Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Blackbrook House Care Home

31 Blackbrook House Drive, Fareham, PO14 1NX

Date of Inspection: 14 May 2013

Date of Publication: June 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Standard		Outcome
Consent to care and treatment	✔	Met this standard
Care and welfare of people who use services	✔	Met this standard
Management of medicines	✔	Met this standard
Supporting workers	✔	Met this standard
Assessing and monitoring the quality of service provision	✔	Met this standard

Details about this location

Registered Provider	Blackbrook House Care Ltd
Registered Manager	Mr. Stephen Press
Overview of the service	Blackbrook Hosue Care Home provides accomodation and personal care for up to 20 elderly people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with the registered manager who told us that the day to day running of the home had been allocated to a senior member of the staff. The registered manager told us that he was going to cancel his registration as manager and the senior member of staff told us that she was going to submit an application to the Commission to register as manager of the service.

We spoke with two people who used the service who commented highly about the support and care they received. They were supported to make their own decisions about their daily routines, activities and were able to make their own healthcare decisions.

Individualised care plans detailed the support and care each person required. People confirmed they received the support and care they needed and liked. The home ensured relevant health care professionals were contacted when needed.

The quality of the service provided was monitored by an effective quality assurance processes.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment — ✔ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We looked at care records for three of the fourteen people who lived at Blackbrook House care Home. We saw that all three people had been involved in the development of their care plans which included providing consent and agreement to the provision of care, the administration of medicines and the sharing of information with relevant professionals. Where appropriate mental capacity assessments had been completed to identify whether people had the capacity to make the decision to consent to the details in their care plans and for any specific decisions that were needed to be made.

Care plans provided details about how each person communicated, including non verbal communication, and how they demonstrated that they did or did not agree to the provision of care. For some people, due to their medical conditions, their capacity to make decisions and consent to care fluctuated. There was clear guidance in the care plans about how people's capacity to make decisions fluctuated and the support they needed to assist them in making decisions.

Discussion with members of staff demonstrated that they had a good understanding that people living at the home needed to consent to the provision of care. Staff described how they gained people's consent to the provision care and how they would support people with impaired or fluctuating capacity with decision making.

Training records detailed that training about the Mental Capacity Act and decision making was provided to members of staff at the home.

We spoke with two of the people who lived at the home. They both told us that members of staff gave the support and care they wanted and agreed to. Both told us that they had been involved in the planning of their care and had agreed and with the details in their care

plan documents and had given their permission for members of staff to provide them with care and support.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Care plans were personalised and provided detailed guidance about how their people's needs should be met. This included clear guidance about how people should be assisted with moving when using moving and handling equipment. There were clear instructions about the support each person liked with regard to their personal care, which included whether people preferred to have a shower or a bath.

There was evidence that people, their representatives, health care professionals and members of staff had been involved in developing and reviewing the plans. We spoke with two people who lived at the home. They confirmed that they were involved in the planning and reviewing of their care.

Each person also had a set of risk assessments. These identified hazards that people may face and where needed provided guidance about how staff should support people to manage the risk of harm.

Risk assessments and care plans were reviewed every month by members of staff to ensure they were current and relevant to the present needs of the persons. People who used the service and their representatives were offered the opportunity to be involved in reviewing their care plans at a minimum every three months.

People's health care needs were documented in their records and any contact with an external health care professional was recorded. Discussion with one person who lived at the home demonstrated people were supported to manage their own health care appointments and make their own decisions where they had the capacity to do so.

People's wishes about social and leisure activities were detailed. This included details about their working and social life. Activities and social interactions were planned around the individual wishes of each person who lived at the home. Records of resident meetings showed that each person could make suggestions about the provision of social activities

and these were considered and implemented where possible. This included trips to the New Forest and the planning of a vintage car rally at the home. When we spoke with two people who lived at the home they told us that they could chose what they wanted to do. This could include spending time in the communal areas socialising with other people who lived at the home or enjoying the comfort of their own bedrooms.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicine. We saw that there was a policy for the safe management of medicines. This included the process for ordering, receiving, storage, recording and administration of medicines. We saw that medicines were kept in appropriate locked storage areas.

Medicines were safely administered. The manager told us that all members of staff who administered medicines had competed training about the safe management of medicines. We looked at the staff training matrix that identified members of staff had completed training about the safe management of medicines. Members of staff told us that medicines were only administered by members of staff who had completed the relevant training.

People's care plans had details of the support they needed to take their medicines. Each person or their representative had signed agreement for members of staff at the home to administer their medicines. Some people were prescribed to take medicines, such as pain killers, 'as required'. There was clear information in care plans and the Medicine Administration Record (MAR) charts to guide staff about when to give the 'as required' medicine. For people who were prescribed topical ointments there were clear details about when and where to apply the ointments.

Appropriate arrangements were in place in relation to the recording of medicine. We looked at the MAR charts for three people who lived at the home. We saw that staff had signed for the medicines they administered. Staff recorded the reasons why any medicines were declined by people living at the home. We observed a member of staff administering medicines in a safe manner. We saw that the management of medicines was discussed at staff meetings.

We spoke with two people who lived at the home. They both told us that it was their decision for staff to administer their medicines and that they always received their medicines when they needed them.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We saw that there was a training matrix that detailed when and what training each member of staff had completed. This meant that it could easily be identified when members of staff needed to update their training.

We spoke to the manager about how training was provided at the home. Training had mostly been distance learning through a training package that the home had purchased. However the manager told us that she was reviewing the training provision. She was in the process of sourcing alternative training providers to provide a variety of training opportunities for members of staff.

When we spoke with members of staff they confirmed that they had received a variety of training since being employed at the home.

We saw records that demonstrated members of staff received supervision. Staff that we spoke with confirmed that they received supervision sessions from the manager. They told us that during supervision sessions they could discuss any issues regarding the running of the home, their professional development and any personal issues.

We spoke with two people who lived at the home. They told us that they felt that members of staff knew what they were doing when they provided them with support and care.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw that the provider obtained the views and wishes of people who used the service with the use of surveys and 'resident meetings.' The results from surveys were collated and acted upon. The manager told us that they had not received much feedback from surveys, but that there was good feedback from resident meetings. We saw records of resident meetings which included an action plan developed from the wishes and comments of people who lived at the home. Examples of action taken as a result of listening to the views of people who used the service included the provision of activities and outings such as trips to the New Forest and the classic car rally being organised.

We saw that the collated response to the staff survey in October 2012 indicated that members of staff were generally very satisfied working at Blackbrook House Care Home.

We saw that the manager completed audits with regard to all aspects of the running of the service. This included auditing infection control practices, complaints, accidents and near misses. We saw that the care and welfare of people was audited by the use of care plans reviews and audits of any falls and of people's nutritional status. Where a need was identified action plans were put in place and followed to address any concerns identified. The manager explained that by using audits and action plans she was able to ensure the service was being run to meet the needs of all people living at the home.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✗ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✗ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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