maracas, balloons, tambourines and sparkly items to stimulate people's senses.

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.

- Staff had a good understanding of the MCA and the importance of gaining consent before providing any care. People were encouraged to make decisions for themselves.
- Where people did not have capacity, decisions had been made in their best interests involving relatives and other health professionals where appropriate.
- Where people were being deprived of their liberty, applications had been made to the local authority and authorisations put in place.

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 remained the same.

Good: 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 told us staff were kind and caring. One person said, "All the staff are perfect, they [staff] settled me just by being kind." Another person said, "Staff here answer all my questions and are most definitely approachable and caring."
- Staff demonstrated meaningful relationships and caring attitudes. They knew people well and supported them with compassion. Choice and encouragement were given at every opportunity.
- Relatives were complimentary about the care people received. One relative said, "It is outstanding care. [Person] is looking good and being given choice. We have peace of mind and [person] is really looked after." Another relative said, "I could not wish for person to be in a better place, [person] is well looked after"
- Staff were passionate about providing good quality care and took every opportunity to interact, smile or wave at people throughout the day. One staff member said, "I like to make people happy and make it fun and homely. I don't like the thought of people just sitting in their rooms, so I always encourage them to spend time outside their rooms."
- People's diverse needs were recognised, and people were given opportunities to attend forums relating to their individual characteristics such as LGBT support groups. People's religious needs were also acknowledged. One person said, "We are lucky. We have two vicars from the two villages nearby, they come and sit with me and we have a prayer, it is very nice."

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

- People were involved in how they wished to be cared for and given choices about what they wanted to do and where they wanted to be within the service and the staff respected their choices.
- People and their relatives were able to express their views about the care provided including through relative and resident meetings and annual surveys. A 'You said, we did' board was in place in the entrance hall to show people's views had been listened to and acted upon. Improvements included a different menu for autumn and tasting days had been held to allow people to choose the meals they wanted.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff supported people discreetly. One staff member said, "We come in to someone's home, it is a privilege to do that and we need to be respectful."
- People were encouraged to do as much as they could for themselves. One relative said, "It is good to see [person] happy and being looked after. [Person] is walking more here than when they were at home and

talking more too."

- People's confidentiality and privacy was protected. Records were stored securely.

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.

Good: 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; 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's care plans were detailed and had information about people's specific needs, their personal preferences, routines and how staff should support them to ensure their wellbeing.
- A varied activity programme was in place for people to take part in if they wished and people were positive about the activities on offer. Recent activities included a dog show and singers. A 'Strictly Come Dancing' evening was planned, and people were being encouraged to wear their ball gowns. One relative said, "In the summer, people sat outside in the garden playing bingo. The staff put paddling pools outside and people had their feet in them and were splashing around. I thought that was exceptional." One person commented, "Some people came in and brought lambs, I had one on my lap. That photo on the wall is of me with the lamb and my granddaughter."
- People were encouraged and supported to take part in things which were important to them. On the day of inspection, people were being encouraged to decorate the service for Christmas. One person enjoyed assisting the maintenance person with tasks. They said, "I help with the flushing for legionella and do wheelchair inspections. It passes the time and keeps me awake and my mind working." Some people were supported to go to the local pub.

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 identified in their care plans.
- Staff found accessible ways to communicate with people by getting down to their level, speaking slowly and keeping eye contact to aid people's understanding.
- Information displayed in the service was easy to read and the activities planner was in a pictorial format to aid people's understanding.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint if they were unhappy.
- There was a complaints policy and process in place.
- Complaints were logged and included the action taken. Some complaint responses were not on file and

the log did not include if the complainant was happy with the response. This had already been identified by the registered manager and formed part of the service's improvement plan.

End of life care and support

- Staff worked closely with other professionals such as district nurses to ensure people had a dignified and pain free death.
- Some people had end of life plans in place which included their preferences, cultural requirements and their wishes following their death although these required further development.
- The registered manager had identified this as an area to improve and the service had plans to work with a local hospice and begin working towards the Gold Standards Framework. This framework gives outstanding training to all those providing end of life care to ensure that this care is provided to a high standard.

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.

Good: 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were positive about Blackbrook House. One relative said, "I could not wish for [person] to be in a better place." One person said, "I like it here, it is very lovely here, got no problems, I am happy here."
- Compliments about the service included, "Not only did you extend [person's] life but you enhanced it and we will never forget the love you showed [person]."
- Comments on carehome.co.uk (a website where people can find information about care homes) were positive and included, "Blackbrook House provides a high standard of care and are very supportive of respective family questions and emotional needs."
- People within the community who were isolated were given the opportunity to come to Blackbrook House and have a meal to enhance their social and emotional wellbeing.
- The culture of the service was open and positive. The registered manager had an open-door policy and came into the service at weekends to catch up with families. They said, "Management is not just Monday to Friday."
- Daily mid-morning meetings and listening meetings had been introduced to provide updates to the staff team, so they can express their views on the service provided.
- The staff team were positive about how the service was managed. One staff member said, "{Registered manager} is so good. If we have any ideas, these are taken on board. It's been lovely that [Registered manager] actually listens and we are now getting a new kitchen on Munnings wing which means we can support people to make cakes and biscuits."

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

- There was a commitment to continuously improving and developing the service. The management team immediately acted on the feedback received during the inspection.
- The provider visited regularly and produced a report of their visit which was used to drive improvement.
- Regular quality audits of the service took place to check practices were maintained to a good standard, however these could be further developed to cover areas including food and fluid monitoring as they had not been effective in identifying and addressing the concerns identified within this report.

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

- The registered manager was aware they had duty of candour responsibility and they were open and transparent about when things had gone wrong and what could be improved as a result.

Working in partnership with others

- The management team were holding a workshop for families and visitors to raise awareness of dementia alongside the Alzheimer's association.