

Runwood Homes Limited

Blackthorns

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

Blackthorns is a residential care home providing personal care to up to 62 people. The service provides support to people with physical disabilities, sensory impairments and to people living with dementia. At the time of our inspection there were 44 people using the service.

The care home accommodates people across 6 different wings, with a range of different shared spaces and facilities. At the time of inspection, one wing was not in use, which was on a lower level. This meant everyone was living on the same floor.

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

Whilst agency staff were employed at the service, action had been taken to reduce the impact on continuity of care. Staffing levels and deployment were observed to be safe. Recruitment checks were carried out on staff to ensure they were appropriate for the role. Medicines were managed safely, and potential risks were assessed and mitigated. We were assured in most areas of infection prevention and control. Safeguarding measures were effective.

Staff received training, supervisions and appraisals. The service worked well with other agencies to ensure people had timely access to healthcare as required. Some improvements were in progress towards ensuring care planning was consistently detailed and person-centred, including for people new to the service. Meals were appetising and well presented.

Staff were caring, respectful and kind, and the management team lead by example to instil a positive and open culture. People were supported to maintain their independence and treated with dignity.

Referrals were promptly made to services such as the dietician, district nurses and the speech and language team [SALT]. People were supported to engage in leisure activities and positive 1 to 1 interaction, including those people cared for in bed. A complaints log was in place but could benefit from further development to show analysis of themes and trends to drive improvement. Support was provided to people at the end of their life.

There was a new registered manager in post since the last inspection, who was committed to continuous improvement of the service to make a difference in people's lives. We have made a recommendation about developing a service improvement plan which sets out these aims and ambitions. Some oversight systems and processes needed refining and embedding to show longer term oversight. The service worked in partnership with other stakeholders.

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.

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 requires improvement (published 12 June 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Blackthorns

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Blackthorns is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Blackthorns is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 February 2023 and ended on 22 February 2023. We visited the location's service on 9 February 2023 and 16 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people and 11 people's friends, relatives or advocates to gain their views about the service. We observed care and support provided to people in communal areas. We spoke with 13 members of staff including care workers, care team leaders, kitchen staff, domestic cleaners, the maintenance person, the wellbeing lead, the deputy manager, the registered manager and the regional operations director. We also sent out a survey and received 5 staff responses which we reviewed. We spoke with 2 professionals who work with the service for their feedback. We reviewed a range of documents, including care plans, risk assessments, medicines records, audits, policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Although there was a high use of agency staff, the registered manager told us they hand-selected agency staff members based on their performance and booked them in advance, so they worked only for Blackthorns. This promoted continuity of care.
- The registered manager told us they were also actively recruiting a permanent staff team, with a number of new staff members going through the recruitment process at the time of inspection.
- Whilst we received some mixed feedback about staffing, our observations showed there were sufficient staff to respond promptly to people's needs and answer call bells. One person's relative said, "There always seem to be a reasonable number of staff."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs and wishes.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas required additional cleaning on day 1 of our inspection, but this had been completed by day 2. The registered manager told us the provider had proactively arranged a deep clean and addressed some of the maintenance issues raised.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

People were able to freely receive visits from their relatives and friends to support their wellbeing, and we observed many visits taking place.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and

management

- Staff were aware of their safeguarding responsibilities and how to escalate possible concerns. One staff member told us, "Safeguarding is protecting vulnerable people from abuse and neglect and to promote their wellbeing."
- Policies and procedures were in place for staff to access on safeguarding and whistleblowing, and staff received training in this area.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. This included in areas such as fire safety and falls.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Medication practice was regularly audited and checked.
- We received positive feedback about support with medicines. One person's relative said, "The staff are so helpful, they answer any questions. When [person] came in they had a cough and the staff contacted the GP and got antibiotics."
- Where medicine needed to be given covertly, the service carried out checks to ensure this was the least restrictive option and in the person's best interests, involving their family, the GP and the pharmacist.

