

# Blackwood Care - Maclehose Court Care Home Care Home Service

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**Type of inspection:**

Unannounced

**Completed on:**

4 November 2019

**Service provided by:**

Blackwood Homes and Care

**Service provider number:**

SP2003000176

**Service no:**

CS2003001097

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Blackwood Care - Maclehose Court Care Home is registered as a care home for people with physical and or sensory impairment and provides a service to a maximum of 21 people. There were 16 people living in the home at the time of the inspection.

The service is operated by Blackwood Homes and Care and is located in a residential area of Greenock. It is near to Greenock town centre, local shops and local public transport links.

Accommodation is provided over three floors, with a small kitchen and living room on each floor. The dining room and the main kitchen are on the ground floor. Bedrooms are single rooms with en-suite facilities. The home also had a small garden/patio area that residents can use.

The provider's stated purpose is that the service is:

"entirely focused on providing personalised and individual services to design a tailored, flexible support package with you and your family. Our teams are friendly, committed, motivated and trained to the highest level, which ensures the best possible outcomes are achieved for our customers."

It is important to note that this inspection took place following the provider's announcement that the care service was closing. The provider was working in partnership with people living in the service, their families and representatives as well as the local Health and Social Care Partnership to find alternative support for everyone living at Maclehose Court.

## What people told us

Eight people using the service shared their views about it with us. We spoke with them when we visited the service. We also had discussions with seven relatives of people who used the service.

People's feedback about the overall quality of the service was generally positive but had clearly been affected by their knowledge that the service was closing. Many people that we spoke with were unhappy with the decision and expressed anxiety about the uncertainty of their future care provision.

People spoke positively about the quality of care and the quality of staff that supported them.

Comments that people made about the service included:

"I am very happy here."

"I would like it to stay open."

"My relative is happy, settled and feels part of a family."

"Generally very homely and inviting place for residents."

"Very supportive staff."

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**4 - Good**

Most people that we met with spoke positively about the care and support the service provided. People expressed a range of feelings about the planned closure of the service. People told us they were either sad, angry or anxious about this. Some people told us they experienced different emotions at different times.

However, it was also clear that staff treated people with dignity and respect. The provider had carried out some improvement work with staff on the culture of support since our last inspection. This was evident in the positive interactions we saw between residents and staff. People who used the service, and their relatives, also confirmed this view when completing our questionnaires about the quality of the service.

We asked the provider to explore further whether staff treated each other with respect and dignity as some staff indicated in completed questionnaires that this was not always the case. The provider agreed to continue to work on maintaining a positive culture in the service. This may be an ongoing challenge during the closure phase due to key staff moving on.

There was a marked improvement in activities and level of participation by people since we last visited the service. We evidenced this in discussion with residents and through observation by the inspector and inspection volunteer. The move to make the activities coordinator full-time had been beneficial for people living in the service. We saw good evidence of group activities and improved one to one activity. We also saw that staff worked hard to continue to support people to access their local community and to go on planned holidays.

The service had well established links with health professionals. This meant that people using the service had

good access to professional healthcare advice. The service made good use of this. We saw good examples of regular health interventions and advice from medical staff and other health professionals.

People living in the service had a range of complex health needs. We sampled records of accidents and incidents including when people became unwell and/or needed medical attention. This was managed appropriately by staff and in some situations managed well.

Healthcare needs were not consistently well documented or reviewed. We talk about this further under Key Question 5.

We sampled how the service stored and managed people's medication and we were satisfied that staff did this generally well. We sampled medication storage and management, including controlled drugs. The service did this to a satisfactory standard. This meant that people could be confident that they got their medication when needed and as prescribed.

A knowledgeable chef supported people's nutritional needs. As at previous inspections, people told us that they liked the food that the service offered them.

## How good is our leadership?

### 3 - Adequate

The provider had arranged for an external consultant to work with staff in improving the culture in home, moving towards a more person-centred approach to care and away from task-focused care. This was a welcome intervention. However, the provider acknowledged that the need to use agency and relief staff sometimes meant team leaders were more directive and care reverted to tasks rather than person-centred care.

Team leaders were working hard to support day-to-day management of the service. However, it was sometimes a challenge to balance competing roles of direct care and management responsibilities.

Included in a previous requirement that we made was for the provider to regularly observe and evaluate the quality of staff practice. This was to ensure that staff followed good practice at all times. Team leaders told us that some observations of staff practice had taken place, but we could not evidence this as evaluations had not been recorded. (See Areas for improvement 1).

Senior staff told us that staff supervision had "slipped". Regular supervision can provide opportunities for staff to discuss and review their individual learning and development needs and get feedback about their work performance. The lack of evidence of staff practice evaluation and limited staff supervision meant that the provider could not demonstrate that staff were consistently working to required standards for the benefit of people living in the service. (See Areas for improvement 1).

We looked at how staff supported people to manage and safeguard their money. There were appropriate systems in place for staff to record and receipt financial transactions. However, there was no quality assurance audit in place. We recommended that the provider introduce a management audit that includes regular checks on how staff manage people's money. (See Areas for improvement 2).

