

Blackwater Mill Limited

Blackwater Mill Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Blackwater Mill Residential Home is a care home providing accommodation for up to 60 people in one building, some of whom are living with dementia. At the time of our inspection, there were 51 people living in the service. Blackwater Mill provides all single bedrooms and a range of communal facilities.

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

Whilst improvements had been made since the previous inspection in January 2023, we found quality assurance systems had not been effective to ensure all areas that required improvement were identified and acted upon.

Individual risks to people were not always safely managed and we could not be assured risks to people were mitigated effectively. Specific risk assessments in relation to people's health conditions had not always been developed. In addition, information in people's care records was confusing and contradictory at times. People received their oral medicine appropriately; however, we could not be assured prescribed topical creams and ointments were applied as needed. Action was taken immediately by the management team to address these issues.

Environmental risks were monitored and managed safely. Appropriate recruitment procedures were in place and there were enough staff to support people's needs. There were appropriate policies and systems in place to protect people from the risk of abuse and for the management of infection, prevention and control which were followed by the staff team.

Some action had been taken to support people living with dementia or poor vision. However, we recommended the registered person seek advice and guidance from a reputable source to ensure additional adjustments would be made to the environment to support the people living there.

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.

Staff had received appropriate training and support to enable them to carry out their role safely. People were supported to eat a varied and nutritious diet based on their individual preferences and had access to food and drink throughout the day and evening.

People were happy living at Blackwater Mill and people and relatives were complimentary about the service, describing the staff as kind, caring and responsive. People's needs were met in a personalised way. Apart from some needs relating to people's health, staff knew the people well and had a good understanding of their needs and wishes. People were supported to partake in a range of activities centred around their interests.

CQC were notified of all significant events that occurred in the service and the previous performance rating was prominently displayed on the premises as per requirements. The service worked in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.

Throughout the inspection the management team showed a commitment to wanting to provide people with person centred, safe and effective care. They were open, transparent and responsive throughout the inspection.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 March 2023) and there were breaches of regulation. Due to the breaches identified CQC added conditions to the providers registration requiring the provider to send us monthly action plans. Although these action plans had been received as required, at this inspection not enough improvement had been made and the provider was still in breach of regulations. The service remains rated requires improvement.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, management of health needs and the cleanliness of the home. A decision was made for us to inspect and examine those risks.

Following our inspection, we have found evidence that the provider needs to make improvements and the overall rating for the service has remained requires improvement.

Enforcement and Recommendations

At this inspection we identified 2 repeat breaches of regulation including, Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

We have also made 1 recommendation in respect of ensuring additional adjustments would be made to the environment to support the people living there.

Additionally, the key question Safe has consistently been rated requires improvement for the past 7 inspections, this has been considered in CQC's regulatory response.

We will continue to monitor the service through the conditions we imposed on the provider's registration at our last inspection requiring the provider to send us monthly improvement plans.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

We will continue to request and review the monthly action plans from the provider in line with their conditions of registration. 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 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Blackwater Mill Residential 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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector and an Expert by Experience who made phone calls to relatives of people living at the service. 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

Blackwater Mill Residential Home 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. Blackwater Mill Residential Home 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 start of our inspection there was a registered manager in post, however they had been absent from the service. Therefore, the day to day running of the service was being managed by the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf

of the provider.

Notice of inspection

This inspection was unannounced. Inspection activity started on 27 July 2023 and ended on 11 August 2023. We visited the location on 27 July and 2 and 4 August 2023.

What we did before the inspection

We reviewed the information we held about the service, including the previous inspection reports and the action plans the provider was required to send us monthly, as part of the conditions added to their registration following the last inspection. We also reviewed any notifications we had received about the service. Notifications are information about specific important events the service is legally required to send to us.

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 14 people who used the service about their experience of the care provided and 17 relatives. We also spoke with 14 members of staff including the nominated individual, deputy manager, 2 support managers, 2 members of the housekeeping team, 2 members of the kitchen team and 6 care staff.

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

We reviewed a range of records, including 8 people's care records in detail, and specific areas of 6 other people's records. Three staff files were reviewed in relation to recruitment. A variety of records relating to the management of the service, including audits, training, staff rotas and policies and procedures were also reviewed. We received feedback from 3 healthcare professionals and 3 social care professionals.