Learning lessons when things go wrong

- Incidents and safeguards were investigated in an open and transparent way, and lessons learned shared with staff to reduce the risk of reoccurrence.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Whilst nationally recognised assessment tools were in place to develop care plans, some required further development and enhancement, particularly for people new to the service.
- The management team were aware of this, and a new pre-admission process had recently been introduced to make care plans and assessments more detailed and person-centred. The regional operations director told us, "My focus is more on quality of life, independence and choice. Life history is so important."
- The provider also planned to move care plans over to an electronic system in the coming months, with the ambition to make further improvements in this area.

Staff support: induction, training, skills and experience

- Staff received an induction and training appropriate to their role, including completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager told us they planned to support staff to access additional training from the local authority, in areas such as oral care and sepsis awareness.
- Staff confirmed they received regular supervisions to support their development in the role. One staff member told us, "I have a 1 to 1 at least every 3 months with my manager."

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

- There was a pleasant and sociable dining experience for people, and a choice of appetising food served in line with people's needs and preferences. Staff were available to support and encourage people with their meals. One person said, "I don't normally eat a pudding, but the jam roly-poly looked nice."
- One person's relative told us, "The food looks and smells good; [my person] is eating much better now." Another relative said, "I'm quite impressed with the homemade cooked food, [my person] loves the food and is putting on weight."
- People could have a drink or snack at any time, and fresh fruit was available in shared spaces to support healthy eating.

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

- The service worked effectively with other agencies to ensure good and timely access to healthcare services and support.

- Referrals were made as required to agencies such as the SALT team, dieticians, occupational therapists and district nurses, and there was regular access available for people to the GP. One person's relative said, "Staff are pretty good at calling in a nurse or GP if one is needed."

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

- People's care and support was provided in a safe, clean, and homely environment. Bedrooms were personalised and comfortable. The regional operations director told us there were further plans to enhance the environment to support with people's wellbeing and dementia care.
- At the time of inspection, everyone was living on one floor, as the downstairs area was closed. The registered manager told us they would consider layout, staff deployment and use of space prior to the unit being re-opened.
- There was a new maintenance person in post, who was proactive and had clear aims and ambitions to ensure the safety and maintenance of the service.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff received training on the MCA, and an understanding of capacity and consent underpinned staff practice. One staff member told us, "Every person has the right to make their own decisions, and we always support them."
- Mental capacity assessments were carried out where appropriate, to check whether people could consent to specific decisions about their care and to show any actions taken in people's best interests. Records showed DoLS referrals were made to the local authority as required.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Staff treated people with kindness, warmth and reassurance, and built positive and trusting relationships. One person's relative said, "Staff are really lovely and caring."
- One staff member told us, "Every day I try to make each resident happy and enjoy their days here at Blackthorns and try to give them 1:1 to enhance their days in our care." Another staff member said, "I adore the residents."
- Equality and diversity characteristics were considered as part of the care planning process.

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

- The management team modelled a caring and supportive approach by prioritising people and their needs as they arose, even when busy.
- This approach filtered through to the wider staff team. The wellbeing lead said, "You can see someone crying and in the next 10 minutes you can make them smile and feel better. I can't just walk past when someone is calling out."
- Feedback was sought from people to check whether they were satisfied with the service, and action plans drawn up to address any issues raised.

Respecting and promoting people's privacy, dignity and independence

- Staff were seen to be courteous and respectful towards people. For example, when introducing lunch service, one staff member said, "Ladies and gentlemen, please come to the table for your food which will be served shortly."
- Staff supported people to maintain their independence where possible. One person's relative told us, "[Care workers] are very mindful to encourage [my person] to wash themselves, if they are able. I'm very happy with the home, it's a happy little team."
- This approach was also reflected in some of the records reviewed. One person's oral hygiene care plan said, "I can brush my own teeth but sometimes I would like carers to assist me with putting the toothpaste on my brush."
- Staff could explain how to support people's privacy and dignity when providing personal care. One staff member told us they would, "Shut the curtains, the space should be safe for [people] to have the care."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Staff confirmed they had access to people's care plans and could review them before providing support.
- Some action was needed to ensure care plans were fully personalised, to guide staff on how to meet people's needs and preferences holistically. However, planned improvements were already underway in this area.
- The service had admitted a number of new people quite quickly from hospital to support the wider health and social care system with winter pressures. This meant some care plans were only interim at the time of inspection and had not yet been fully completed. The registered manager told us they had wanted to support people to move out of hospital and into, "A much more homely setting for their peace of mind."
- The management team confirmed they would now ensure everyone was fully settled into the service, and the new permanent staffing team in place before admitting any new people to Blackthorns.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication had been considered to support accessibility. Care plans recorded any needs people had in relation to their hearing or eyesight, and pictorial signs and menus were on display.