At the last inspection we made a requirement that the service should record, and monitor dependency needs but the service had not sustained this. The purpose of this was to ensure that the service was, always, meeting the needs of each person living in the service. We have repeated this requirement. (See requirement 1).

We considered the findings under Key Questions 5 "How well is our care planned?" in our evaluation of this Key

Question. That is because it was clear that quality assurance of personal planning was either not taking place or ineffective.

## Requirements

1. To ensure that the service is, at all times, meeting the needs of each person living in the service the provider must, by 31 January 2020, put in place and maintain a system to assess, record and regularly review people's dependency needs.

This ensures that care and support is consistent with the Health and Social Care Standards which state:

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12)

'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13)

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14)

'My care and support meets my needs and is right for me.' (HSCS 1.19)

'My needs are met by the right number of people.' (HSCS 3.15)

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

It also complies with Regulation 4(1)(a) - (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## Areas for improvement

1. The provider should regularly observe, evaluate and record the quality of staff practice and how staff interact with the people they support. This is to ensure that staff follow current good practice at all times.

Staff supervision should take place in line with the provider's policy and procedures.

This ensures that care and support is consistent with the Health and Social Care Standard which state:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

2. The provider should put in place an audit of how the service manages and safeguards people's money. This is to ensure that staff are consistent in their practice and that records of financial transactions are correct.

This ensures care and support is consistent with the Health and Social Care Standard which states:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

## How good is our staff team?

### 4 - Good

We found that the service employed appropriate numbers and skill mix of staff to support people's needs. This took account of how the service considered people's basic care needs and allowed for flexibility to support people's broader social care needs. This included supporting the day-to-day personal preferences of people who lived in the service.

We carried out a structured observation of how staff interacted with people they were caring for. We saw that staff engaged in a person-centred way with people. They were warm, open and supported people with dignity and respect. Staff also made use of humour appropriately in their approach to care. One person said, "staff always encourage me to be the best I can." Another told us, "staff make me feel like family."

People that we spoke to were positive about the quality of staff working in the service. The provider was working hard to maintain staffing quality and continuity. However, this was an ongoing challenge as staff moved on, including some key staff. The provider was trying to lessen the impact of this by using the same agency and relief staff.

Staff were appropriately registered with the Scottish Social Services Council, (SSSC). The SSSC is responsible for protecting the public by registering social service workers, setting standards for their practice, conduct, training and education and by supporting their professional development.

We sampled staff training records and saw that training was relevant to the needs of both the people living in the service and staff working there. There was also some evidence of the provider offering training to develop the leadership skills of team leaders. Where needed, the provider trained staff to support people with a diagnosis of specific conditions, for example, acquired brain injury.

## How good is our setting?

### 4 - Good

The service had responded positively to areas for improvements we made at last inspection. We asked the provider to ensure that the quality of the environment remained suitable for everyone who lived in the service. We also recommended that people who lived in the service were involved in decisions about environmental improvements and priorities.

As at previous inspections, we saw that people were able to personalise their private space. This meant that people could choose to decorate and furnish their bedrooms to suit their own needs and preferences. There was good evidence of people using one of the lounge areas which was not happening at previous visits. The service had improved the décor, furnishings and lighting in this room making it a more inviting space for people to use.

The home was clean and free from offensive odours making it a more pleasant environment for people who lived there.

The home had a secured entry system and all visitors had to sign in and out of the building. This helped keep people living in the service safe whilst allowing them to come and go as they wanted to. Some people were able to go out of the service independently and staff supported others to access the local community.

Some people, who were able to, chose to lock their bedroom doors and had their own key. This afforded them

more privacy and security. This was reasonable if the individual chose to do this and was able to open their door from the inside independently. We asked the provider to make sure that no-one was in their room with the door locked that could not open it independently. We asked this as we received conflicting reasons from staff why some people's bedroom doors were locked when they were inside their rooms. (See Areas for improvement 1).

We noted that the garage/handyman area was very untidy and potentially hazardous. The door from the corridor was not secured and the contents of the room chaotic. We asked the provider to address this immediately so that the area was safe and secure. The provider agreed to address this.

### Areas for improvement

1. The provider should ensure that no-one living in the service is in their room with the door locked without the means to open their door independently.

This is to ensure that the environment is consistent with the Health and Social Care Standards which state:

'I can independently access the parts of the premises I use and the environment has been designed to promote this.' (HSCS 5.11)

'If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom.' (HSCS 5.12)

'My environment is secure and safe.' (HSCS 5.17)

### How well is our care and support planned?

### 3 - Adequate

We looked at a sample of personal plans to check that care planning reflected people's needs and wishes.

Personal plans that we looked at contained information that was out of date or inaccurate. For example, one plan indicated that a person was to be weighed monthly and that the risk of weight gain was low when in fact it was significant. Staff had not updated other plans despite clear changes in people's healthcare needs. Changes in healthcare needs were not consistently well documented. (See Areas for improvement 1).