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. The rating for this key question has remained 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

At our last inspection completed in January 2023 we identified systems were either not in place or robust enough to demonstrate individual risks posed by the homes environment were effectively managed. This placed people at risk of harm and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of Regulation 12.

- Although people told us they felt safe, we could not be assured risks to people were managed and mitigated effectively.
- Information within people's care plans and care records did not always correspond with their needs and was contradictory at times. For example, for one person it was unclear how to safely support the person to mobilise. One area of the care records described the person as 'fully mobile', yet in another area they were described as 'requiring equipment to mobilise.' Additionally, throughout areas of this person's care records they were described as 'incontinent', 'having a catheter', 'fully continent' and having 'occasional urinary accidents.' Therefore, we could not be sure what level of support this person required with their mobility or continence. We identified similar issues in all of the 8 people's care records we reviewed in detail. This meant people were at risk of receiving inappropriate care, which placed them at risk of harm. This was discussed with the nominated individual and management team who agreed to review all people's care records and care plans and update these as required.
- We identified some people had specific health conditions such as, diabetes, epilepsy or required a catheter. There was not always an associated care plan or risk assessment detailing how to effectively manage these conditions. This meant staff would not have comprehensive information about how to identify when people became unwell and the action they needed to take.
- The service had completed assessment tools to establish specific risks to people. These tools provided a 'score' which indicated the level of risk to people in relation to specific areas such as skin integrity and constipation. Although these had been completed, we were unable to establish if or what action had been taken when it was deemed a person was at high risk. Specific or detailed care plans and risk assessments had not been developed following the completion of these. This meant no guidance was available to staff with what actions they should take to prevent and mitigate these risks.

- During our review of people's care records, we identified that some people were at high risk of developing pressure injuries due to health conditions and poor mobility. Some people needed to be repositioned every 2 hours to reduce pressure on their skin. Their reposition records showed their position had not been changed as required by their risk management increasing the likelihood of a skin injury developing.
- We discussed the issues we identified as described above with the nominated individual and management team, who agreed to review all care plans and risk assessments for people and update these accordingly. They also informed us healthcare professionals will be contacted to review risks linked to skin integrity and constipation.

The failure to ensure people were provided with safe care and treatment was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risks were monitored and managed safely.
- There were effective fire safety arrangements in place and fire risk assessments had been completed by a suitably qualified professional. Additionally, gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease.
- Equipment, including, hoists and lifts were serviced and checked regularly.
- Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.

Using medicines safely

At our last inspection completed in January 2023 we identified systems were either not in place or robust enough to ensure all aspects of medicines management were effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made in relations to medicine management. However, due to other issues relating to risk management described above, the provider was still in breach of Regulation 12.

- The home used an electronic medicines management system. On review of this system, we identified people received their oral medicine appropriately and as prescribed. However, we could not be assured prescribed topical creams and ointments were applied appropriately and as prescribed. This was discussed with the nominated individual and management team who acted promptly to introduce a more effective system.
- People had care plans regarding the administration of their medicines. When medicines were prescribed 'as required' (PRN), protocols to guide staff were in place. This meant staff had appropriate guidance as to when people may need these medicines and outcomes for the person.
- Medicines were securely stored, ordered, and disposed of correctly and safely.
- Medicines that have legal controls, were appropriately and safely managed and monitored.
- People told us they were happy with the support they received with their medicines. For example, a person said, "I'm more than happy, they[staff] give me my tablets when I need them."

Staffing and recruitment

- People told us there were enough staff available to them to meet their needs in a timely way. People's comments included, "If I press my call bell, they [staff] come straight away", "There is enough staff to help"

and "They [staff] always help me when I need them to."