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

- There was a close-knit and sociable community at Blackthorns with many people choosing to spend the day in a central dining area, talking and listening to music.
- Social and leisure activities were available, including for special events and celebrations such as Easter. One person's relative said, "[My person] has been to quizzes and has been offered painting classes."
- The registered manager told us, "We are looking at ways of bringing the community into the home, having clothes sales in the home so residents can have the experience of shopping, having a mini shopping trolley with newspapers and mini chocolate snack bars."
- There were other improvements planned in this area, including recruitment of an additional wellbeing and activities coordinator in response to the increased number of people at the service.

Improving care quality in response to complaints or concerns

- Complaints were logged and recorded to show the outcomes of investigations. This process could benefit from further analysis to demonstrate oversight of any themes and trends.
- The registered manager told us they had received some verbal complaints about missing belongings. The service had introduced a new inventory system, including photographing people's items and had purchased a new laundry labelling machine.
- The service had received a number of positive reviews and compliments.

End of life care and support

- Records required some further development to reflect staff practice and to formally document people's wishes about holistic end of life care.
- Despite this, staff knew how to support people as they reached the end of their lives. The wellbeing lead told us, "I can give people a hand massage, anything to relax them. I talk to them gently and softly and we play relaxing music."
- The service worked with relevant professionals such as the district nursing team and the GP to support people to have a comfortable and dignified death.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was relatively new in post at the time of the inspection but clearly committed to developing the service. One staff member said, "[Registered manager] never leaves - she is so dedicated to the job."
- Audits were completed in a range of areas, and action plans generated as a result. Some systems and processes required embedding and additional development to show analysis of themes and trends, for example in complaints and safeguards. The registered manager told us they would act on this feedback.
- Prior to the inspection, not all notifications had been made to the CQC as required. This had been identified and acted upon by the time of inspection, all notifications retrospectively made, and a new process put in place to mitigate the risk of reoccurrence.
- The registered manager was aware of the strengths and weaknesses of the service at local level and could explain their development plans to support person-centred care. This needed to be formally documented to show progress and achievements at the service leading to positive outcomes.

We recommend the registered manager considers the development of a localised service development plan to demonstrate continuous improvement and ensure outcomes are measured and reviewed.

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

- Managers worked directly with people and led by example, supporting good outcomes for people and promoting a positive and open culture.
- The registered manager told us, "I'm proud of everything in the home, team morale has improved. We have effective communication; we are working as a team. We have hiccups, we have good days and bad days when the chocolate comes out, but I think staff know the standards are high and they are not slapdash, these are people's lives in our hands."
- We received positive feedback about the management, even where other issues had been raised in people's feedback. One person's relative told us, "[Blackthorns] is a very well-run place and [my person] has improved since being in there." Another relative said, "[Registered manager] seems very good, very professional."

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

- Relatives meeting minutes showed the registered manager had an open-door policy and had started a weekly drop-in surgery for any queries. Further means of communication were planned, such as newsletters.
- There was good engagement with people and those important to them. One person's relative said, "[Registered manager] has done her utmost to make it pleasant for [my person], she makes a point of coming and speaking to us."
- Regular staff meetings took place for staff development and as a forum to share views, involving topics such as safeguarding and infection control. One staff member told us, "We had a staff meeting in January and we discussed everything."

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

- There was an open and transparent approach evident at the service, modelled by the management team.
- A duty of candour policy and procedure was in place.

Working in partnership with others

- The service had taken action to support people who were medically fit to be discharged from hospital, working in partnership with system partners.
- The registered manager told us, "We have such a good relationship with the GP, she comes into the home twice a week, and there are also two trained paramedics in the GP surgery; they check anyone who is unwell."