There was evidence that staff had arranged care reviews with the participation of family members but records of discussions were brief. Care review discussions did not always lead to staff updating care plans. It is important that the service reviews people's needs regularly, (at least six monthly), and where there is a change to their planned care this should be reflected in personal plans. (See Areas for improvement 1).

The service recorded information about people's care needs in different places including paper records, online and in diaries. This did not make for consistent or easily accessible care planning.

The variable quality of information in care plans meant there was a risk that staff, especially new or temporary staff, were not using the most relevant or up to date information to inform how they provided person-centred support to people in their care.

The provider detailed in their action plan following our last inspection that person centred planning sessions would take place with staff. We found no evidence of this and staff we spoke with indicated that they had not taken part in such sessions. (See Areas for improvement 2).

## Areas for improvement

1. The provider should ensure that it has in place:

- A personal plan for every person using the service. Personal plans must accurately detail each person's assessed needs and how staff will provide support to meet those needs.
- A system to consistently review and update the information in personal plans following changes in people's needs and after every care review.
- A system that checks how staff use personal plans to inform their day-to-day practice and how staff keep plans up to date and accurate.

This ensures care and support is consistent with the Health and Social Care Standards which state:

'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17)

2. The provider should revisit its previous action plan to make sure that the proposed person centred planning sessions take place with all relevant staff. The provider should also evaluate the effectiveness of these sessions on improving people's outcomes.

This ensures care and support is consistent with the Health and Social Care Standards which state,

'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15)

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14)

## What the service has done to meet any requirements we made at or since the last inspection

## Requirements

### Requirement 1

The provider must, by 31 August 2019, ensure that all staff support people in a manner that promotes their privacy and dignity. This is to ensure that, at all times, the needs of individual people are met.

Staff must be familiar with the Health and Social Care Standards and their relevance to both staff and people supported in the service.



The provider must regularly observe and evaluate the quality of staff practice and how staff interact with the people they support. This is to ensure that staff follow current good practice at all times.

This ensures care and support is consistent with the Health and Social Care Standards which state:

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.' (HSCS 3.1)

'I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.' (HSCS 3.9)

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

It also complies with Regulations 3 - (Principles) and 4(1)(a) and (b) - (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 10 December 2018.**

## Action taken on previous requirement

This requirement has been partially met and continues to be monitored by the provider. The part of this requirement that has not been met is repeated as an area for improvement under Key Question Two in this report.

## Met - within timescales

### Requirement 2

To ensure that the service is, at all times, meeting the needs of each person living in the service the provider must, by 31 March 2019, put in place a system to assess, record and regularly review people's dependency needs.

This ensures care and support is consistent with the Health and Social Care Standards which state:

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12)

'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13)

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14)

'My care and support meets my needs and is right for me.' (HSCS 1.19)

'My needs are met by the right number of people.' (HSCS 3.15)

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

It also complies with Regulation 4(1)(a) - (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 10 December 2018.**

## Action taken on previous requirement

This requirement has not been met and has been repeated. See Key Question Two in this report.

## Not met

## What the service has done to meet any areas for improvement we made at or since the last inspection

## Areas for improvement

### Previous area for improvement 1

The provider needs to put in place a system to ensure staff develop and implement a more responsive, person-centred, approach to care at all times. Staff need to move away from a task focus towards an approach which better meets the individual needs of people at times that they need it.

This ensures care and support is consistent with the Health and Social Care Standards which state:

'My care and support meets my needs and is right for me.' (HSCS 1.19)

'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me.' (HSCS 3.13)

'My needs are met by the right number of people.' (HSCS 3.15)

'People have time to support and care for me and to speak with me.' (HSCS 3.16)

'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17)

**This area for improvement was made on 10 December 2018.**

### Action taken since then

This area for improvement has been met.

### Previous area for improvement 2

The service should develop a broader range of activities that better meet the needs of every individual person who uses the service.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

'My care and support meets my needs and is right for me.' (HSCS 1.19)

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22)

**This area for improvement was made on 10 December 2018.**

#### Action taken since then

This area for improvement has been met.

#### Previous area for improvement 3

The provider should continue to plan and prioritise environmental improvements with the input of customers.

To ensure that the quality of the environment remains suitable for everyone who lives in the service the provider should plan and prioritise environmental improvements. People who use the service should be fully involved in decisions about environmental improvements and priorities.

The manager needs to ensure daily review of the cleanliness of communal areas, external areas and bedrooms. Equipment, furniture and fittings should be checked regularly to ensure they are clean, work properly and are fit for purpose.

This is to ensure that the environment is consistent with the Health and Social Care Standards which state:

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.' (HSCS 5.1)

'My environment is secure and safe.' (HSCS 5.17)

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.' (HSCS 5.18)

**This area for improvement was made on 10 December 2018.**

#### Action taken since then

This area for improvement has been implemented and is ongoing.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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