- We received mixed views from staff about the staffing levels at the home. Staff comments included, "I think there is enough staff", "I don't think there is always enough of us, [staff], we all want to provide high quality care to people, but that's not always possible due to staffing levels" and "I do think we need more staff."
- Throughout the inspection we observed staffing levels were appropriate to meet people's needs. Staff were available to people, had time to chat and were responsive to requests for support in a timely way.
- Staffing levels were determined by the number of people using the service and the level of care they required. These were continually reviewed by the management team through the use of a formal assessment tool and the completion of call bell audits to monitor staff response times. Additionally, the management team regularly monitored staffing levels by observing care and speaking with people and staff to ensure staffing levels remained sufficient.
- Safe and effective recruitment practices were followed. We checked the recruitment records of 3 staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigation of any gaps in employment. This helped to ensure only suitable staff were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and relatives, we spoke with told us they felt safe care was received at Blackwater Mill. A person said, "I feel very safe here." Another person told us, "It's good here, I feel safe and get what I need." Relatives' comments included, "I'm happy [person] is being safely cared for" and "They're [staff] are very good at keeping [person] safe."
- The management team and staff knew what constituted safeguarding, understood their safeguarding responsibilities, and knew how to report concerns.
- There were appropriate policies and procedures in place, which had been developed in line with national and local legislation to protect people from abuse.
- Processes were in place for investigating any safeguarding incidents or concerns. We saw records which confirmed where abuse was suspected, investigations were completed and effective actions taken, where required.

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 assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- The provider was facilitating visits for people living in the home and there were no restrictions.

Learning lessons when things go wrong

- Where an incident or accident had occurred, there was a record, which enabled the management team to identify any actions necessary to help reduce the risk of further incidents.
- The electronic care planning system automatically allocated all accidents and incidents for review by the management team. The system also enabled an audit of the accidents and incidents to be undertaken so that patterns or trends could be identified, such as time or location of accidents.
- People and relatives confirmed action was taken when things went wrong. For example, a relative told us, "When [person] fell they moved them to a downstairs room where they could more easily supervise them. I think they handled that very well."

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 full comprehensive inspection completed in May 2019 we rated this key question Good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The environment had some adaptations to support people living with dementia or poor vision. These included clear signage on the doors of toilets, bathrooms and communal areas. Due to the size and layout of the environment people could benefit from further adjustments to find their way around the home and to identify their bedrooms.
- Some areas of the home were in need of re-decoration and there was an ongoing refurbishment programme in place to address this.
- All bedrooms were for one-person use, had ensuite facilities and were personalised to the individual. Should they wish to do so, people could have their own furniture and personal fixtures and fittings.
- A range of communal areas were available for people and the garden had been adapted to include an enclosed, secure space for people to enjoy in the warmer weather.

We recommended the registered person seek advice and guidance from a reputable source to ensure effective adjustments would be made to the environment to support the people living there.

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

- Staff demonstrated from discussion they understood people's needs in relation to pressure area care, bowel monitoring and catheter care and described the actions they would take if concerns arose. Although we have highlighted in the safe domain of this report, action needed to be taken to improve records about people's health so we could be assured action would be taken when needed.
- People and relatives told us they received healthcare support when they needed it. One person said, "If I had a headache, the staff would get me something for it. They would call the GP if I wasn't feeling well." Another person told us, "If I wasn't feeling well, the staff would always help me see a doctor or nurse." A relative said, "If there's any treatment [person] needs they [staff] will get for them; they spotted a [potentially serious health concern], it shows they [staff] look out for them."
- When people were admitted to hospital, staff provided written information about the person to the medical team, to help ensure the person's needs were known and understood.

Staff support: induction, training, skills and experience

- There was an induction programme in place, which new staff were required to complete before working on their own. This included completing essential training for their role and shadowing an experienced member of staff. Staff spoken with, confirmed they had completed the induction programme and training

when they started working at Blackwater Mill and found it helpful.

- A number of the staff we spoke with, confirmed they were in the process of completing 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 and is made up of the 15 minimum standards.
- Staff completed training which included safeguarding, infection control, moving and handling and medicines. Additional training was also provided in relation to specific needs, such as pressure area care and diabetes. A staff member told us, "We get plenty of training and its very good."
- People and relatives were confident staff were well trained. Comments included, "They [staff] certainly know what to do" and "The staff seem well trained and know what they are doing, they are very good."
- A healthcare professional told us they completed a lot of training with the staff including catheter care and diabetes. They described the staff as being, "Very accepting of training and keen to learn."
- There was a process in place to monitor the training staff had received and help ensure training was updated in a timely way. On review of this process we identified some training had not been updated or received in a timely way. However, this had already been identified by the management team and action had been taken to address this.
- Staff received one-to-one sessions of supervision. These provided an opportunity for members of the management team to meet with staff, discuss their training needs, identify any concerns, and offer support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to admission to the home, a member of the management team undertook an assessment of people's individual needs to ensure these could be met. Assessments included identifying any specific equipment that may be required and establishing people's physical, social and emotional support needs, as well as some needs associated with protected equality characteristics. For example, religion, disability and relationship status.
- We identified information had been sought from people and professionals involved in their care, when required. Information from these assessments had been used to develop a plan of care.
- A range of well-known tools were used to monitor people's health and wellbeing, in line with best practice guidance. For example, staff used nationally recognised tools to assess people's oral health and to monitor people's weight and risk of skin breakdown.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- People's care records identified their dietary needs. Where needed, people received appropriate support to eat and were encouraged to drink often. We observed people had access to drinks and snacks throughout the day.
- Staff monitored people's dietary needs and risks, such as those related to choking, malnutrition, or dehydration.
- Mealtimes were a relaxing and sociable experience for people. People and relatives were complimentary about the food and told us they had choice, had enough to eat and drink and could request alternatives if required.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us they were always asked consent before any care was provided. A person said, "They [staff] always ask me first, they wouldn't just do something without checking." Another person told us, "It's always my choice."
- People were enabled to make decisions about their care and treatment needs. Where people were unable to make some decisions, capacity assessments were in place and decisions had been made in people's best interests in line with the MCA.
- Staff had received training in MCA and were clear about the need to seek verbal consent from people before providing care or support, we heard them doing this throughout the inspection. People's right to decline care was respected.
- We identified DoLS applications had been made as required and the system in place to ensure these were renewed in a timely way, was robust.

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 full comprehensive inspection completed in May 2019 we rated this key question Good. At this inspection 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

- Feedback we received from people reflected they felt the staff were caring. Comments included, "They [staff] are all lovely and so sweet", "The staff are perfect, very good" and "I'm very happy here, the staff couldn't be any better."
- Relatives were highly complementary about the kind and caring nature of the staff. A relative told us, "The staff are good with [person] they're very caring and patient." Another relative said, "The staff are lovely to [person] and they're always attentive to all the residents." Additional relative comments included, "The staff are attentive and caring. They really put themselves out to provide care and they do an outstanding job" and "The staff are lovely, they're second to none in the love and care they show to [person]."
- Professionals also described the staff as kind and caring. A professional said, "The staff clearly try hard to support people, they really care." Another professional said, "The staff are so lovely to the residents [people]."
- We observed positive interactions between people and staff. Staff showed kindness and patience when talking to people. Additionally, we saw people chatting to each other, sharing jokes and including others in conversation. This demonstrated that friendships had been formed.

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

- People were involved in planning their care and the day to day support they received. Care plans contained personal information, evidencing people and their relatives had been involved in the creation of their care plans.
- People confirmed they were able to express their views at any time and these were listened to and acted upon.
- People and relatives told us that staff were approachable, which allowed them to express their views at anytime. A relative said, "They [staff] give [person] space and give them a bit of control; They can go for a bit of a wander if they want, which suits them. [Staff] don't crowd or over fuss them."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. A relative told us, "[Person] needs help with personal care and the staff are always respectful in the way they help her." A person said, "They [staff] always talk to me nicely and respect my decisions."
- Some people told us they preferred a staff member of a particular gender to support them with personal care and said this was respected.
- People's privacy and dignity was respected. We observed staff took steps to protect people's privacy, such

as knocking on their door before they entered and speaking with people quietly and discreetly about any personal care if they were in a communal area. Staff were able to describe how they maintained people's privacy when supporting people with personal care, by shutting doors and closing curtains.

- The provider ensured people's confidentiality was respected. People's care records were kept confidential.
- People were encouraged to do what they could for themselves and maintain their independence. A person described how staff would only provide them with support when they required it. A staff member told us, "I will encourage people to do what they can for themselves."

Is the service responsive?

Our findings

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

At our last full comprehensive inspection completed in May 2019 we rated this key question Good. At this inspection the rating for this key question has remained 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 knew the people they supported well and had a good understanding of their general needs, this enabled them to engage effectively and provide meaningful, person-centred care. However, as described in the safe section of this report, some needs relating to people's health were not understood by staff, as they were not always recorded in people's care plans. A person told us, "I'm really well cared for, they [staff] know what I like and don't like and they are always checking up on me." Another person said, "I am really happy here, I can talk to the staff about anything they are always willing to listen."
- Relatives were confident in the staff's understanding of people's needs and wishes and felt these were respected. A relative said, "I can't fault them and have absolutely no concerns about her care. I visit her regularly and she's always clean when I see her." Another relative said, "The staff have got to know her and interact well with her; having a laugh and a joke and giving her a cuddle."
- Relatives also commented on improvements in their loved one's physical health and wellbeing. A relative described how following a hospital stay, their family members mobility had deteriorated and they were struggling to walk. However, since returning to Blackwater Mill, the person now has their mobility back. Another relative said, "Before Christmas [person] was spending most of their time in bed, but now they've got them sitting in a special chair." Another relative told us, "I'm happy that they [staff] have [persons] blood pressure under control."
- Care plans had been developed for each person. Information in care plans included details about people's life history and their likes and dislikes.
- Staff promoted choice and respected people's autonomy by empowering them to make as many of their own decisions as possible. Throughout the inspection we observed people being given choices about where they spent their time and what they wanted to eat and drink.

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.

- People's communication needs had been identified and recorded within their individual care plans. This included guidance for staff on how to best communicate with people. For example, within one care plan it stated, 'Staff should speak clearly and using simple terms', another care plan stated, 'Face [name of person]

when communicating to make it easier for her to understand what is being said.'

- The staff told us they actively encouraged and supported people to communicate in a style which was relevant for them, fully considering their equality needs.
- Documents could be provided to people in a variety of formats, for example, easy read, large print or pictorial, if required. This ensured all people were provided with information about their care in a way they could understand.

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

- The service employed activities coordinators whose role it was to arrange activities, events and outings for the people living at the home and prevent social isolation.
- There was a varied activities programme in place for people to take part in if they wished to. Activities included, singing, arts and crafts, games, reminiscence and pampering sessions.
- People told us they had enough to do, and relatives were highly complimentary of the activities provided to people. A relative said, "They [staff] don't leave them in their chairs. I've seen them dancing with them. The activities that they have stand out; they have a whole variety of things like live music, disability day, donkey Sunday and different films." Another relative told us, "I'm amazed at what they've got her doing; they're getting her to do things she's never done before, like playing the piano and they've even got her dancing."
- People and relatives also told us about how staff help people to celebrate events that were important to them, such as birthdays.
- Consideration had been given to people who were unable or declined to leave their rooms. A person told us, "I like to stay in my room mostly, but I don't get lonely as staff are always coming in to see me. A relative said, "They [staff] often come and visit and talk to her in her room; when they brought in old pictures for her to look at together, she really perked up!"
- People were involved in choosing the activities they took part in and ideas were discussed with them on a one to one basis. People's ideas were listened to by the activities staff and acted on. In addition to day-to-day activities, themed activities for special occasions were provided.
- Health and social care professionals were complimentary about the activities provided to people. A healthcare professional told us, "I have been coming to Blackwater Mill for a while, I do think the activities seem good and have improved over the last few months. There's always something going on."

Improving care quality in response to complaints or concerns

- There were systems and processes in place for logging, recording and investigating complaints or concerns. Any complaints or concerns received were immediately investigated and action taken where required.
- The provider had a complaints policy. Information about how to complain was available for people and relatives.
- People and relatives confirmed they knew how to complain and were confident actions would be taken in a timely way if issues were raised. People's comments included, "I have no real complaints, if I did, I would talk to the staff who would take action" and "I have nothing to complain about, but if I did, I would talk to [name of deputy manager], she is very good." Relatives told us, "I've no concerns or have had to make a complaint, but if there's anything bothering me, I talk to the office staff" and "If I have a concern or a question about anything I ring in and speak to a senior person and I do think they listen to me."

End of life care and support

- End of life wishes had been considered for people living at Blackwater Mill. People's care records contained some limited information in relation to how people wished to be cared for at the end of their life.

- Prior to the inspection, additional training had been arranged with the local hospice to ensure staff had the skills to support people effectively and appropriately at the end of their life. The nominated individual told us, "We always consider people's wishes, we want them to receive a high quality of care and be comfortable."
- The management team had developed links with the local hospice and described how they would work with other professionals to help ensure people had a comfortable, dignified and pain-free 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 for this key question has remained Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection we identified the provider's quality monitoring and governance procedures have failed to improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

- It was evident the nominated individual and management team had worked hard to improve the service following the last inspection. However, not all the provider's quality assurance processes which had been implemented had been fully effective. For example, the concerns we identified in relation to care plans, risk assessments and management of people's specific health needs, had not been identified by the management team via their audits and oversight procedures. The delivery of high-quality care was therefore not assured by the governance procedures in use.
- The key question safe has consistently been rated requires improvement for the past 7 inspections. Actions taken by the provider have not been effective to achieve a rating of good.

The provider's quality monitoring and governance procedures have failed to improve the quality and safety of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The concerns identified were discussed in detail with the nominated individual and management team, who took immediate action to address these.
- Other quality assurance processes had been effective. For example, environmental, medicine management and training audits indicated action had been taken where required.
- Although concerns were identified during the inspection; people, relatives and staff were complementary of the running of the service. Relatives told us, "I do think it's well organised; there have been a lot of improvements; they have a lot of things going on for residents and there's a very friendly atmosphere" and "I feel it's well organised. It doesn't have a care home smell and they have so many activities for residents; I think that sets them above the rest."

- There was a clear management structure in place, consisting of the directors, a registered manager, deputy managers and heads of care. Staff understood their roles and responsibilities and received training to deliver care and support to meet people's individual needs.
- Policies and procedures were in place to aid the smooth running of the service.
- Professionals spoken with also spoke about overall improvements in the service. A healthcare professional told us, "The staff are really keen, there is an improvement with their engagement with us [health professionals]." Another healthcare professional said, "There have been real improvements over the last 6 months; there has been a huge improvement in the atmosphere, it's much calmer, the food seems so much better, it's amazing and the cleaning is top notch." A social care professional told us, "I have seen a number of improvements over the last few months, including, communication and the atmosphere in the home."

At the last inspection we identified the provider failed to notify the CQC of reportable incidents. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found the provider was no longer in breach of regulation 18.

- The management team had submitted notifications of reportable incidents to the CQC as required.

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

At the last inspection we identified the provider failed to follow the Duty of Candour requirements of a written explanation and apology when adverse incidents had occurred. This was a breach of regulation 20 (Duty of candour) of the health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found the provider was no longer in breach of Regulation 20.

- The management team demonstrated they understood the duty of candour requirements and provided evidence which showed duty of candour requirements were followed as required.
- The management team demonstrated an open culture in the service and were responsive to comments and suggestions.

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 told us they were engaged and involved in their care. A person said, "They [staff] always ask my view, let me decide about my care and check I am happy."
- We received mixed views from relatives about communication with the home and being kept up to date on the wellbeing of their loved ones. Some of the relatives spoken with told us they were fully involved in people's care, where appropriate and kept up to date if people's needs changed. Relative's comments included, "They [staff] let me know if anything happens and if they change their medications" and "I was involved with the care plan when they first went there. If I want to know anything I ask someone when I visit or ring in; I usually go to the care team or the office." However, other relatives felt more engagement with the senior management was needed. Comments included, "I would go to [names of deputy manager and head of care] if I had a problem and they would sort it out. The management aren't so visible." and, "I'm not really sure who the manager is." The feedback was brought to the attention of the nominated individual who

agreed to look into ways of addressing the concerns raised.

- During the inspection we observed a relaxed, calm, welcoming and inclusive atmosphere in the home. People were comfortable speaking to the staff and asking them for support when required.
- There was a positive attitude in the management and staff team, with the aim of trying to provide the best care possible for the people living at the service. Staff comments included, "I really like working here, I like to help people and we [staff] all work well together. We are a good team" and "It's really important to us [staff] that people are provided with a high quality care."
- Feedback was sought from people, relatives and staff about the quality of the care and service provided in a range of ways; these included quality assurance surveys, group meetings and on a one to one basis.

Continuous learning and improving care

- The provider had an action plan in place which was updated and reviewed regularly. This was used to enhance service provision.
- Staff performance was closely monitored by the management team. All learning was shared with staff during staff meetings, handovers, and supervision.

Working in partnership with others

- The service worked in collaboration with relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- External health and social care professionals were positive about their interactions with the management team and staff. A social care professional told us, "They work with us, not against us. Improvements are being made all the time and the management team are open and transparent."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure people were provided with safe care and treatment. This is a continued breach of regulation. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective quality monitoring and governance procedures to improve the quality and safety of the service. This is a continued breach of regulation. |